NATIONAL Assessment Centre	Services :	i, , 12.1.03!	- L. 42			
Date In: 05/09/20	Job description		Date &	Time Completed	Done	pi.
Ref No. NA/INC20009 479/13	SAS e-filing	+	İ.	!		
Veh No. Smp 5/75C .	E-mail (within 8)	rs, AIC 2hrs)				6
DOA: 05/09/20 0015	i-Motor Claim	Form	1	m=/1102418	-001	
OD : Tr (Reporting Only)	i-Motor W/O (		7'P 4hrs)			
	Assessment/Sur		i			
TP Insurer:	Ass't Report by		Owner	Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tol:	F	x;	
TP Particulars: Veh No: S	KR 22/4 L	, INC (	)/No	n-INC( )		
Owner / Driver: (			Tel:		)	
Policy No: ( ) Perio	od: (	)	Cover	Гуре: (	)	
Confirmed by : (		Date:		Time:	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (W	O): N: 0-20	)%; P:	21-79%. F: 80-11	00%]	
	arranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,000		)	0 05-101-1			named and t
General Remarks:					1.3.	
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( ) Total Loss Case : to e-mail Insurer	URGENTLY.					
Drive-In ( )/ Yowed-In ( ); Invoice:	YES ( ) / NO		owing C			/
Remarks: 45 - (18/2 horling: 6788 6616)			pple&	Time Completed	Done	by
	urtesy Car ( )					
2) QC Check / Post Repair Inspection	( )					
3) Upload Resurvey Photo [Repair Cost > \$30	00] ( )					
Injury:			···			
Dafeffine Actions		Service Property		TARK AND	<u> </u>	<u> </u>
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Claimant's Particulars :-		1) AR : Acciden 2) DA : Damage	Assessme	pt (2100); INC (2)	man and a second	
Driver/Owner:	4	3) TF: Towing I 4) FT: Follow-T	hrough St	irvey	5120	
Contact No:		CORT : Follow-T	hrough St	rvey (Resurvey) COnly (wel 10 Jan 200)	230	
		6) TR : Re-iuspe	otion		\$75 \$160	
Damäged Portion:	3	7) N1 : Idao DA 8) NTUC Additi	+ SMRT	pulvey	2.44	
og Gladad kar (Baran In Gharan)		OD* *N5: Courles			.55	
QC Checked by (Engr-In-Charge):		*N6: Repair	Co-ordinal	on	\$10 \$25	
Auditors! Comments :	William in	• N7: Post Re	olleet Exoc	os Coordination	\$3	
Zat. 1:	3	TP (N11): T	P (Non IN	C) ogninst INC	30	1,
		9) N12: Idao M Invoice dated	oune	Fue Charged		EVEN
7at. 2 / 3:		Invalce dated		Fee Charged	11100	

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
   By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available.

aforesaid.	ACCIDENT STATEMENT
	ACCIDENT STATEMENT
Date Of Report	05/09/2020 16:33
Date Of Accident	05/09/2020 00:15
Exact Location Of Accident	ALIWA STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMQ5175C
Insured/Policyholder	
Name Of Registered Owner	TAN KOON KIAT MELVIN
NRIC No	SXXXX452G
Email Address	MELVIN.TAN@WHSTDESIGN.COM.SG
Mobile Phone No	(LOCAL) +65-93636167
Alternative Phone No	OTHERS-93636167
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115110172
Cover Note Number	
Driver	
Name of Driver	TAN KOON KIAT MELVIN
VIRIC No.	SYYYY452G

NRIC No SXXXX452G Date Of Birth 25/05/1983 Occupation INDOOR Date Of Driving Pass 19/05/2011

Driving Experience 9 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93636167

Fax Number

Contact Number OTHERS-93636167

EMail Address MELVIN.TAN@WHSTDESIGN.COM.SG

BLK 245 YISHUN AVE 9 Address

#10-157

Postcode 760245

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

# 1

#### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

# Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKR2214L

Vehicle Make/Model/Colour

MERCEDES

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ERFAN SYAZHERWAN BIN DZULKIFLI

NRIC/Passport Number

TXXXX046G 94893210

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature

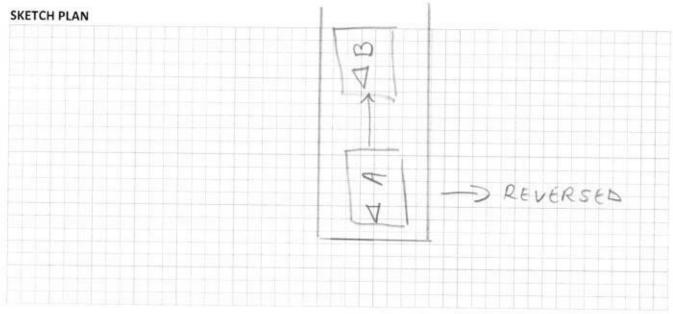
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



