Date In 9 19 119 1119 Ref No. MA INC 1800 64531 SAS e-filling Veh No. SGM 7816 R. DOA 919 118 06245 OD P Reporting Only I-Motor W/O (winhin OB 2nt TO 4lex) I-Motor W/O (winhin OB 2nt TO 4lex) I-Photo Uploaded TP Instite: Assign Wksp / OW: (Tel: Fax: Tel:) Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax: Tel:) Owner / Driver: (Policy No. () Period () Cover Type: ()) Confirmed by: (Date: Tine:) Instituted/Driver Liability (%) [Note-Est Status (WO): N: 0-20%; P: 21-79% F: 80-160%] Year of Registration () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customar : Customer's information strictly Confidential & Strictly NO rafer of repairer. () Total Loss Case : to e-mall Insurer URGENTLY. Drive-in () / Towed-in (); Invoice: YES () / NO () ; Towing Co. () 1 Apply for TransportAllowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Assign Assign	NATIONAL Assessment Centre	Services	[wet i paritis]	114A 11804 6690		Dieve f	
No.	Date In: 9/4/18 1117	Jeb description		Date & Time Completed		Denc or	
Note		SAS e-filing					
DOA	NUM / TIMO (8 PO O 19 1177)	E-mail (within	Surs, AIC 2hrs)				¥.
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Prints Uploaded Assistant National Assistant		i-Motor W/O	(Within: OD 2kr	(TP 4hrs)			
Professed Wksp / INC Assign Wksp / GW; Tel: Fax:	OD Reporting Only	i-Photo Uplo	aded	1			
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Preferred Wksp / INC Assign Wksp / QW: { Tel: Fax: TP Particulars: Veli No: SXK 863e R. INC () / Non-INC ()	TP Insurer.	Ass't Report b	y Fax / Hand	o Owner/Wksp			
TP Particulars:	Destarted When / INC Assign Wksp / GW: (Fax)
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Policy No. (11 Intitution.	KK 8630 F	,	Tel:)	
Insured/Driver Liability (A D	od: ()	Cover Type: ()	
Insured/Drivet Liability	t One's 110. t		Date:	Time:)	
Year of Registration: (ote-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80	-100%]		
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() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Remarks: (IN C horline: 6788 6616)	DATE OF THE PROPERTY OF THE PR		OR SHEW			44.13	. 0
Total Loss Case : to e-mail Insurer URGENTLY. Drive-In (General Remarks:	mation strictly Co	onfidential & S	trictly NO rafer of repaire	r.		
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Remarks: (INC hotline: 6788 6616) Date&Time Completed Done by 1) Apply for Transjont Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions 1 Ant (5) And (5) And (6) And (7)				Towing Co. (0)
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2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date/Time Actions Actions Ant (5) Actions Ant (5) Actions Actions Ant (5) Actions Actions Actions Ant (5) Actions A				Date&Tune Completed		EMBRO C	2
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Ant	3) Upload Resurvey Photo [Repair Cost > \$30	000] ()				
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1) AR: Accident Reporting (\$30); 32.00			Invoice Pa	eparation Checklist		-13	Amt (1)
Claimant's Particulars:- 2) DA: Damage Assessment (\$100), INC (\$80) 3) TF: Towing Fee 540/\$43 4) FT: Follow-Through Survey 5120 5) FT: Follow-Through Survey (Resurvey) 530 Contact No: Contact No: Damaged Portion: 7) N1: Idao DA + SMRT Survey 5160 7) N1: Idao DA + SMRT Survey 5160 7) N1: Idao DA + SMRT Survey 5160 8) NTUC Additional Services QD: NS: Courtosy Car / Tpt Allowance 55 NS: Courtosy Car / Tpt Allowance 510 NS: Post Repair Inspection 525 NS: Post Repair Inspection 525 NS: DV / Collect Excess Coordination 525	N. N.	191802199	100000000000000000000000000000000000000	ent Reporting (\$30);	5210234		
Oriver/Owner: 4) FT: Follow-Through Survey \$120 4) FT: Follow-Through Survey (Resurvey) \$30 5) FT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection \$75 6) TR: Re-inspection \$75 7) N1: Idae DA + SMRT Survey \$160 8) NTUC Additional Services: QD* 2C. Checked by (Engr-In-Charge): *N5: Courtosy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Fost Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5	Elaimant's Particulars :-	mes la met fig	2) DA : Dama	ge Assessment (\$100), INC	A Participant of the Participant		
Contact No: 5) FT: Follow-Through Survey (Resurvey) 530 For claiming against INC Only (wef 10 Jan 2005) 6) TR: Re-inspection 575 7) N1: Idae DA + SMRT Survey 5160 C. Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowance 55 *NS: Courtesy Car / Tpt Allowance 510 *NS: Repair Co-ordination 510 *NS: Policy Comments: *NS: DV / Collect Excess Coordination 525 *NS: DV / Collect Excess Coordination 536	Driver/Owner:		4) FT : Follow	-Through Survey	\$120		
Darmaged Portion:			SAUT - Follow	-Through Survey (Resurvey)			
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OC. Checked by (Engr-In-Charge): *NS: Courtesy Car/Tpt Allowance \$5 *NS: Repair Co-ordination \$10 *NS: Fost Repair Inspection \$25 *NS: DV / Collect Excess Coordination \$3		•	OD*				
No. Repair Co-ordination \$25 No. Fost Repair Inspection \$25 No. Post Repair Inspection \$25 No. DV / Collect Excess Coordination \$35	QC Checked by (Engr-In-Charge):	92	*NS: Court	osy Car / Tpt Altowance	-		
Auditors Comments:- *N8: DV / Collect Excess Coordination 55			*Nf: Repa	r Co-ordination			
TP (N11) TP (N-in INC) against INC \$20	Auditors' Comments :-		*N8: DV /	Collect Excess Coordination			
10	A TELEVISION OF THE PROPERTY O	COLUMNIA STREET	TP (N11)	TP (Non INC) against INC	-	-	
9) N12: Idao Mobile Fee Charges	odi, IV					10000	MAD.
Tat. 2 / 3: Invalce dated Fee Charged	at 2/3.		The second section of the second	the office	rged	DES UN	

