Date In: 13/4/18-12:43	Jeb description		Date &Time Completed	Done	pi.
Res No: NA MC 804134/24	SAS e-filing				
Veh No: 10P1833A	E-mail (within	Shrs, AIC 2hrs)	M7/0990817-001	11 मार्मा	1:49.
D.O.A : 14/4/8-01:20	i-Motor Clair	m Form			
	i-Motor W/O	(Within: OD 2hrs	, TP 4hrs)		200000
OD / TP/ Reporting Only	i-Photo Uploa				
ESSEX	Assessment/Su	rvey Report			
TP Insurer:	Ass't Report by	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	/: (Tol: F	ax:	
TP Particulars: Veh No:	JR19924	. INC()/Non-INC()	- 80	
Owner / Driver: (Tcl:)	NO SEC
Policy No: ()	Period: ()	Cover Type: ()	(a/1900-00-00)
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (W	70): N: 0-20	0%; P: 21-79%. P: 80-1	100%]	(a)
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading:	: \$1,000 ()/\$2,000	()			
General Remarks:				0.00 A	
() Walk-In Customer : Customer:	Comment the comment that the comment of the comment	11-11-14-14-14-14-14-14-14-14-14-14-14-1			
() Total Loss Case : to e-mail I			A	10	
		0/).T	owing Co: ()
Drive-In ()/ Towed-In (); In	voice: YES () / N	0(),1			, mil
Remarks:- (INC hotline: 6788 66)	16)		Date&Time Completed	Done	by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection	()				
			4.		
3) Upload Resurvey Photo [Repair Cost			46		
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3) Upload Resurvey Photo [Repair Cost				A. Piotos	
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3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA 180 3396		Invoice Pre	paration Checklist. Reporting (\$30);		
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3) Upload Resurvey Photo [Repair Cost Injury: Date/Time Actions NA 180 3396		Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F	Reporting (\$30); Assessment (\$100); INC (\$400);	Ant (5) fit Bill 50) 0/\$45	
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Oate/Time Actions NA 80) 396 Raimant's Particulars':- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):		Invoice Pre 1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Addition OD *NS: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$100); See \$40 Intrough Survey (Resurvey) Rejust INC Only (wef 10 Jan 200) Ition SMRT Survey Internal Services: Car / Tpt Allowance Department on Inspection lect Excess Coordination (Non INC) against INC	Ame (5) fit Bill 80) 0/\$45 \$120 \$30 \$75 \$160	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	17/04/2018 12:43
Date Of Accident	14/04/2018 01:20
Exact Location Of Accident	700A PASIR RIS DR 10 MULTI STORY CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDP1833A
Insured/Policyholder	
Name Of Registered Owner	SING KOK SOON (SHENG GUOSHUN)
NRIC No	S7715490F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84442821
Alternative Phone No	OFFICE-84442821
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
Exact Purpose for which vehicle was being used a time of accident	t 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	5077913864-02
Cover Note Number	
Driver	
Name of Driver	SING KOK SOON (SHENG GUOSHUN)
NRIC No	S7715490F
Date Of Birth	10/06/1977
Occupation	INDOOR
Date Of Driving Pass	16/02/1998
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84442821
Fax Number	

OFFICE-84442821

NOEMAIL

BLK 272D PUNGGOL WALK Address #10-601

Postcode

824272

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT 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

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

BEDOK POLICE DIVISIONAL HQ (G DIVISION)

Police Station Address

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

SINGAPORE

Police Station Contact

TEL NO: 1800-2440000 - FAX NO: 64443009

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - G/20180414/7015.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJQ1992Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 27

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.
- 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.:

	CIRCUMSTANCES OF THE ACCIDENT	
effe	to police report-6/20180414/70+5.	

