ATIONAL Assessment Contre S	ervices 10-1-1-1-100	Date & Time Completed	Done by	
Date in U.O.   12	cb description			
REINU NA/INC17023143 Kuf	SAS e-filing			
VehNo SJM1770S	E-mail (within 8hrs, AIC 2hrs		1 6/12/17 1	8:05
DOA 05/12/2017 20:00	i-Motor Claim Form	: mt/0972641	6 12 17 1	0.03
	i-Motor W/O (Within: OD	2hrs. TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	rt	1	
TP Insurer:	Ass't Report by Fax / Ha		1	
		Tel:	Fax:	)
Preferred Wksp / INC Assign Wksp / QW: (	ro lette IN	C( )/Non-INC( )		
IP Particulars.	10415 IN	Tel:	)	
Owner / Driver: (	di (	) Cover Type: (	)	
Policy No: (	Date:	Time:	)	
Confirmed by : (		: 0-20%; P: 21-79%. F: S	0-100%]	
111001	arranty: YES ( )/NO	( )		4.0 (2
Year of registration.				
Excess: (\$ ) Loading: \$1,000	) ( ) / () 2,000 ( )	S. A. B. S. W. W. L. V. L. V. L.		1990
General Remarks:-		& Strictly NO rafer of repair	er.	
General Remarks:  ( ) Walk-In Customer: Customer's inform	TID CENTLY			
( ) Total Loss Case : to e-mail Insurer	URGENILI.			Section 1
The state of the s	- IDO (	) · Towing Co. (	F.	)
Drive-In ( )/ Towed-In ( ); Invoice:	YES ( ) / NO (	); Towing Co. (	iel de paikh	)
Drive-In ( )/Towed-In ( ); Invoice:	YES ( ) / NO (	) ; Towing Co. (  Date&Time Complet.	d Done b	) y
Drive-ln ( )/ Towed-ln ( ); Invoice:  Remarks:- (INC horline: 6788 6616)	YES()/NO(		d Done b	y 
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Drive-In ( ) / Towed-In ( ); Invoice:  Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:  Contact No:	YES ( ) / NO (	Date&Time Compley  Ce Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100);  Towing Fee  Follow-Through Survey  Follow-Through Survey (Resurvey)  claiming against INC Only (wef 10);  Re-inspection  Idae DA + SMRT Survey	Ant (5) (1st Bill 7) (NC (580) (540/545) (5120) (530) (lan 2005)	· Amt (
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Drive-In ( ) / Towed-In ( ); Invoice:  Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:  Contact No:	YES ( ) / NO (	Date&Time Compley  Ce Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100);  Towing Fee  Follow-Through Survey  (Resurvey)  (Reinspection  (Idac DA + SMRT Survey  UC Additional Services;  5: Courtesy Car / Tpt Allowance  6: Repair Co-ordination  Description	Ant (5)  1st Bill  INC (580)  540/545  \$120  \$30  lan 2005)  \$75  \$160  \$55  \$10  \$25	· Amt (
Drive-In ( ) / Towed-In ( ); Invoice:  Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury :  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	YES ( ) / NO (	Date&Time Compley  Ce Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100);  Towing Fee  Follow-Through Survey  (Resurvey)  Follow-Through Survey (Resurvey)  claiming against INC Only (wef 10);  Re-inspection  ; Idac DA + SMRT Survey  UC Additional Services:  5: Courtesy Car / Tpt Allowance  6: Repair Co-ordination  7: Post Repair Inspection  8: DV / Collect Excess Coordination	Ant (5)  1st Bill  INC (580)  540/545  \$120  \$30  lan 2005)  \$75  \$160  \$55  \$10  \$25	· Amt (
Drive-In ( ) / Towed-In ( ); Invoice:  Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury :  Date/Time   Actions  Claimant's Particulars :-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):  Auditors! Comments :-	YES ( ) / NO (	Date&Time Compley  Ce Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100);  Towing Fee  Follow-Through Survey  Follow-Through Survey (Resurvey)  Chiming against INC Only (wef 10);  Re-inspection  ; Idac DA + SMRT Survey  UC Additional Services:  5: Courtesy Car / Tpt Allowance  6: Repair Co-ordination  7: Post Repair Inspection  8: DV / Collect Excess Coordination  (N11): TP (N-10 INC) against INC	Ant (5)  1st Bill  INC (\$80)  \$40/\$45  \$120  \$30  lan 2005)  \$75  \$160  \$55  \$100  \$25  \$30  \$20  30	· Amt (
Drive-In ( ) / Towed-In ( ); Invoice:  Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Co 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	YES ( ) / NO (	Date&Time Compley  Ce Preparation Checklist  Accident Reporting (\$30);  Damage Assessment (\$100),  Towing Fee  Follow-Through Survey  (Resurvey)  (Reinspection)  (Idae DA + SMRT Survey  UC Additional Services:  5: Courtesy Car / Tpt Allowance  6: Repair Co-ordination  7: Post Repair Inspection  18: DV / Collect Excess Coordination  (N11): TP (Non INC) against INC  12: Idae Mobile  (Red dated Fee	Anif (5)  1st Bill  INC (\$80)  \$40/\$45  \$120  \$30  lan 2005)  \$75  \$160  \$55  \$510  \$525  \$53  \$520	Ami (S