SINGAPORE ACCIDENT STATEMENT

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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 raise reporting may be referred to the Folice 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. Any false reporting may be referred to the Police for investigation.
- 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

	ACCIDENT STATEMENT
Date Of Report	09/04/2018 11:17
Date Of Assident	09/04/2018 06:45
Exact Location Of Accident	KOVAN RD BETWEEN HOUSE UNIT 4E AND 6
Country/State of Loss	SINGAPORE
Di	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM7816R
Insured/Policyholder	
Name Of Registered Owner	MRS JANETTA LAM LAM LEUNG FUNG
NRIC No	\$2615017E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98243924
Alternative Phone No	OFFICE-98243924
Vehicle Particulars	
Manufacturer	NISSAN
Model	SUNNY 1.6EXA
Exact Purpose for which vehicle was being used at time of accident	PARKED VEHICLE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5023987283-10
Cover Note Number	
Driver	
Name of Driver	LAM OWEN
NRIC No.	\$8571196B

S8571196B NRIC No 27/11/1985 Date Of Birth INDOOR Occupation 27/09/2004 Date Of Driving Pass

13 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98243924 Mobile Number

Fax Number

Contact Number NOEMAIL EMail Address

Address

BLK 237 HOUGANG ST 21 #10-382

Postcode

530237

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

SKK8630R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SCR3848X

Vehicle Make/Model/Colour

ABILICIE MAKELINGGO

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

				P	= 56M 7816 R
A	4:		A		= SKK 8630R
B		\Rightarrow	В		= SCR 3848X
C			- C		
				Kovan Rd Be	tween house uni
				4E and	6.
CRIBE CIRCUI	MSTANCES	OF THE ACC	CIDENT		
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	-				
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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.:





Date of Expiry:

1 of 4

Report No. T/20180409/2037

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Occupation:

Building architect

REPORT OF A TRAFFIC ACCIDENT

Station Diary No.: Vide Report No.: Date/Time Report Made: 33 09/04/2018 10:31 Informant's Particulars Address: APT BLK 237 HOUGANG STREET 21 #10-382 SINGAPORE Name of Informant: LAM OWEN 530237 Contact No .: ID Type / ID No .: Mobile: 98243924 Home/Office: NRIC NO / S8571196B Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex: Vehicle Owner 27/11/1985 32 Male Institution / School Name: Language: Race: Chinese Driving Licence Information:

Class: 3

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/04/2018 06:45	Type of Location Straight Road
Location: Along Road KOVAN ROA				
Weather: Clear	ise unit to und o	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Two Way				Anyone conveyed by

Details of Ve	Control of the Contro		Model	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	1515		Slightly	0
SCR3848X	Car	MERCEDES BENZ	C180	Brown	Damaged	0
SGM7816R	Car	NISSAN	Sunny	Silver	Slightly Damaged	0
		VOLKSWAGO	Passat	Blue		0
SKK8630R	Car	VOLKSWAGO N	Passat	Blue	Damaged	0





T/20180409/2037

2 of 4

Report No. T/20180409/2037

Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Perso					Section 1	
Any Pedestrian Ir	volved: No			1 -1-1	0	ing: NA
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA			
Vehicle Owner						000450475
Name	Janetta Lam Lam Leung Fung			ID No.	-	S2615017E
Related Vehicle	SCR3848X (Car)			Contact No.		96600449
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	
Vehicle Owner						
Name	LAM OWEN			ID No.		S8571196B
Related Vehicle	SGM7816R (Car)			Contact No.		98243924
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

On the night of 8 Apr 2018, my mother (Janetta Lam, S2615017E) and I parallel parked our vehicles along Kovan Road that was located between house unit 4E and 6. My vehicle was parked in front of my mother's car and there was a gap of about 5 meters between our cars.

On 9 Apr 2018 at about 6.45am, my mother was looking out of the window from house unit 6A and saw a vehicle (Volkwagen Passat, SKK8630R) trying to do parallel parking into the gap between our cars. As the vehicle was reversing in, it hit onto the front bumper of my mum's vehicle (Brown Mercedes C180, SCR3848X). The driver of SKK8630R then came out to make a check and continued with the parking thereafter. After several attempt, the driver decided to move off as he seemed unable to park into the gap. However, as the driver was driving off, his vehicle hit onto the right rear of my vehicle (Silver Nissan Sunny, SGM7816R). The driver did not step down to make any check. The driver then slowly reversed his vehicle and parked the vehicle one car behind my mother's car. My mother's vehicle (SCR3848X) suffered deep scratches on the front bumper and number plate. My vehicle (SGM7816R) suffered deep scratches on the right of rear bumper.

I wish to add that my mother saw a passerby talking to the owner of SKK8630R and kept pointing at both our vehicles. She did not managed to hear the content nor stopped the vehicle owner of SKK8630R as he was walking away in a haste. He did not leave any contact details for us. There is no camera installed in my car (SGM7816R). There is camera installed in my mother's vehicle (SCR3848X) but it will record only when the ignition is turned on.





3 of 4

Report No. T/20180409/2037

Police Station Of Origin:

Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT





4 of 4

Report No. T/20180409/2037

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999 CONTINUATION OF REPORT

Sketch Plan

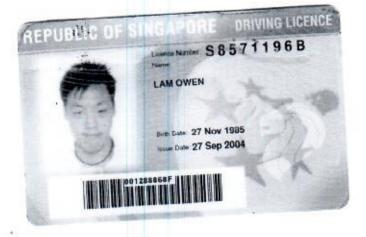
Informant is not able to provide sketch plan

Authentication Stamp

NP168

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: F / Insp A LEE HIANG HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2018 10:31
Officer In Charge Of Case: TP / HRT / SI TAN LEE HWANG DAWN Contact No.: 65476215	Classification Of Case:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8571196B





LAM OWEN

Race

CHINESE 27-11-1985

Country/Place of birth HONG KONG

5674401

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

27 Sep 2004

22-11-2016

APT BLK 237 HOUGANG STREET 21 #10-382 SINGAPORE 530237

NP 428A

Class 3

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

· Change Language

· Change Password

Log Out

My Desktop Notice of Loss Policy Query

Policy No.