I was	reversing my with whicle from the company Lot @
Aliwa	St. While revery, I hit into relicle B Front portion
-	

# DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

# ACCIDENT STATEMENT

	ACCIDENT DATE: (05 / 07 / 2000)	IDD/MM/VVVVI TIME: 50 IF
	LOCATION. Aliwa street	(DD/MM/YYYY), TIME:( 50 : 15)(HH:MM
	1. DETAILS OF VEHICLE	
	alvehicle NUMBER:_ SM (	TIACO
	DINSURANCE COMPANY: 17	UC
	C)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIV	PARTY / THIRD PARTY FIRE &THEFT)
	FITYPE: (SALOON / COUPE / MPV	/VAN/LORRY/MOTORCYCLE/OTHERS)
	h)PURPOSE OF USING AT ACCIDE	COMMERCIAL / MOTORCYCLE)
	I) ARE YOU CLAIMING UNDER YOU	IR OWN INCIDENCE
	CLOSE STATE THIRD PART	Y CLAIM ( PERSON)
	Alname TAN KON ICHAT	MELLIE
	b) NRIC/FIN/PASSPORT: COLICE	HS 2G CONTACT: 98636167
	CLADDRESS: BIKD 45 VISHOR	CONTACT: 018636167
	THE TO YEAR	1 ALE 9 # 16-157
	* CONTINUE TO A	
AMO of passon	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
1 14 of ba2850	CHIVER CHIVER	
Clinduding driv	er) alname: as optime	(MALE / FEMALE)
(50)	DINKIC/FIN/PASSPORT:	CONTACT:
	C)ADDRESS:	
	*d)DATE OF BIRTH: (05 / US)	983 HDD/MM/YYYYI
	OF ALION: UNDOOR / OUTDO	OOP)
	TYTEARS OF DRIVING EXPRERIENCE	4
	4. WAS DRIVER AN EMPLOYEE OF T	TUE THE COLUMN TO THE COLUMN T
	IF NO. RELATIONSHIP OF THE DE	HE INSURED'S COMPANY? (YES / NO)
	5. QIWEATHER CONDITION SCIENCE	RIVER WITH INSURED:
		JAINING LOTHER
	DIROAD SURFACE: DRY / WET / OT	HERS
	6. WAS ANYBODY INJURED (YES / NO)	
	7. O) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE	E STATION:
he of passenger	THIRD PARTY VEHICLE	
in seed of	a) VEHICLE NUMBER: SKR 27	MODEL: MER 1895
including driver	) DI DRIVER'S NAME: ERFAN S	A ZHEPLIMAL NILL COLLEGE
	TOUR TOUR	GGLLC C+ CONTACT 911 PQ 271
9	THE PERSON OF TH	6646 G CONTACT: 9489 3210
	d) VEHICLE NUMBER:	(995-55-95)
No of passenge	e) DRIVER'S NAME	MODEL:
No of passenge	e) DRIVER'S NAME:	
No of properge	e) DRIVER'S NAME:	CONTACT:

email = melvin . ton@whstolexign .com sg

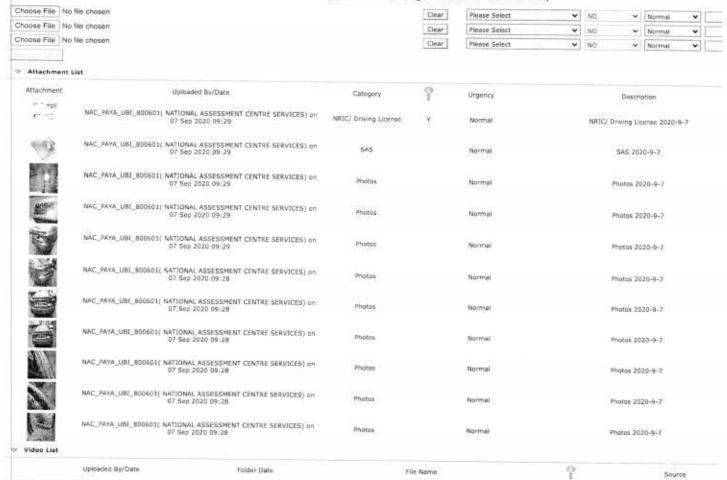
fax =

VIDEO -

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My Desktop											
Notice of Loss	Policy !	No.				Date	e of Accident		05/09/2020	13:11	
	Vehicle No.(For Motor)		SMQ5	SMQ5175C		Certificate Number					
						Search	I				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115110172		TAN KOON KIAT MELVIN	\$8315452G	GPC	drivo CLASSIC	SMQ5175C	SMQ5175C	24/12/2019	23/12/2020
						Continue	1				

