Date In: 37/11/17-17:54	Jeb description	Date & Time Completed	Don	e py
Ref No: NA INC17022232/24	SAS e-filing			
Veh No: SJP 71017	E-mail (within Shrs, AIC 2hrs)			
D.O.A: >>/11/17-11:40	i-Motor Claim Form	MT1 097 2813	الالاد	18:55
	i-Motor W/O (Within: OD 2			
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand			
Declaration of the second of t	Ass t Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (Ula aca	AMEN'S 88	ax:	-
TP Particulars: Veh No: Vp	4398X INC	, , , , , , , , , , , , , , , , , , , ,	-	_
Owner / Driver: (Tel:		
	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000()/\$2,000()	Democ and the Control of the Control		
General Remarks:-	ALL FIRST TO SECTION			
ANNUAL TRANSMINISTER CONTRACTOR C	and a State of the constitution of the state	Y M W M B (S W P P P P P P P P P P P P P P P P P P	200	
() Walk-In Customer: Customer's in		strictly NO rater of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.			
Drive-In ()/ Towed-In (); Invoi	ce: YES() / NO();	Towing Co: (16)
		7.50		
Remarks;- (INC horline: 6788 6616)		Date&Time Completed	Don	py
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Apply for Transport Allowance ()/	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.

	ACCIDENT STATEMENT
Date Of Report	22/11/2017 17:54
Date Of Accident	22/11/2017 11:40
Exact Location Of Accident	JUNC TURF CLUB RD & VANDA LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP7101T
Insured/Policyholder	
Name Of Registered Owner	SOO YUET MOY
NRIC No	S7471010G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97657087
Alternative Phone No	OFFICE-97657087
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L 5AT
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	5094495767
Cover Note Number	
Driver	
Name of Driver	HOE WAN YONG
NRIC No	S1711209J
Date Of Birth	11/07/1965
Occupation	INDOOR
Date Of Driving Pass	23/10/1998
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90028114

OFFICE-90028114

NOEMAIL

Address

22 INGGU ROAD

Postcode

757364

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

100

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO NO

Was any other material or property damaged?

YES

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?

YES

If Yes, Please state which Police Station

Police Station Name

EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE:

470629, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20171122/2134.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP4398X

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

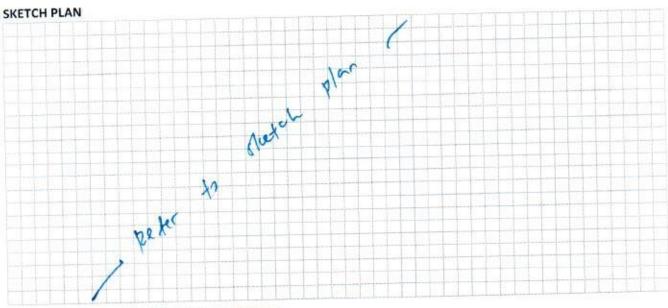
Policyholder's Signature Date & Time: Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

2e les	fa	police	report	- T/20171	122/2/24		
				1	1		
						/	
						/	
				/			
			,				
			/				

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.:

TOWARDS DUNEARN 0 VANDA LINK TURF CLUD ROAD B

A: YP 4398X

B: SJP FIOIT

C: QX 419Z

= TRAFFIC LIGHT

> 22/11/17 @ + 1140 AM





1 of 3

Report No. T/20171122/2134

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

Date/Tim	F A TRAFFIC e Report M 17 17:29		Vide Report No.:	Station Diary No.			
	nt's Particu	ilars	Address:				
Name of	Informant: N YONG	(4)	Address: 22 INGGU ROAD SINGAPORE 757364				
ID Type)9J	Contact No.: Home/Office:	Mobile: 90028114			
National			Email:	_			
Sex:	Sex: Age: Date of Birth:		Type of Informant: Driver	L. W. Cahaol Name:			
Race:			Language:	Institution / School Name:			
Occupation: SENIOR TECHNICAL MANAGER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:			

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 22/11/2017 11:40	Type of Location Straight Road	
Location: Along Road 1 TURF CLUB Along Turf Cl	ROAD ub Road turning to Van	da Link		Road Speed Limit:	
Weather: Clear		Road Surface: Dry			
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Two Way Type of Colli	sion: ving Vehicles - Head To		Anyone conveyed by ambulance: No		

Details of V	ehicle Invo	Ived		0-1	Condition	No of Passenge
Vehicle No.	Type	Make	Model	Color		
SJP7101T	Туро	HONDA	Civic	White	Slightly Damaged	0
YP4398X		MAN	TGM 13.250	Blue	Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing. 13.





2 of 3

Report No. T/20171122/2134

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver				FREE CHARLES	CARLES STOR	C1711200 I
Name	HOE WAN YONG		¥3	ID No.		S1711209J
Related Vehicle	SJP7101T		Contact No		ct No.	90028114
Hospital/Clinic	NIL					Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc				
No. of Days granted Medical Leave NIL '			Degree o	of Injury	NIL	
Driver						
Name	Unknown Driver			ID No.		NIL
Related Vehicle	YP4398X			Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Dis	charge	NIL	
Date Heatment	ted Medical Leave	NIL	Degree o	of Injury	NIL	50

Brief Details.