SGM7816R

Date of Accident

09/04/2018 11:10

Search

Select Policy No. 5023987283-

10

Vehicle No. (For Motor)

Policyholder Name MRS JANETTA LAM LAM LEUNG FUNG Policyholder Product
NRIC Product
S2615017E GPC

C Cover Type
Third Party,
Fire & Theft

Vehicle Insured No. Object

SGM7816R SGM7816R

Commence Date

28/10/2017

Expiry Date 27/10/2018

Continue

4/10/2018

Claim Handling

			TATE OF THE PARTY		ST Registration No.	
dent MT/0989677	023987283-10	Vehicle No.	SGM7816R			S2615017E
Ly red.	IRS JANETTA LAM LAM LEUNG FUNG				Garynologi rensa	0
Chainings, senance		Cover Type	Third Party, Fire & Thef	D	TEVER CONTRACTOR	
auce come	RIVATE CAR INSURANCE	Contact No.(Office)			ontact No.(Home)	No *
tact No.(Mobile) 9	8243924	Special Remark				140
ail Address		TCA	e No Yes		Code Reason	No.
(- No Yes	NCD Entitlement(%)	50	P	Private Hire	No
D Protection	40	NGD CHARLESTON				
Accident Details		Accident Report Within 24 hrs	Yes		ALCERGE TYPE	Damaged whilst parked
port Date	10/04/2018 09:29	Time of Accident hitemm	06:45		Country of Accident	Singapore
te of Accident	09/04/2018				ICM No.	
porting Centre		Orange Force				
ident Location	KOVAN RD BETWEEN HOUSE UNIT 4E AND 6					
> Benefits						
Excess					Windscreen Excess	
vn damage Excess	0.00	Additional Excess		0.00		
named Driver Excess	0.00	Outside Singapore OD Excess		0.00		
nird Party Excess	0.00	Outside Singapore TP Excess		rienas.		
GST Registered Informa	tion		GST Registrat	ion Date		
ST Registered	No		GST Registral		Yes	
T Registration No.				E West		
odification History						
and the same of the same						
Policyholder Mailing Ad	dress	2000220	Visiting the property		Address 3	SINGAPORE 530237
ddress 1	BLK 237 #10-382	Address 2	HOUGANG STREET 2		Post Code	530237
ddress 4		Address Type	Singapore address		11-10-00-00-00	
Init No.		Related Policy Number	5023987283-10			
⇒ OI Driver Info			70000			
Driver Name	LAM OWEN	Driver Type	Named Driver		Driver DOB	27/11/1985
Innamed driver Name		Driver NRIC	S8571196B		Driving Experience	13
Register Date of Driver License	27/09/2004	Driver Age	32		Contact No.(Home)	
Contact No.(Mobile)	98243924	Contact No.(Office)		8	Address 3	SINGAPORE 530237
	BLK 237 #10-382	Address 2	HOUGANG STREET	21	Post Code	530237
Address I		Address Type	Singapore address		Past Code	*********
Address 4	10-382					
Unit No.	10-302	Committee of the Commit			Driver Insurer Company	
- Conserve	The second secon	Driver vehicle ivo.				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.				
Registered car?	Yes + No	2.500.000 min	Yes a No			
Registered Car? Declaration Breathalyser or Blood Test	Yes + No	Any injury?	Yes a No			
Registered car?		2.500.000 min	Yes * No			
Registered car? Dacteration Breathalyser or Blood Test. Reading?		2.500.000 min	Yes * No			
Registered Car? Declaration Breathalyser or Blood Test		2.500.000 min	Yes · No			
Registered car? Dectaration Breathalyser or Blood Test Reading?		2.500.000 min	Yes • No			
Registered car? Dectaration Breathalyser or Blood Test Reading? Modification History		2.500.000 min			Insured NOIC	52615017E
Registered car? Dactaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	0 mg	2.500.000 min	Yes * No MRS JANETTA LAM	LAM LEUNG	Insured NRIC	52615017E
Registered Car? Dectaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type *	0 mg	Any injury?		LAM LEUNG \$	Contact No.(Office)	62889639
Registered Gar? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile)	0 mg	Any injury? Insured Name Contact No.(Home)	MRS JANETTA LAM	LAM LEUNG \$	Contact No.(Office) TP Vehicle Number	62889639 SKK8630R
Registered Car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address	OD-MX • 96600449	Any injury?	MRS JANETTA LAM	LAM LEUNG \$	Contact No.(Office)	62889639 SKK8630R
Registered car? Dactaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description	OD-MX 96600449 anetta@singnet.com.sg SCM7816R / SKK8630R ON 9 Apr 2018	Any injury? Insured Name Contact No.(Heme) Of Vehicle Number	MRS JANETTA LAM	LAM LEUNG \$	Contact No.(Office) TP Vehicle Number	62889639 SKK8630R
Registered car? Dectaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address	OD-MX 96600449 Janetta@singnet.com.sg SGM7816R / SKK8630R ON 9 Apr 2018	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	MRS JANETTA LAM 62889639 SGM7816R Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	\$2889639 SKK8630R 0
Registered car? Dactaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	OD-MX 96600449 anetta@singnet.com.sg SCM7816R / SKK8630R ON 9 Apr 2018	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	MRS JANETTA LAM 62889639 SGM7816R Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	62889639 SKK8630R
