Date In: 9/4/8-7:19	Jeb description	Date &Time Completed	Done by
Re[No: NA] INC 8006552/24	SAS e-filing		
Vch No: SUSINEST	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 9 1 18-11-10	i-Motor Claim Form	MT10989650	9/4/18 20:40
	i-Motor W/O (Within: OD 2	thrs, TP 4hrs)	
OD (TP) Reporting Only	i-Photo Uploaded	1.	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Han	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	ax:
TP Particulars: Veh No:	LC13 06D . INC	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: () .
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (9	%) [Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]
Year of Registration: () Warranty: YES ()/NO ()	
Excess: (\$) Loading:	\$1,000()/\$2,000()		
General Remarks		HAMPAKSESS	Took Service
() Walk-In Customer : Customer's	The state of the s		
() Total Luss Case : to e-mail In		N .	
		Towing Co. (· · · · · ·
Drive-In ()/ Towed-In (); Inv	voice: YES() / NO();	Towing Co: (
Remarks:- (INC hodine: 6788 661	6) (Date& Time Completed	Done by
) / Courtesy Car ()		
)/Courtesy Car ()		
Apply for Transport Allowance (QC Check / Post Repair Inspection	()		
Apply for Transport Allowance (QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost	()		
Apply for Transport Allowance (QC Check / Post Repair Inspection	()		
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1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA 80>167 Claimant's Particulars: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	Invoice P Invo	ent Reporting (\$30); ge Assessment (\$100); INC (\$5 g Fee \$4 -Through Survey (Resurvey) ge against INC Only (wef 10 Jan 200 pection A + SMRT Survey illional Services: csy Car / Tpt Allowance r Co-ordination tepair Inspection Collect Excess Coordination TP (Non INC) against INC	\$80) 0/\$45 \$120 \$30 \$575 \$160 \$510 \$25

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as 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.
- 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 archiving of this report at the centre and to copies of the report being made available aforesaid.

A	CC	DE	N.	9	AI	HV	-1	ч

Date Of Report 09/04/2018 17:19
Date Of Accident 09/04/2018 11:10

Exact Location Of Accident LTC BUILDING OPEN SPACE CARPARK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS1985J

Insured/Policyholder

Name Of Registered Owner DARRELL CHAN
NRIC No S9036743I

Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-97213489

 Alternative Phone No
 OFFICE-97213489

Vehicle Particulars

Manufacturer HONDA

Model CIVIC 1.6L VTI AUTO

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

17/11/2014

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 5098962456

Cover Note Number

Date Of Driving Pass

Driver

 Name of Driver
 DARRELL CHAN

 NRIC No
 \$9036743I

 Date Of Birth
 02/10/1990

 Occupation
 INDOOR

Driving Experience 3 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97213489

Fax Number

Contact Number OFFICE-97213489

EMail Address NOEMAIL

BLK 665B JURONG WEST STREET 64 Address

#14-178

642665 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No. Relationship of the Driver with the Insured

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 DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

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.

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

GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180409/2136.

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

SLC1306D

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

Page 2 of 18

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.

licyholder's Signature

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

Name: NRIC/FIN No.:

refer	to potice	report - 1/20180409/2136.	

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.:

BUJUNESH SHEDMAN

2





Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

1 of 3

Report No. T/20180409/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 09/04/20	ne Report N 18 16:07	/lade:	Vide Report No.:	Station Diary No.: 88
Informa	nt's Partic	ulars		
	Informant: L CHAN		Address: APT BLK 665B JURONG W SINGAPORE 642665	EST STREET 64 #14-178
ID Type	/ ID No.: D / S90367	431	Contact No.: Home/Office:	Mobile: 97213489
Nationali SINGAP	ty: ORE CITIZ	ĽEN	Email:	
Sex: Male	Age: 27	Date of Birth: 02/10/1990	Type of Informant: Vehicle Owner	
Race: Chinese		•	Language: English	Institution / School Name:
Occupati	ion: CT ENGINE	ER	Driving Licence Information: Class: 3	Date of Expiry:

11/1 - 11	Minus Indiana	Deinte	Data/Time of	Tune of Leastion:	
Type of Accident:	Hit and Run	on-Injury Drink Date/Time of		Type of Location: Car Park	
Location: Along Road 1 ARUMUGAM					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis	sion: sle Against - Parked Ve	shicle		Anyone conveyed by ambulance:	

Details of V	emicie mvo	iveu				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLS1985J	Car					0

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





2 of 3

Report No. T/20180409/2136

Police Station Of Origin: Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

Vehicle Owner	Alternative State of the Residence			ID No.		S9036743I
Name	DARRELL CHAN			ID NO.	.2	390307431
Related Vehicle	SLS1985J (Car)			Conta	ct No.	97213489
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree o	fInjury	NIL	

Brief Details.

On 09/04/2018 at about 0830hrs, I parked my car, SLS1985J at the open carpark near building D of lion city building at Arumugam Road. On the same day at about 1455hrs, I received a call from my colleague, Shane that my car was damaged. I went to my car and discovered the front right bumper was damaged. I viewed my in-car camera and it shown on the same day at about 1106hrs, a blue car, SLC1306D(Nissan X trail) exit the parking lot the right and hit onto my car. The car then drove off.





3 of 3

Report No. T/20180409/2136

Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 CONTINUATION OF REPORT Tel No: 1800-8486999

Sketch Plan

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 / Staff Sgt ANG KAH LUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2018 16:07
Officer In Charge Of Case:	Classification Of Case:
TP / HRT / SI TAN LEE HWANG DAWN	
Contact No.: 65476215	100 1000
Authentication Stamp	Λ

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$90367431



Name

DARRELL CHAN





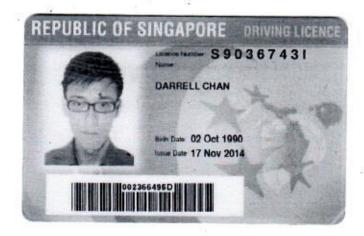
CHINESE

SINGAPORE



O2-10-1990 N Country of birth







18-10-2005

APT BLK 665B JURONG WEST STREET 64 #14-17B SINGAPORE 642666 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 17 Nov 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A

eBaoTech								Gene	ralClaim
Hello, NAC_PAYA_UBI_800	0601				E	Change Lan	guage	Change Passwor	d + Log Out
My Desktop Notice of Loss	Policy Query Policy No.			=	Date of Acc	ident	09/04	V2018 11:10	,
	Vehicle No.(For Motor)	SLS19853			Search				
	Select Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5098962456	DARRELL CHAN	S9036743I	GPC	drivo CLASSIC	SLS19853	SLS1985J	19/03/2018	18/03/2019
				8	Continue				

Policy No.	5098962456	Policyholder Name	DARRELL CHAN	Policyholder NRIC	S9036743I
Address	BLK 665B #14-178 JURONG V	1275	SINGAPORE 642665		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	19/03/2018	Effective Date	19/03/2018 00:00	Expiry Date	18/03/2019 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	KENSO LEASING PTE LTD	Agent Tel.	62358283	GST Flag	Y
Co- insurance Flag Open Policy Info	No				
Certificate Info					
▽ Policyl	holder Mailing Address				
Address 1	BLK 665B #14-178	Address 2	JURONG WEST STREET 64	Address 3	SINGAPORE 642665
Address 4		Address Type	Singapore address	Post Code	642665
Unit No.	14-178	Related Policy Number	5098962456		
) Insure	ed Object: SLS1985J				
	sements				
			ement Type Endorser	nent Status	Endorsement Content