On 22/11/2017, at 1140hrs, I was driving along Turf Club Road turning left to Vanda Link. There was a police truck registration number YP4398X in-front of me and a police car registration number QX419Z behind me. While I was approaching the left turn, the police truck in front of me suddenly stopped. I then stopped my vehicle. The police truck start to reverse, I pressed on the horn, However he did not stop and continue to reverse, thus hitting on to my vehicle. The truck then drove off. The police car behind me then instructed me to stop my vehicle and they will inform the TP officer. Around 10 to 15 minutes later, the police truck driver came and he informed that he couldn't hear the horn. I wish to state that this is the first time such an incident happen to me and I have an in-car camera. I also like to further state that at that point of time, I did not reverse my vehicle as there is another vehicle behind me and it might cause danger to the rear vehicle.





3 of 3

Report No. T/20171122/2134

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

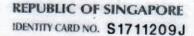
NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 2 CHUA CHANG YU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2017 17:29
Officer In Charge Of Case: TP / DDGVT / Sgt 3 MUHAMMAD FIRDAUS BIN SULEIMAN Contact No.: 65476394	Classification Of Case:









HOE WAN YONG

何萬剪

CHINESE

11-07-1965

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

NP 128A

Class 2B Motor cycles not exceeding 200 cc
Class 2A Motor cycles between 201 cc and 400 cc
Class 3 Motor Care and Motor Tracfors the weight of
which unladen does not exceed 2500 kilograms

14 Jul 1999 18 Sep 2001 23 Oct 1998

16-05-1996

22 INGGU ROAD SINGAPORE 757364 NRIC No: \$1711209J

Dute: 02/02/2016

2829602

eBao Tech			CORECTOR			MITTER OF THE	Change Lan	guage '	Change Password	• Log Ou
tello, NAC_PAYA_UBI_8006	101						11,220,320,500	ā - 8	8	
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0				Date of Acci	ident	22/11/	2017 11:40	
	Vehicle	No.(For Motor)	SJP7101T							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	1.55	5094495767	SOO YUET MOY	S7471010G	GPC	drivo CLASSIC	53P7101T	5JP7101T	23/09/2017	05/11/2018

olicy No.	5094495767	Policyholder Name	SOO YUET MOY	Policyholder NRIC	S7471010G
Address	22 INGGU ROAD SINGAPORE 7	57364			
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	22/09/2017	Effective Date	23/09/2017 00:00	Expiry Date	05/11/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	holder Mailing Address				
Address 1	22 INGGU ROAD	Address 2	SINGAPORE 757364	Address 3	
Address 4		Address Type	Singapore address	Post Code	757364
Unit No.		Related Policy Number	5094495767		
Insure In	ed Object: SJP7101T				
▽ Endors	sements				
Sequen	ce Date of Endorsement	Endors	ement Type Endor	sement Status	Endorsement Content

Claim Handling Accident MT/0970813 SJP7101T GST Registration No. 5094495767 Policy No. Policyholder NRIC SOO YUET MOY Policyholder Name Loading drivo CLASSIC PRIVATE CAR INSURANCE Cover Type Product Code Contact No.(Home) 97657087 Contact No.(Office) Contact No.(Mobile) Special Remark Email Address eCode Reason B No Yes TCA KFK No Yes NCD Entitlement(%) 0 No NCD Protection P Accident Details Accident Type 22/11/2017 18:52 Accident Report Within 24 hrs Report Date Singapore Country of Accident 11:40 22/11/2017 Date of Accident ICM No. Orange Force Reporting Centre Accident Location HOE WAN YONG **₽** Benefits ⊕ Excess Windscreen Excess 0.00 600.00 Additional Excess Own damage Excess 500.00 Outside Singapore OD Excess 600.00 Unnamed Driver Excess Outside Singapore TP Excess 0:00 Third Party Excess → GST Registered Information GST Registration Date **GST Registered** No Yes **GST Status Verified** GST Registration No. Modification History ⇒ Policyholder Mailing Address SINGAPORE 757364 22 INGGU ROAD Address 2 Address 1 Post Code Address Type Singapore address Address 4 Related Policy Number 5094495767 Unit No. Driver Type Unnamed Driver Unnamed Driver Driver Name Driver DOB HOE WAN YONG Driver NRIC \$17112093 Unnamed driver Name Driving Experience Driver Age 52 Register Date of Driver License 23/10/1998 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) Address 3 22 # INGGU ROAD Address 2 SINGAPORE 757364 Address 1 Singapore address Post Code Address Type Address 4 Unit No. Does he own a Singapore Driver Insurer Company Yes @ No Driver Vehicle No. Registered car? Declaration Breathalyser or Blood Test Yes @ No Any injury? Reading? Medification History Claim 001 New SOO YUET MOY Insured NRIC OD-MX Insured Name Claim Type * Contact No.(Office) Contact No.(Home) NIL Contact No.(Mobile) 97657087 SJP7101T TP Vehicle Number OI Vehicle Number Email Address ysoo74@singnet.com.sg Name of Preferred Workshop SJP7101T / YP4398X ON 22 Nov 2017 Claim Description Preferred Workshop Contact Insured Liability * Not at Fault GIA report Preferred Workshop, Name unknown Preferered Repair Option Require Finalisation Date Received Claim Close Date 22/11/2017 18:55 Date Registered Report Taken By Dackson Print AK letter Save Submit Attachment Claim No. MT/0970813 Accident No. 22/11/2017 18:56 Yes C No Last Doc. Received Confidential Urgency Category * Browse... Clear Please Select