Registered car? Dactaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	00-MX 96600449 anetta@singnet.com.sg SGM7816R / SKK8630R ON 9 Apr 2018	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	MRS JANETTA LAM 62889639 SGM7816R Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$2889639 SKK8630R 0
Registered car? Dectaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	00-MX	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	MRS JANETTA LAM 62889639 SGM7816R Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$2889639 SKK8630R 0
Registered car? Dectaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	0 mg OD-MX 96600449 Ianetta@singnet.com.sg SGM7816R / SKK8630R ON 9 Apr 2018 0 Yes 10/04/2018 09:44	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	MRS JANETTA LAM 62889639 SGM7816R Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$2889639 SKK8630R 0
Registered car? Decisration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	0 mg OD-MX 96600449 Ianetta@singnet.com.sg SGM7816R / SKK8630R ON 9 Apr 2018 0 Yes 10/04/2018 09:44	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	MRS JANETTA LAM 62889639 SGM7816R Not at Fault	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$2889639 SKK8630R 0
Registered car? Decisration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	0 mg OD-MX 96600449 Ianetta@singnet.com.sg SGM7816R / SKK8630R ON 9 Apr 2018 0 Yes 10/04/2018 09:44	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	MRS JANETTA LAM 62889639 SGM7816R Not at Fault Preferred Worksh	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$2889639 SKK8630R 0
Registered car? Dactaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter	0 mg OD-MX 96600449 Ianetta@singnet.com.sg SGM7816R / SKK8630R ON 9 Apr 2018 0 Yes 10/04/2018 09:44	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	MRS JANETTA LAM 62889639 SGM7816R Not at Fault Preferred Worksh	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$2889639 SKK8630R 0
Registered car? Decisration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	0 mg OD-MX 96600449 Ianetta@singnet.com.sg SGM7816R / SKK8630R ON 9 Apr 2018 0 Yes 10/04/2018 09:44	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option	MRS JANETTA LAM 62889639 SGM7816R Not at Fault Preferred Worksh	•	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$2889639 SKK8630R 0
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Registered car? Dactaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	0 mg OD-MX 96600449 Ianetta@singnet.com.sg SGM7816R / SKK8630R ON 9 Apr 2018 0 Yes 10/04/2018 09:44	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date	MRS JANETTA LAM 62889639 SGM7816R Not at Fault Preferred Worksh	op, Name unknown ¥	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	\$2889639 SKK8630R 0
Registered car? Dactaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment ** Accident No.	0 mg OD-MX 96600449 anetta@singnet.com.sg SGM7816R / SKK8630R ON 9 Apr 2018 0 Yes 10/04/2018 09:44 LIEW SHAN HUI	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	MRS JANETTA LAM 62889639 SGM7816R Not at Fault Preferred Worksh	op, Name unknown *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshot GIA report Date Received	\$2889639 SKK8630R 0 Received 10/04/2018 00:00
Registered car? Dectaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	0 mg OD-MX 96600449 Ianetta@singnet.com.sg SGM7816R / SKK8630R ON 9 Apr 2018 0 Yes 10/04/2018 09:44 LIEW SHAN HUI	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date	MRS JANETTA LAM 62889639 SGM7816R Not at Fault Preferred Worksh Save Submit	op, Name unknown ¥ 001 10/04/2018 09:45 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential U	\$2889639 SKK8630R 0 Received 10/04/2018 00:00
Registered car? Dectaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment ** **Accident No. Last Doc. Received	0 mg OD-MX 96600449 Ianetta@singnet.com.sg SGM7816R / SKK8630R ON 9 Apr 2018 0 Yes 10/04/2018 09:44 LIEW SHAN HUI MT/0989677 ▼ Yes No Path *	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date	MRS JANETTA LAM 62889639 SGM7816R Not at Fault Freferred Worksh Save Submit	op, Name unknown ¥ op, Name unknown ¥ 10/04/2018 09:45 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential V NO V Norm	E2889639 SKK8630R 0 Received 10/04/2018 00:00
Registered car? Dactaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By ** Print AK letter Attachment ** Accident No.	0 mg OD-MX 96600449 Ianetta@singnet.com.sg SCM7816R / SKK8630R ON 9 Apr 2018 D Yes 10/04/2018 09:44 LIEW SHAN HUI MT/0989677 Yes No Path *	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferenced Repair Option Claim Close Date	MRS JANETTA LAM 62889639 SGM7816R Not at Fault Freferred Worksh Save Submit	op, Name unknown ¥ 001 10/04/2018 09:45 Category *	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential U	\$2889639 SKK8630R 0 Received 10/04/2018 00:00