#### 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 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.
- Any false reporting may be referred to the Police for investigation.
   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.

Machine Company of the Company of th	ACCIDENT STATEMENT
Date Of Report	06/12/2017 12:39
Date Of Accident	05/12/2017 20:00
Exact Location Of Accident	LOR4 TOA PAYOH AFTER TURN LEFT FROM LOR5 TOA PAYOH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM1770S
Insured/Policyholder	
Name Of Registered Owner	CARSONRENT
Co Reg No	53320759B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81216176
Alternative Phone No	OFFICE-81216176
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC IMA 1.3L CVT
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095280859

#### Driver

Cover Note Number

NG WEN JIAN Name of Driver NRIC No S1508632G Date Of Birth 02/08/1961 OUTDOOR Occupation 01/06/1979 Date Of Driving Pass

38 YEARS AND 6 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-81216176 Mobile Number

Fax Number

Contact Number OTHERS-81216176

NOEMAIL EMail Address

Address

38 LORONG 101 CHANGI

Postcode

426646

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

YES

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171206/2044

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJQ1041S

Vehicle Make/Model/Colour

**Details Of Properties** 

TAN LIAM CHUAN

NRIC/Passport Number

S2585872G

Contact Number

Name of Driver

91008312

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

## Phone Number

## Email Address

# **DETAILS OF INJURED PERSON 1**

Name NG WEN JIAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJM1770S

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance?

Address Postcode

#### 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.
- 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.:

Lor 4 Toa Payoh after turn Left from Lor 5 Toa Payoh. SKETCH PLAN NO U TURN -SJM1770S DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature Name: (If driver is not the policyholder)

NRIC/FIN No.:

Date & Time:

Date & Time:





T/20171206/2044

1 of 4

Report No. T/20171206/2044

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

REPORT	OF A	TRAFFIC	ACCIDENT
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	Date/Time Report Made: 06/12/2017 11:26		Vide Report No.:	Station Diary No. 49		
Informa	nt's Particu	ulars				
Name of Informant: NG WEN JIAN			Address: 38 LORONG 101 CHANGI SINGAPORE 426646			
ID Type / ID No.: NRIC NO / S1508632G		32G	Contact No.: Home/Office:	Mobile: 81216176		
National			Email:			
Sex: Male	Age: 56	Date of Birth: 02/08/1961	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Grab Driver			Driving Licence Information: Class: 2A,3	Date of Expiry:		
0.000	T					

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2017 20:00	Type of Location Straight Road
Location: Along Road 1 LORONG 4 T Lorong 4 Toa Weather:	OA PAYOH	eft from Lorong 5 Toa Pa Road Surface:	y <mark>o</mark> h	Road Speed Limit:
Clear Traffic Flow:		Dry Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collis Between Mov	sion: ving Vehicles - Hea	souther the second		Anyone conveyed by ambulance: No

Details of Vo	CONTRACTOR OF THE PARTY OF THE	Make	Model	Color	Condition	No of Passenge
Vehicle No.	Туре		Total of the last	0	Slightly	1
SJM1770S	Car	HONDA	HONDA Honda Civic		Damaged	# 15 mm
SJQ1041S	Car	HONDA	Honda Civic		Slightly	0

Details of V	ehicle Insurance		T. C. L.	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Effective	
SJM1770S	0 0	JHMFD36209S202	23/10/2017	10/12/2018
5.00 at 100 at 1	Limited	076		





2 of 4 Report No. T/20171206/2044

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian Ir	volved: No				-	. 8-00000
No. of Pedestrian			Use of Pedestrian Crossing: NA			
Driver						0.45000000
Name	NG WEN JIAN		8	ID No.		S1508632G
Related Vehicle	SJM1770S (Car)			Contact No.		81216176
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Driving Licence Expiry	e &	Class: 2A,3 Date of Expiry: NIL
Date Treatment	05/12/2017		Date Disch	arge	05/12	2/2017
No. of Days gran	ted Medical Leave	05	Degree of I	njury	Slight	
Driver						
Name	TAN LIAM CHUAN			ID No.	an e	S2585872G
Related Vehicle	SJQ1041S (Car)			Conta	ct No.	91008312
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	WC = = = = = = =	Date Disch	arge	NIL	
	ited Medical Leave	NIL	Degree of	Injury	NIL	