laim Handling									
ccident MT/0989650		habirla Pie	SLS1985)	GST	Registration No.				
olicy No.	5098962456	Vehicle No.	at. 2027		cytoider NRJC		590367431		
slicyholder Neme	DARRELL CHAN		Serve CLASSIC		ding		0		
roduct Code	DRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		itact No.(Home)		0		
ornact No (Mobile)	97213469	Contact No.(Office)	0	*Co			Sr. V.		
mail Address		Special Remark	(0)		ide Reason				
FK	® No ○ Yes	TCA	No ○Yes		rate Hire	3	No		
CD Protestion	não.	NCD Encidement(%)	0	37.10	ace rain		753		
W Accident Details		CONTROL CONTRO	W-80	Acc	ident Type		Damaged wh	elst parked	
egort Date	09/04/2018 20:36	Acadent Report Within 24 hrs	Yes				Singapore		
ate of Accident	09/04/2018	Time of Accident nitimm	11:10		ettry of Accident		and about		
eporting Cantre		Orange Force		0.00	No.				
codent Location	LTC BUILDING OPEN SPACE CARPARK								
⇒ Benefits									
S Excess		000000000000000000000000000000000000000	0.00	- Win	ndscreen Excess			100.00	
wn damage Excess	600.00	Additional Excess	600.00	1.541					
nnamed Driver Excess	0.00	Gutside Singapore OD Excess	0.00						
hird Party Excess	0.00	Outside Singapore TP Excess							
GST Registered Inform			GST Registration Date						
ST Registered	No		GST Status Verified		Yes				
ST Registration No. todification History									
♥ Policyholder Malling Ac	ddress								
Appress 1	BLK 6658 #14-179	Address 2	JURONG WEST STREET 64		dress 3		SINGAPORE	642565	
Address 4		Address Type	Singapore address	Por	st Code		642665		
unit No.	14-178	Related Policy Number	5098962456						
OI Driver Info									
onver Name	DARRELL CHAN	Driver Type	Main Driver	1722			02/40/4900		
Innamed Briver Name		Driver NRIC	\$90367431		iver DOB		02/10/1990		
legister Date of Driver License	e 17/11/2014	Driver Age	27		iving Experience				
Contact No.(Mobile)	97213489	Contact No. (Office)	0		ntact No.(Home)		0 SINGAPORE	443665	
Address I	BLK 005B	Address 2					STATISHED	042000	
		7-00-00-0	JURONG WEST STREET 64		dress 3				
		Address Type	Singapore address		et Code		642665		
Address 4	14-176						642665		
Address 4 une No. Does he own a Singapore Registered Car?				Po		eny	642665		
Address 4 une No. Does he own a Singapore Registered car?	14-178 ○ Yes ⊕ No	Address Type Driver Vehicle No.	Singapore address	Po	et Code	eny.	642665		
Address 4 Unit No. Does he dwn a Singapore	34-176	Address Type		Po	et Code	**Y	642665		
Address 4 une No. Does he own a Singapore Registered car? Jeografion Breachalyser or Blood Test Reading?	14-178 ○ Yes ⊕ No	Address Type Driver Vehicle No.	Singapore address	Po	et Code	#Y	642665		
oddress 4 ine No. loes he own a Singapore legistered car? legistered car? legistered car? legistered car? legistered car? legistered car?	14-178 ☐ Yes ♠ No 0 mg	Address Type Driver Vehicle No.	Singapore address	Po	et Code	wy.	642665		
oddress 4 inc No. loes he own a Singapore legistered car? legistered car. leg	14-178 ☐ Yes ♠ No 0 mg	Address Type Driver Vehicle No. Any injuny?	Singapore address	Pe Dr	et Code	ery	642665		
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Address 4 Jine No. Joes he dwn a Singapore Registered Car? Reschaft on Blood Test Reading? Claim 001 OD-MX Net Claim Type * Contact No. (Mobile) Email Address	14-176 Ves (No No Omg OD-MX 97213489	Address Type Driver Vehicle No. Any injury? Insured Name	Singapore address ○ Yes ② No DARRELL CHAN	Per Diri	et Code Tiver tridurer Compi sured NRTC Indiant No. (DM:cir)		590367431		
Address 4 Jine No. Joes he dwn a Singapore Registered Car? Recaration Resarbalyser or Blood Test Reading? Claim 001 OB-MX Ne Claim Typs * Contact No (Mobile) Email Address Claim Description	14-178 ☐ Yes ♠ No o mg	Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Os Vehicle Number	Singapore address ○ Yes ② No DARRELL CHAN NIL SL\$19853	Per Diri	et Code Tiver tridurer Compi sured NRTC Innect No. (DMcs) P Vehicle Number		590367431		
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♥ Video List								
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Display in New Window Scan and uploading