Date In: 13/11/21-15:02	Jcb description	Date &Time Completed	Done by
D (1)	SAS e-filing		
11/2/2012/613/14	-		
Veh No: MUYANA	E-mail (within Shrs, AIC 2hrs)	Mal ME	
D.O.A: 16/11/W-D:02	i-Motor Claim Form	M7/1110473-001	13/11/2 16:03
OD / TP Reporting Only	i-Motor W/O (Within: OD 2)	hrs, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand		
Preferred Wksp / INC Assign Wksp / QW: (9.8%	Fax:
TP Particulars: Veh No: 173	- INC	•	
Owner / Driver: (Tel:	
	iod: ()	Cover Type: (
Confirmed by : (Date:	Time:	, ,
	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-	100%]
	Varranty: YES ()/NO ()	
	00()/\$2,000()	TO YOUR THAT IS NOT	**************************************
General Remarks			Som Silver
() Walk-In Customer: Customer's inform	mation strictly Confidential & S	Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insurer		5 mar 18 35	
Drive-In ()/Towed-In (); Invoice:		Towing Co: (.)
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Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

- 6. 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.
- 7. By the lodgement of this report to the insurers, you hereby consent to the

 By the lodgement of this report to the insurers, you hereby con aforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
The latest the man designation of the second	ACCIDENT STATEMENT
Date Of Report	17/11/2020 15:02
Date Of Accident	16/11/2020 20:00
Exact Location Of Accident	KJE TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW4724D
Insured/Policyholder	
Name Of Registered Owner	EUGENE TAN JIAN CAI
NRIC No	SXXXX408Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87767863
Alternative Phone No	OFFICE-87767863
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114565664
Cover Note Number	
Driver	
Name of Driver	EUGENE TAN JIAN CAI
NRIC No	CVVV4007

NRIC No SXXXX408Z Date Of Birth 05/08/1992 Occupation OUTDOOR Date Of Driving Pass 11/05/2013

Driving Experience 7 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87767863

Fax Number

Contact Number OFFICE-87767863

EMail Address NOEMAIL

BLK 929 JURONG WEST STREET 92 Address

#03-175

Postcode 640929

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 HIT BY FALLEN TREE / OTHER OBJECTS

2

NO

1

NO

NO

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO 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

XD2343S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- 3) Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the police for investigation.
- 6) 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.
- 7) 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
 - (11) Investigations the accident and/or my claims;
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111)
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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 envelops/mail packages); and/or
 - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (11) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

Driver's signature

(if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:

SKETCH PLAN

A: \$57\(\omega 47240\)

B: \$2343\$ \(\sigma 17RC37895\)

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DECLARATION

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

Policy holder's signature

Date & time:

Driver's signature

(if driver is not policy holder)

Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

Page 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

以其 的特殊。这些可能是由于	ACCI	DENT DETAIL	LS		SHOTTING W	Parket State
Date of accident	STATE OF THE PARTY OF THE	16/11/	2020		177	(DD/MM/YY)
Time of accident	2000				(HH:MM)	
Exact location of accident	le m m		EXTENS.		9000 M	
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国民政治 。2017年 新台区的网络美国公司	WHEN S	ETAILS OF	VEHICLE					
Vehicle registration number			JW4724D					
Vehicle make and model		volkswagen scipacco						
Type of vehicle	Saloon,æ	MPV 🗆 Bus 🗆	CRV Van 🗆					
Vehicle category	Private 2		ercial Motorcycle					
Purpose of using at said time			motorcycle L					
Are you claiming under your own insurance company?	Yes □ Third part c	No 🗹	if no, please select: Reporting only □					

种种类或分为是特别的Accepted by	INSURANCE IN	FORMATION	AND THE PERSON NAMED IN
Insurance company	NTO		ST YOUR SHEET, PRINTING
Policy number	,	· · ·	
Type of policy	Comprehensive Z	Third party fire & theft	TP only

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Name	Eugene Tan Jian Cai	Male 🗆	Female
NRIC / Fin / Passport number	592274082	Widie D	remale u
Contact	87767867		
Address	Bik 929 Jurong west street 92 5(640929)	403-175	

DRIVER	SAM	IE AS INSURED ABO	VE D (SKIP TO D.	O B)	
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NRIC / Fin / Passport number				Maie	remale []
Contact					
Address					
Email address					
Date of birth		05/08/199)		
Occupation	Indoor 🗆	Outdoor 🗷			
Driving date pass		11/05/201	3		

	GENERAL	INFORMA	TION O	F THE ACCIDENT	Malayan Talkin and San
Was driver an employee of	Yes 🗆	No 🗷		A THE STATE OF THE	
the insured's company?	If no, re	lationship o	of the di	river and insured:	OWNER
Accident captured by camera	? Yes 🗆	No 🗷		une mourcu.	
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Road surface	Dry	Wet 🗆			
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Gender	Male 🗆	Female =	1		
	STATE OF THE REAL PROPERTY.				
Was anybody injured?		OTHER INF	ORMAT	ION	
Was anybody injured?	Yes 🗆	No 🗷			
Was other vehicle damaged?	Yes,z	No 🗆			
					7,000
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Reported to police?	Yes 🗆	No Ø	If yes, p	lease state which	police station.
Police station name					
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3000000000000000000000000000000000000	THIRD PARTY VEHICLE 2
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Was injured conveyed to		No 🗆				
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Was injured conveyed to	Yes	No 🗆				
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