#### Brief Details.

On 05/12/2017 at about 8pm-8.10pm, I was driving my Grab Car, Reg No: SJM1770S along Lorong 5 Toa Payoh and was turning left into Lorong 4 Toa Payoh. I had checked that the road was clear before I made the turn. At that time, I have a male Chinese passenger seating at the rear left passenger seat and I was on my way to United Square after picking him frm Blk 35 Lorong 5 Toa Payoh.

After making the turn, I suddenly felt a strong impact to the rear right side of my Grab car and I was thrown forward in my seat. I then realized that another car, Reg No: SJQ1041S had hit the rear right side of my car after making an illegal U-turn at Lorong 4 Toa Payoh. I was in a state of shock after the impact and I felt aches and pain to my neck and shoulder pain. I also felt some numbness to my shoulder area as well as trembles and shakes to my legs. I had checked that the rear right side and the door area was dented in.

I had checked with my passenger and he claimed that he was not injured then. I then advised him to alight from my Grab car as I need to settle with the other driver with regards to the accident. I had noted his name and contact as Sean from the Grab app. I later then exchanged particulars with the other driver. I also contacted my rental company and one of the staff came to the accident scene and advised me to lodge a traffic police accident report.

After exchanging of particulars, we then left the place. About 1 hour later, after arriving home, the pain had worsened and I felt more shakes and trembles to my legs. I then decided to take a cab to Mount





3 of 4

Report No. T/20171206/2044

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

CONTINUATION OF REPORT

Alvernia Hospital for a check. I was given 5 days of MC and given some medications.

I am thus lodging this police report for insurance claims against the other driver.





4 of 4

Report No. T/20171206/2044

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999 CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

NIC

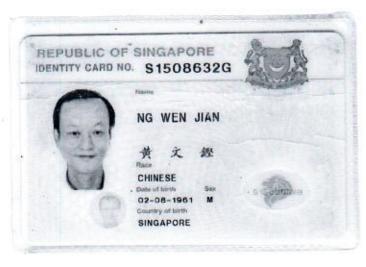
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  G /  Sr Staff Sgt MUHAMMAD NASSER BIN AHMAD YUSOFF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2017 11:26
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:

Authentication Stamp

M-N

Selice Force











# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5095280859

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: SJM1770S

Chassis Number

2. Name of Policyholder

: JHMFD36209S202076

3. Effective Date of Insurance

: CARSONRENT

: 23 Oct 2017

4. Expiry Date of Insurance

: 10 Dec 2018

Persons or Classes of Persons entitled to drive#

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive

the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

# This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

: \$\$2,000 EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

: LIAN HONG PRIVATE LIMITED HIRE PURCHASE COMPANY

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: GI-SHOP (00000572282)

Date of Issue

: 23 Oct 2017 15:49 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

eBaoTech									Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601		-	No. of Concession,		3	Change La	nguage	Change Password	• Log Ou
My Desktop	Polic	y Query								- 88
Notice of Loss	Policy N	io.				Date of Acc	ident	05/12	/2017 20:00	
	Vehicle	No.(For Motor)	SJM1770S							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date

Policy No.	5095280859	Policyholder Name	CARSONRENT	Policyholder NRIC	533207598
Address	61 UBI AVENUE 2 #02-03 AUT	1000	MART SINGAPORE 408898	200000	
	OT OUT AVEROL E WOL OF AG	On object medi		Group	
Product Name	PRIVATE CAR INSURANCE	Plan		Policy Flag	N
Policy ssue Date	23/10/2017	Effective Date	23/10/2017 00:00	Expiry Date	10/12/2018 23:59
Third	4500	Own	2000	Windscreen	100
Party Excess	1500	damage Excess	2000	Excess	100
Additional Excess	0	OS Premium	0		
Outside		Outside			
Singapore OD Excess	2000	Singapore TP Excess	1500		
Agent	GI-SHOP	Agent Tel.	68411279	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	older Mailing Address				
Address 1	61 UBI AVENUE 2	Address 2	#02-03 AUTOMOBILE MEGAMAF	Address 3	SINGAPORE 408898
Address 4		Address Type	Singapore address	Post Code	408898
		Related	5096378170		
Unit No.	02-03	Policy Number	5030310170		
ON OR OTHER DESIGNATION	02-03 d Object: SJM1770S		5555576776		
ON OR OTHER DESIGNATION	d Object: SJM1770S		555575275		

