Date In: 17 8-17:09	Jeb description	on	Date &Time Completed	Dei	ne by
RCINO: MA MC 18012736/24	SAS e-filin	g	İ		
Veh No: 4N5768R	E-mail (with	in Shrs, AIC 2hrs)			75
D.O.A: 107/8-11:70	i-Motor Cl	aim Form	M/ 1002767-001	12/2/8 1	a nL
OD / TP / Reporting Only	i-Motor W	O (Within: OD 2hr.		1719. 1	7.40
			-		
TP Insurer:		Survey Report by <u>Fax / Hand</u> t	a Owner/Wisp		22
Preferred Wksp / INC Assign Wksp / QW: (oj zaki Handi		ax:	
TP Particulars: Veh No: 5m	fho.	INC(
Owner / Driver: (Tel:	·)	29 =
Policy No: ()	Period: ()	Cover Type: (-
Confirmed by : (Date:	Time:	1	1100000
	[Note-Est. Status (0%; P: 21-79%. P: 80-1	00%]	
Year of Registration: ()	Warranty: YES ()	5076	-
Excess: (\$) Loading: \$1			<u> </u>		
General Remarks:-			AND THE PROPERTY OF THE PARTY O	1310 171 171	
/ W-U-L-C	NO CONCINEDADO		deal Statements & A.	3.00 F	
() Walk-In Customer: Customer's int			ictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	*		10	
Drive-In ()/ Towed-In (); Invoid	ce: YES () /	NO (); To	owing Co: ()
Remarks: (INC hotline: 6788 6616):	Contract of the second			942889455	SETTION .
	Participation and agenticipation		Date&Time Completed	Non Hon	s by
	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$			1		
	(3000))			
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Injury: ————————————————————————————————————	(3000)			Ant((S))	Ant
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Injury:	3000] (1) AR: Accident R 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-Thr 5) FT: Follow-Thr For claiming age 6) TR: Re-inspecti 7) N1: Idac DA + 8) NTUC Addition QD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Collect TP (N11): TP (N11)	eporting (\$30); ssessment (\$100); INC (\$80); ough Survey (\$200); inst INC Only (wef 10 Jan 2003) on SMRT Survey (\$200); al Services:- ar / Tpt Allowance ordination Inspection at Excess Coordination Fin INC) against INC	74 Bill 75 45 120 530 575 160 55 55 57 57 57 57 57 57 57 5	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Contact Number EMail Address

Fax Number

- 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.
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	12/07/2018 17:09
Date Of Accident	10/07/2018 11:30
Exact Location Of Accident	BLK 302 WOODLANDS ST 32 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN5768R
Insured/Policyholder	
Name Of Registered Owner	NEW GUAN HONG TRADING PTE LTD
Co Reg No	200100061H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63832121
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR75UH5A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092599048
Cover Note Number	
Driver	
Name of Driver	ANG CHONG YAN
NRIC No	S1732715A
Date Of Birth	27/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	16/10/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE

(LOCAL) +65-96178378

OFFICE-96178378

NOEMAIL

Address BLK 677 HOUGANG AVENUE 8

#09-541

Postcode 530677

Was driver an employee of the Insured's Company YES

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 COLLIDED INTO PARKED VEHICLE

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.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address 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?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180710/2179.

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 SJM662

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

SKETCH PLAN

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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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:
 - (i) 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
- 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.
- 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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

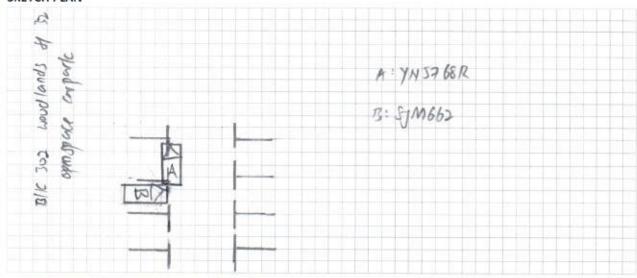
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to potice report - 1/20180710/2179.	