# Claim Handling

STRENGTON   STRE	Accident MT/1102418							
Section   Sect	Account Miles	DV20143204	Vicence vic 1			CCT Resistant	on No.	
March Code   Mar		5115110172	Vehicle No.	SMQ5175C		GST Registrati	on No.	
STATE   CANADA   STATE   CANADA   CA								
Control   Ministrol   Control   Ministrol   Control   Ministrol   Control   Ministrol   Control   Ministrol   M	Policyholder Name	TAN KOON KIAT MELVIN				Policyholder N	RIC	\$631545
Special Final Part	Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		0
No   No   No   No   No   No   No   No	Contact No.(Mobile)	93636167	Contact No.(Office)	0		Contact No.(H	ome)	0
Marchenform	mail Address		Special Remark			eCode		No. V
## Control Process   \$1000/2009/92   Accident Separat Matter 24 Ins.   150   Country of Accident   Separation (Control of Accident   Separati	KFK	No Yes	TCA	No Yes		eCode Reason	6	
Second December   10,000 2020   202	NCD Protection	No	NCD Entitlement(%)	0		Private Hire		No
Second December   10,000 2020   202	Accident Details							
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Comparison   Com								
Triange   Part	Date of Accident	05/09/2020	Time of Accident hh:mm	00:15		Country of Acc	cident	Singapon
Test Content Agencies   Park Agency   Park Agency   Content December	Reporting Centre		Orange Force			ICM No.		
December	Accident Location	ALIWA STREET						
Discontinue   Content	Total Excess Applicable							
Discontant   Contract   Discontant   Contract   Discontant   Discont	Excess Type	Per Accident	Windscreen Excess		100.00			
Bill Of Discreen Approaches								
April   Apri	OD Standard Excess	600.00	TP Standard Excess		0000			
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## Comment of Process   Secretary			Total TP Excess Anniirable		0.00			
Stagestated Intermediate   No		400.00	Change of the State of the Stat		0.00			
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### PARTICIPATION PARTICIPATION AND PARTICIPATIO		No		5.793.1177				
## Palicyheider Mailing Address  ## Palicyheider Mailing Address 1  ## Palicyheider Mailing Address 2  ## Palicyheider Mailing Address 3  ## Palicyheider Address 3  ## Palicyheider Mailing Ad	ST Registration No.			GST Stat	tus Verified	Yes		
Marches   RLX 245 #10-357	odification History							
Marches   RLX 245 #16-157								
Authors   Figure   Singapore address   Past Code   760245	Policyholder Mailing Add	ress						
Authors 1	Address 1	BLK 245 #10-157	Address 2	VISHUN AVENUE	9	Address 3		SINGAPO
## PAIR TO DITIONS    March Name   March No.   March N								
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Equate Vision (Nobile)   Driver Vigor   Driver Vigo		TAN KOON KEAT MELVIN				31 (2.54)		
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Address 1 DLY 265 Address 2 YISHUR AVENUE 9 Address 3 SINGAM dones 4 Address Type Singapore address PORC Cide 760255 was no on a Singapore address PORC Cide 760255 was no on a Singapore address PORC Cide 760255 was no on a Singapore address PORC Cide 760255 was no on a Singapore address PORC Cide 760255 was no on a Singapore address PORC Cide 760255 was no on a Singapore address PORC Cide 760255 was no on a Singapore address PORC Cide 760255 was no on a Singapore address PORC Cide 760255 was no on a Singapore address PORC Cide 760255 was no on a Singapore Address PORC Cide 760255 was no on a Singapore PORC Cide 760255 was no on a Sing	Register Date of Driver License	19/05/2011	Driver Age	37		Oriving Experi	ence	9
Address Type Singapore address Past Code 760245 And No. #10-137  Driver Vehicle No. Driver Insurer Company  Any injury? Yes No  Driver Vehicle No. Driver Insurer Company  Any injury? Yes No  Determine OPI OD-MX New  Deter	Contact No.(Mobile)	93636167	Contact No.(Office)	0		Contact No.(H	ome)	0
Address Type Singapore address Past Code 760245 Art No. #15-157  Wes # No. #15-157  Driver Vehicle No. Driver Insurer Company  Any ingury? Yes # No.  Any ingury? Yes # No.  Description OP-MX New  Descriptio	Address 1	BLK 245	Address 2	YISHUN AVENUE	9	Address 3		SINGAPO
Driver Insuler Company  # 10-157  Wes # No Driver Web/de Re. Driver Web/de Re.  Driver Insuler Company  ###  Driver Insuler Company  #### Driver Insuler Company  #### Driver Insuler Company  #### Driver Insuler Company  ####### Driver Insuler Company  ###################################	Address 4		Address Type	Singapore addres	5	Post Code		760245
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Any injury? Yes No  Claim 001 OD-MX Mex  Claim 001			250-5000000000			120000000000000000000000000000000000000	12000000	
Any Injury? Yes No  Any Injury? Yes No  Any Injury? Yes No  Any Injury? Yes No  Any Injury  Calaim 991 00-MX Next  Contact No (Moole)  Email Address  E	Registered car?	Yes No	Driver Vehicle No.			Oriver Insurer	Company	
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Claim 001 OP-NX  New    Do-MX								
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