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.:



G/20180414/7015

1 of 3

Report No. G/20180414/7015

POLICE REPORT (NP299)

Police Station Of Origin Bedok Police Divisional HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 14/04/2018 14:09	Vide Report No.			Station Diary No.		
Name Of Informant SING KOK SOON	Address APT BLR 824272		NGGOL WALK #1	0-601 SINGAPORE		
ID Type / ID No. NRIC NO / S7715490F	Contact No. Home/Office: Mobile: 84442821					
Nationality SINGAPORE CITIZEN	Email Address davidks_sing@certissecurity.com					
Occupation PROJECT DIRECTOR	Sex Male	Age 40	Date of Birth 10/06/1977	Race Chinese		
Institution/School Name	Language English					
Date/Time Of Incident 14/04/2018 09:07 - 14/04/2018 09:08	Location Of Incident 700A PASIR RIS DRIVE 10 MULTI STOREY CAR PARI SINGAPORE 511700					

Brief details.

Lodging this report for record purpose and for motor insurance claims.

On 14/04/2018 @0910hrs at Blk 700 MSCP Pasir Ris Drive 10, I came to collect my car SDP1833A (Honda VEZEL black) that was parked at Number 1 parking lot, discovered that it was involved in an hit and run traffic accident. The front bumper was badly damaged. The car was in a odd position occupying 2 lots, the rear of the car was caved in as the impact had caused the car to reversed against the rear

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2018 14:09
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



2 of 3

POLICE REPORT (NP299)

Subjects Involved

Suspect

CONTINUATION OF REPORT

Report No. G/20180414/7015

structure of the carpark. My car's rear screen and rear bumper were smashed. I'm the owner of this car.

Previously, I had parked my car at the said location on 13/04/2018 at around 2000hrs. Locked and secured and parked properly in lot number 1.

I also discovered a card from Traffic Police (ref G/20180414/0026), stating for me to lodge a insurance claim report because my car was involved in an accident with 3 motor vehicle on 14/04/2018 @0120hrs early in the morning. On the TP Card, a car veh SJQ1992Y was stated, I assume belonging to the owner or the car that had banged into my stationary car.

On 14/04/2018 @1030hrs, I contact NTUC Insurance, who asked me to lodge a police report and insurance report, and proceed to tow my car for report. That's all.

Person Name	Motor vehicle					
ID No	SJQ1992Y					
V 45-2		THE RESERVE OF				
Victim	SING KOK SOON					
Person Name		ID No		S7715490F		
ID Type	NRIC NO	Age		40		
Gender	Male	- 1 200 House Co.	00	English		
Race	Chinese	Langua		Liigiisii		
Occupation	PROJECT DIRECTOR	Address	s Type			
Not applicable			report has been authenticated by SingPass. No signature is required.			
Signature Of Interpreter: Not applicable			Date/Time: 14/04/2018 14:09			
110t applicable						
Officer In-Charge Of Case:			Classification Of Case:			





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180414/7015

Address	APT BLK 272D PUNGGOL WALK #10-601 SINGAPORE 824272	Mobile No	84442821	
Is Informant A Victim?	Yes			
Person Name	SING KOK SOON (Informant)			

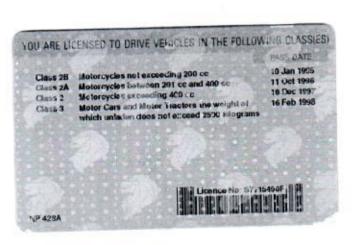
Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2018 14:09
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp









eBaoTech									GeneralClair	
Hello, NAC_PAYA_UBI_80	0601			-	No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa	• 1	Change Lan	guage	Change Passwo	rd + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	o.				Date of Acc	ident	14/04	1/2018 01:20	
	Vehicle	No.(For Motor)	SDP1833A							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5077913864- 02	SING KOK SOON (SHENG GUOSHUN)	S7715490F	GPC	drivo CLASSIC	SDP1833A	SDP1833/	08/03/2018	07/03/2019
					1	Continue				