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 7 / 18)(DE	D/MM/YYYY), TIME:(_/j_:30)(HH:MM)
LOCATION: Blk 302 woodlands of 3	32 open space corpora
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: YAISAGE	927
DINSURANCE COMPANY: AITUE	
CIPOLICY NUMBER: 5097599218	
	/ TURD D. DTV / TURD D. DTV SIDE ATURET
e)MAKE & MODEL:	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
	AN ALODDY AVOTO SOVOIE A CTUEDO
	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / C	
h) PURPOSE OF USING AT ACCIDENT	
I) ARE YOU CLAIMING UNDER YOUR IF NO, PLEASE STATE (THIRD PARTY	OWN INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER	CLAIM / REPORTING ONLY)
A)NAME: New Gran Hong Fradio	ng ple Hd (MALE & FEMALE)
b) NRIC/FIN/PASSPORT: 200/0006	(
c)ADDRESS:	CONTACT.
(4) (4) (4) (4) (4) (4) (4) (4)	**************************************
* CONTINUE TO 3.d IF DRIVER ALSO I	POLICY HOLDER
Ho of passengs DRIVER	
(Including diseas) alNAME: may chang you	(MALE / FEMALE)
DIANCTHAT ASSPORT	
CIADDRESS: MIC 677 Houging AV	enno 8 \$ 09-541(530677)
*d)DATE OF BIRTH! / 37 / - / 4	K
*d)DATE OF BIRTH: () 7 / 7 / 9	6)(DD/MM/YYYY)
f)YEARS OF DRIVING EXPRERIENCE.	(AOOR)
4. WAS DRIVER AN EMPLOYEE OF TH	HE INSURED'S COMPANYS (VES. ANO)
IF NO, RELATIONSHIP OF THE DR	IVER WITH INSURED:
5. a) WEATHER CONDITION; (QLEAR / R.	AINING / OTHERS
b) ROAD SURFACE: (DRY) WET / OTH	IERS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NQ)	
IF YES, PLEASE STATE WHICH POLICE	E STATION:
8. THIRD PARTY VEHICLE	
We of passenger a) VEHICLE NUMBER: SJM 662	MODEL:
Including driver) DI DRIVER'S NAME:	
c) NRIC/FIN/PASSPORT:	CONTACT:
7. HIND PARTI VEHICLE	
No of passanger of VEHICLE NUMBER:	
Induding driver f) DRIVER'S NAME:	
1) NKIC/FIN/PASSPORT:	CONTACT:
- management of the contract o	

email =

fax = 62882172.





1 of 3

Report No. T/20180710/2179

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

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 118 19:24	fade:	Vide Report No.:	Station Diary No.: 103
Informa	nt's Partice	ulars		
	Informant: IONG YAN		Address: APT BLK 677 HOUGANG AV 530677	ENUE 8 #09-541 SINGAPORE
The state of the s	/ ID No.: D / S17327	15A	Contact No.: Home/Office:	Mobile: 96178378
National	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 52	Date of Birth: 27/07/1965	Type of Informant: Driver	
Race: Chinese		- Armania de la compania de la comp	Language:	Institution / School Name:
Occupat Delivery			Driving Licence Information: Class: 3,4	Date of Expiry:

General Infor	mation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/07/2018 11:30	Type of Location: Car Park
At Blk 302 W	S STREET 31 oodlands Street 31 op			
Weather: Clear		Road Surface: Dry	54 U	Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis Moving Vehic	sion: sle Against - Parked Ve	ehicle	l a	Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
YN5768R	Lorry					0

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





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

2 of 3 Report No. T/20180710/2179

CONTINUATION OF REPORT

Name	ANG CHONG YAN			
Related Vehicle			ID No.	S1732715A
Hospital/Clinic	NIL .		Contact No.	96178378
			Class of Driving Licence &	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Expiry Date	
vo. of Days grant	ed Medical Leave NIL	Date Disch	arge NII	
rief Details.	ed Medical Leave NIL	Degree of	lnjury NIL	

On 10/07/2018 at about 1130hrs, I am the lorry driver of YN5768R and I was at incident location. Subsequently, I started to reverse park my vehicle at incident location into the loading bay after which I

Suddenly, I heard a sound from the rear of my lorry as such I made a check and discovered that my vehicle had collision with another vehicle bearing SJM662 however I did not take note of the last letter. The other vehicle sustained a hole on the front left portion of his vehicle near to the front bumper. I then started to park beside the said vehicle and change the gas tank first as no driver was inside the said

After which, I returned to my vehicle in less than 5 minutes as I wanted to leave a note stating my particulars but however the said vehicle was gone. I wish to state that I could not see the said vehicle leaving as my vehicle is a big lorry and it was blocking my view of the other vehicle.

My vehicle does not have any in-vehicle CCTV and my vehicle did not sustain any damages due to the





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

3 of 3 Report No. T/20180710/2179

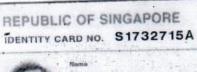
CONTINUATION OF REPORT

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:	Signature Of Informant:
Sgt 2 TAI YOONG CHAN, DOMINIQUE	A STATE OF MINISTREE
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2018 19:24
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Case:
uthentication Stamp	





ANG CHONG YAN

Country/Place of birth SINGAPORE

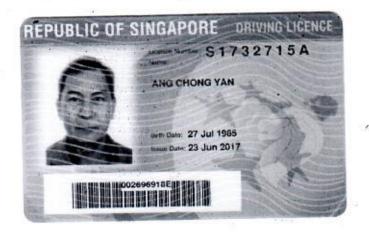
CHINESE Date of birth 27-07-1965



5306315

28-04-2014

APT BLK 677 HOUGANG AVENUE 8 #09-541 SINGAPORE 530677

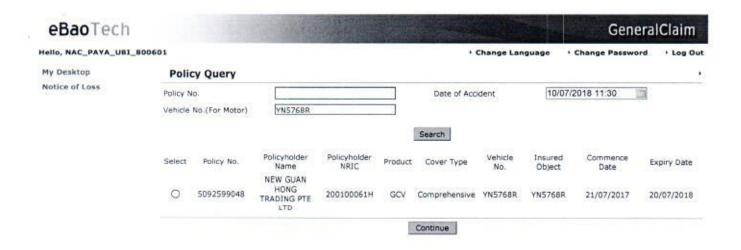


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

16 Oct 1993 Class 3

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg load or passengers and the unladen weight =< 7250kg 11 Feb 2003