Claim Handling(accident reporting Claim Task)

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	Category	9	Urgency	Description
TAVA LIBIT 900601/ NATIONAL ASSESSMENT CENTRE SERVICES) on 10	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-4-10
NATIONAL ASSESSMENT CENTRE SERVICES) on 10	SAS		Normal	SAS 2018-4-10
APP 2018 09-7-9	Photos		Normal	Photos 2018-4-16
DAYA LIBE SOMEON NATIONAL ASSESSMENT CENTRE SERVICES) on 10	Photos		Normal	Photos 2018-4-10
NAC PAYA URL RODGOT (NATIONAL ASSESSMENT CENTRE SERVICES) on 10	Photos		Normal	Photos 2018-4-10
Apr 2018 09:44	Photos		Normal	Photos 2018-4-10
DAYA LIBIT BOOKDI/ NATIONAL ASSESSMENT CENTRE SERVICES) on 10	Photos		Normal	Photos 2018-4-10
APE 2010 VS19.	Photos		Normal	Photos 2018-4-10
AB 2016 97. THE SOSGIE NATIONAL ASSESSMENT CENTRE SERVICES) ON 10	Photos		Normal	Photos 2018-4-10
NAC DAVA HAI ROGGO! (NATIONAL ASSESSMENT CENTRE SERVICES) on 10	Photos		Normal	Photos 2018-4-10
Apr 2018 07.44	Photos		Normal	Photos 2018-4-10
NAC BAYA URI 800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 10	Photos		Normal	Photos 2018-4-10
API 2010 07-7-1	Photos		Normal	Photos 2018-4-10
AND DEVA URL ROSSOLI NATIONAL ASSESSMENT CENTRE SERVICES) on 10	Photos		Normal	Photos 2018-4-10
	Uploaded By/Date NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2016 09:45 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES) on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES} on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES} on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES} on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES} on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES} on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES} on 10 Apr 2018 09:44 NAC_PAYA_UBL_800601{ NATIONAL ASSESSMENT CENTRE SERVICES} on 10 Apr 2018 09:44	Uploaded By/Date Category	Uploaded By/Date	Upleaded By/Date Category Urgency

Display in New Window Scan and uploading

Folder Date

File Name

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Source

Uploaded By/Date