olicy No.	5077913864-02	Policyholder Name	SING KOK SOON (SHENG GUOS	Policyholder NRIC	\$7715490F
ddress	BLK 708 #05-193 PASIR RIS DI	RIVE 10 SINGA	APORE 510708		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	07/03/2018	Effective Date	08/03/2018 00:00	Expiry Date	07/03/2019 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	KRUISE AUTO PTE. LTD.	Agent Tel.	65471511	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
□ Policy!	holder Mailing Address				
Address 1	BLK 708 #05-193	Address 2	PASIR RIS DRIVE 10	Address 3	SINGAPORE 510708
Address 4		Address Type	Singapore address	Post Code	510708
Unit No.		Related Policy Number	5077913864-02		
) Insure	ed Object: SDP1833A				
□ Endor	sements			Name of the Control	
Sequen	nce Date of Endorsement	Endors	ement Type Endorseme	ent Status	Endorsement Content

laim Handling								
ident MT/0990817								
cy No.	5077913854-02	Vehicle No.	SDP1833A		ST Registration No.			
cyhalder Name	SING KOK SOON (SHENG GUOSHUN)			Pe	slicyholder NRIC		S7715490F	
dutt Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		sading		0	
ntact No (Mobile)	B4442B21	Contact No.(Office)	0	0	ontact No. (Home)		0	
all Address		Special Kemark			Code		-	
×	® No. ○ Yes	TCA	® No ○Yes		Code Reason			
D Protection	Yes	NCO Entitlement(%)	50	P	rivate Hire		No	
Accident Details				173	4445 C 14 (2007)			
port Date	17/04/2018 18:47	Accident Report Within 24 hrs	Yes		codent Type		Damaged whilst pa	KEU
ce of Accident	t4/04/2018	Time of Accident hh;mm	01:20		burntry of Accident		Singepore	
porting Centre		Orange Force		10	CM No.			
cident Location	700A PASIR RIS OR 10 MULTI STURY CAR	PARK						
> Benefits								
F Excess			100	100	deduces Fores			100.00
vn damage Excess	600.00	Additional Excess	0.00	. *	rindscreen Excess			100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00					
and Party Excess	0.00	Outside Singapore TP Excess	0.00					
GST Registered Informa	tion							
ST Registered	No		GST Registration Date		Yes			
ST Registration No.			GST Status Venfied		,			
odification History								
Policyholder Hailing Ado	dress							
idram 1	BLM 708 #05-193	Address 2	PASIR RIS ORIVE 10		idoress 3		SINGAPORE S1070	0
doress 4		Address Type	Singapore address	P	ost Code		510708	
nit No.		Related Policy Number	5077913864-02					
₩ OI Driver Info			(1995)					
river Name	SING KOK SOON	Driver Type	Main Oriver				10/06/1977	
wamed driver Name		Driver NRIC	57715490F		priver DOB		10/06/1977	
gister Date of Driver License	16/02/1998	Driver Age	40		onving Experience		20	
ontact No.(Mobile)	84442821	Contact No.(Office)	0		Contact No.(Home)		ů.	
ddress 1	BLK 2720	Address 2	PUNGGOL WALK		Address 3		PUNGGOL RESIDE	NCE5
daress 4	SINGAPORE 824272	Address Type	Singapore address		Post Code		824272	
	SINGAPORE 824272 10-601				Post Code		824272	
nit No. loes he own a Singapore					Post Code Oriver Insurer Comp	any	824272	
nit No. oes he own a Singapore epistered (&r?	10-601	Address Type				arry	824272	
nic No. loes he own a Singapore egistimed car? ectaristion reathalyser or fillood Test	10-601 ○ Yes ® No	Address Type Dover Vehicle No.				any	824272	
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ne No. oes he own a Singapore epistered (ar? reshalavar or filood Test edding? Claim 003 New laim Type * ontact No. (Mobile)	10-663 ○ Yes Ne D mg GD-MX 93827859	Address Type Driver Vehicle No. Any injury?	Singapore addréss ○ Yes No		Oriver Insurer Comp	any		
ne No. oes he own a Singapore epistered Car? eclaration reathshare or fitted Test eading? Claim 001 New Jaum Type * ontact No. (Mobile) mail Address	10-603 Ves ® No D mg GD-MX 92827859 davidka_sing@certispecurity.cor	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore addréss ○ yes ® No SING KOK SOON (SHENG GUOS		Oriver Insurer Comp Insured NAIC Consult No. (Office)		\$7715490F	
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