olicy No.	5092599048	Policyholder Name	NEW GUAN	HONG TRADING PTE	Policyholder NRIC	200100061H	
Address	41 PHILLIPS AVENUE SINGAPOR	E 546974					
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	12/07/2017	Effective Date	21/07/2017	00:00	Expiry Date	20/07/2018	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Youn	g/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Y	
Co-							
Flag Open	No						
Flag Open Policy Info	No						
lag Open Policy nfo Certificate	No						
lag Open Policy nfo Certificate nfo	nolder Mailing Address						
lag Open Policy nfo Certificate nfo Policyh		Addre	ss 2	SINGAPORE 546974	1	Address 3	
Flag Dpen Policy Info Certificate Info Policy Address 1	nolder Mailing Address		ss 2 ss Type	SINGAPORE 546974 Singapore address		Address 3 Post Code	546974
Flag Open Policy Info Certificate Info	nolder Mailing Address	Addre	ss Type ed Policy			V001D-6/115/10/07/07	546974
Flag Open Policy Info Policy Policy Address 1 Address 4 Unit No.	nolder Mailing Address	Addre Relate	ss Type ed Policy	Singapore address		V001D-6/115/10/07/07	546974
Plag Open Policy Info Policy Policy Address 1 Address 4 Unit No.	d Object: YN5768R	Addre Relate	ss Type ed Policy	Singapore address		V001D-6/115/10/07/07	546974
Plag Open Folicy Folicy Folicy Folicy Folicy Folicy Address 1 Address 4 Folicy	d Object: YN5768R	Addre Relate Numb	ss Type ed Policy	Singapore address 5072000808-03		Post Code	546974 Endorsement Content

cident MT/1002762					
SICY No.	5092599048	popular in		######################################	AN WARRANT YOUR TO
		Vehicle No.	YN5768R	GST Registration No.	200100061H
olicyholder Name	NEW GUAN HONG TRADING PTE LTD			Policyholder NRIC	200100061H
voduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	63632121	Contact No.(Home)	0
mail Address		Special Remark		eCode	Tel V
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Engitlement(%)	0	Private Hire	No
Accident Details				A DOWN ASSESS TO	0783
eport Date	12/07/2018 19:04	Accident Report Within 24 hrs			
			Yes	Accident Type	Collided into Parked Vehicle
ate of Accident	10/07/2018	Time of Accident hh.mm	11:30	Country of Academs	Singapore
sporting Centre		Orange Force		ICM No.	
codem Location	BLK 302 WOODLANDS ST 32 OPEN SAAC	E CARPARK			
♥ Benefits					
♥ Excess					
wn demage Excess	600.00	Karaman Kanan			
nnamed Driver Excess	600.00	Additional Excess		Windscreen Excess	100.00
and Party Excess	12/22/1	Outside Singapore OD fixcess.			
	0.00	Outside Singapore TP Excess			
GST Registered Inform	ation				
T Registered	740		GST Registration Date	01/01/2015	
T Registration No.	200100061H		GST Status Verified	No	
dification History					
Policyholder Mailing Ac	idress				
dress 1	41 PHILLIPS AVENUE	Address 2	51NGAPORE 546974	Address 3	
dress 4		Address Type	Singapore address		0.0000
nt No.				Post Code	546974
OI Driver Info		Related Policy Number	5072000808-03		
wer Name	Unnamed Driver	Oriver Type	Unnamed Driver		
named driver Name	ANG CHONG YAN	Driver NRIC	\$1732715A	Driver DOB	27/07/1965
gister Date of Driver License	16/10/1993	Driver Age	52	Driving Experience	24
ritact No (Mobile)	96178378	Contact No.(Office)	0	Contact No.(Home)	200
Idress 1	BLK 677	Address 2			0
	W120 2014	11001128 2	HOUGANG AVENUE 8	Address 3	SINGAPORE 530677
		4 annual (6 annual 6			
		Address Type	Singapore address	Post Code	530677
rt No.	09-541	Address Type	Singapore address	Post Code	530677
et No. es he own a Singapore	09-541 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore address		530677
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	Uproaded By/Date	Folder Date	File Name		9	Source	Action
Video List	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 19:06		d Phosos		Normal	Photos 2018-7-12	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 12 Jul 2018 19:06		Priorities		Normal	Photos 2018-7-12	
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KEN .	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 12 Ju 2018 19:07	MRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-12	
Attachment		uploaded By/Date	Category	9	urgency	Description	Sent? Ac (CO)