laim Handling					
Policy No.	5095280859	Vehicle No.	SJM1770S	GST Registration No.	
Z-11-4-1-1-1-1	CARSONRENT	venice no.	33/12/703	Policyholder NRIC	
Policyholder Name	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	
Product Code Contact No.(Mobile)		Contact No.(Office)	0	Contact No.(Home)	
ernocen consucer cox.	81216176	servorantes con tutal laver	X.	AND PRINCES OF A PRINCES	
mail Address	@ No ○ Yes	Special Remark TCA	@ No ← Yes	eCode eCode Reason	
FK				ecode Keason	
CD Protection	No	NCD Entitlement(%)	10		
Accident Details					
eport Date	06/12/2017 17:52	Accident Report Within 24 hrs	Yes	Accident Type	Side
ate of Accident	05/12/2017	Time of Accident hh:mm	20:00	Country of Accident	Sing
eporting Centre		Orange Force		ICM No.	
ccident Location	LOR4 TOA PAYOH AFTER TURN LEF	T FROM LORS TOA PAYOH			
♥ Benefits					
<b>▽</b> Excess					
wn damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
nnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
hird Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
GST Registered Inform	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	No	
odification History					
Policyholder Mailing Ad	dress				
ddress 1	61 UBI AVENUE 2	Address 2	#02-03 AUTOMOBILE MEGAMAF	Address 3	20
	OL OUT THE TOTAL			Post Code	
ddress 4		Address Type	Singapore address	Post Code	
Init No.	02-03	Related Policy Number	5096378170		
OI Driver Info	Unnamed Driver	Driver Tune	Linnamed Driver		5)
river Name nnamed driver Name	Unnamed Driver NG WEN JIAN	Driver Type Driver NRIC	Unnamed Driver S1508632G	Driver DOB	
egister Date of Driver License		Driver Age	56	Driving Experience	
ontact No.(Mobile)	81216176	Contact No.(Office)	0	Contact No.(Home)	
ddress 1	38 LORONG 101 CHANGI	Address 2	3	Address 3	
ddress 4	30 CURUNG TUT CHANGE	Address Type	Singapore address	Post Code	
		Addition Type	Singapore address	Post Code	
Init No.					
oes he own a Singapore egistered car?	Yes @ No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test leading?	0 mg	Any injury?	⊕ Yes @ No		
lodification History					
Claim 001 OD-MX New					
laim Type *	OD-MX *	Insured Name	CARSONRENT	Insured NRIC	
ontact No.(Mobile)	91557911	Contact No.(Home)		Contact No.(Office)	
ancaret wo.(Product)		OI Vehicle Number	SJM1770S	TP Vehicle Number	
mail Address	SJM1770S / SJQ1041S ON 5 Dec 20	017		Name of Preferred Workshop	
nail Address aim Description eferred Workshop Contact	SJM1770S / SJQ1041S ON 5 Dec 20	Insured Liability •	Partially at Fault *	Name of Preferred Workshop	
mail Address aim Description eferred Workshop Contact		Insured Liability =		Name of Preferred Workshop  GIA report	
mail Address Jaim Description referred Workshop Contact 0. equire Finalisation	Yes •	Insured Liability * Preferered Repair Option	Partially at Fault  Preferred Workshop, Name unknown	▼ GIA report	
mail Address laim Description referred Workshop Contact o equire Finalisation ate Registered	Yes ▼ 06/12/2017 18:00	Insured Liability * Preferered Repair Option Claim Close Date		▼ GIA report Date Received	
mail Address  laim Description referred Workshop Contact equire Finalisation ate Registered eport Taken By	Yes •	Insured Liability * Preferered Repair Option		▼ GIA report	
mail Address  laim Description referred Workshop Contact equire Finalisation ate Registered eport Taken By	Yes ▼ 06/12/2017 18:00	Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	Preferred Workshop, Name unknown	▼ GIA report Date Received	
mail Address  laim Description referred Workshop Contact o. equire Finalisation ate Registered eport Taken By	Yes ▼ 06/12/2017 18:00	Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer		▼ GIA report Date Received	
mail Address laim Description referred Workshop Contact ocuire Finalisation ate Registered eport Taken By Print AK letter	Yes ▼ 06/12/2017 18:00	Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	Preferred Workshop, Name unknown  Save Submit	▼ GIA report Date Received	
mail Address  Italim Description referred Workshop Contact to. equire Finalisation rate Registered eport Taken By  Print AK letter	Yes ▼ 06/12/2017 18:00	Insured Liability * Preferered Repair Option Claim Close Date Workshop Repairer	Preferred Workshop, Name unknown	▼ GIA report Date Received	

