Date In: 16 19/18- 16:08		NA 18091619		
	Jeb description	Date & Time Completed	Done b	Ŋ.
Ref No: Na IN (180 12901 124	SAS e-filing		i	
Veh No: SLN24/14	E-mail (within Shrs, AIC 2hrs)			
D.O.A : N/1/8- 27:00	i-Motor Claim Form	MT)1003250-001	16/3/18 20	22
	i-Motor W/O (Within: OD 2h			2500E
OD (TP:/ Reporting Only	i-Photo Uploaded			
TD	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (As a second leave to the s	Tel:	Fax:	
TP Particulars: Veh No: pp	NOTE INC)/Non-INC().	Market Bergering	
Owner / Driver: (Tel:)	
Policy No: () F	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES () / NO ()		
	,000 ()/\$2,000 ()			
General Remarks:			100	1 4
() Walk-In Customer: Customer's int			Province of the Contract of th	Surface and
() Total Loss Case : to e-mail Insu	rer URGENTLY			
		Fowing Co: (·)
				,
Remarks: (INC hotline: 6788 6616);	And personal control of the V	Date&Timb Completed	Done b	У
1) Apply for Transport Allowance ()/	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
 Upload Resurvey Photo [Repair Cost > 5 	()			
Testernia :			Vice W. Int. Communication	
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NAISONY22	Invoice Pro	paration Checklist tReporting (\$30); Assessment (\$100); INC (\$	Amt (5)	400 1
Date/Time Actions	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing	paration Checklist tReporting (\$30); Assessment (\$100); INC (\$150)	Amt (5)	400 1
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Pate/Time Actions Algory almant's Particulars:- iver/Owner:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi OD* *NS: Courtes	charation Checklist It Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100); Fee \$40 Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 200); Betton + SMRT Survey Ional Services: The Control of the Checklist Through Survey	Amt(5) FEBill 80) 0/545 \$120 \$30 ()) \$75 \$160	400 1
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.

The state of the late of the state of the st	ACCIDENT STATEMENT
Date Of Report	16/07/2018 16:08
Date Of Accident	14/07/2018 22:00
Exact Location Of Accident	BKE BEFORE DAIRY FARM RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN2401Y
Insured/Policyholder	
Name Of Registered Owner	BEW
Co Reg No	53344824K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97568787
Alternative Phone No	OFFICE-97568787
Vehicle Particulars	
Manufacturer	RENAULT
Model	MEGANE SEDAN 1.5 DCI AT EU6
Exact Purpose for which vehicle was being used at time of accident	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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090705726-01
Cover Note Number	
SO FOI TROOG TRAINIDGE	

Driver

Name of Driver PHUAH MENG FONG NRIC No S8714989G

 Date Of Birth
 27/05/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 01/08/2005

Driving Experience 12 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97568787

Fax Number

Contact Number OFFICE-97568787

EMail Address NOEMAIL

BLK 116B JALAN TENTERAM Address #05-541

322116

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WHAMPOA NEIGHBOURHOOD POLICE POST

ROAD: BLK 29 JALAN BAHAGIA, POSTCODE: 320029, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2507999 - FAX NO: 63554314

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180715/2072.

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 FBM4552E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 28

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.
- 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.
- 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.
- 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:

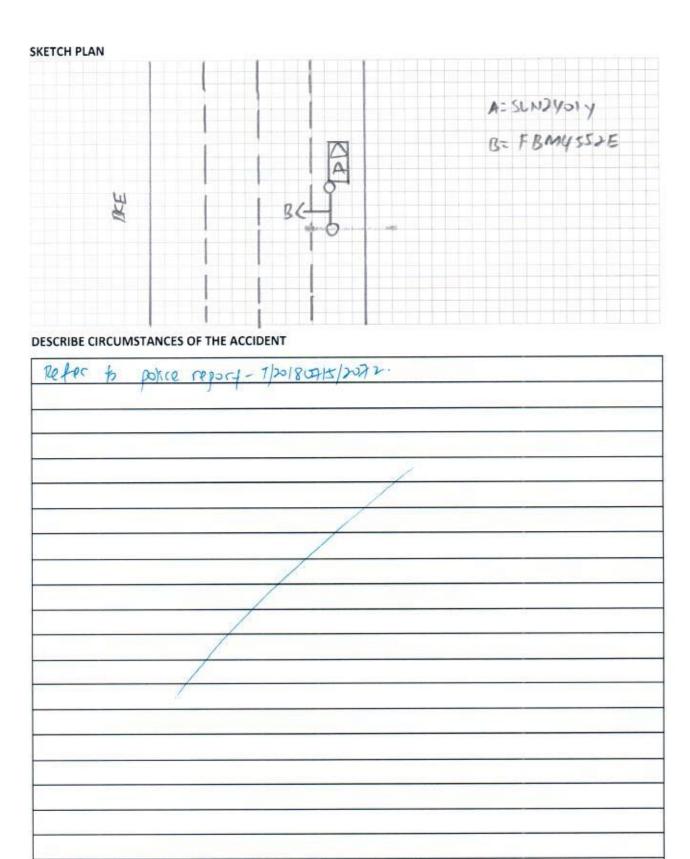
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



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.:





T/20180715/2072

1 of 3

Report No. T/20180715/2072

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

Tel No: 1800-2507999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 16:03	fade:	Vide Report No.:	Station Diary No.: 9
Informa	nt's Partice	ulars		
	Informant: MENG FOI		Address: APT BLK 116B JALAN TENT 322116	ERAM #05-541 SINGAPORE
	/ ID No.: D / S871498	89G	Contact No.: Home/Office:	Mobile: 97568787
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 27/05/1987	Type of Informant:	
Race: Chinese	6		Language: English	Institution / School Name:
Occupat SELF EI	ion: MPLOYED	2 1	Driving Licence Information: Class:	Date of Expiry:

Seneral Inform	nation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/07/2018 22:00	Type of Location Straight Road
	I EXPRESSWAY	DIARY FARM EXIT		5 13 ¹⁰
Weather: Clear		Road Surface:	E	Road Speed Limit:
Traffic Flow: One Way	Ti	Dry Traffic Control: Not Controlled	13	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head T	o Rear		Anyone conveyed by ambulance: No

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	- Condition	No of Passenger
FBM4552E	Motorcycle	HONDA	CB400X MANUAL	White	No Damage	0
SLN2401Y	Car	RENAULT	MEGANE SEDAN 1.5 DCI AT EU6	Black	Slightly Damaged	0





2 of 3

Report No. T/20180715/2072

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

Tel No: 1800-2507999

CONTINUATION OF REPORT

Brief Details.

On 14/07/2018 at about 2200hours, I was driving along BKE towards Woodlands on the right most lane when suddenly I felt an impact from the back and saw a motorcycle wobbling by the left rear side of my vehicle. I then realized that he had collided onto my vehicle and slowed down and horned at him to stop by the side. My vehicle's hazard light was also on. However, the rider just kept on riding and was switching lanes, I followed him for awhile and told him to stop. We then both moved to the left most lane and slowed down my vehicle to a stop however the rider went on ahead without actually stopping. The rider ignored my calls out to him throughout. I wish to inform that I was not injured. My vehicle's rear left side has a dent and some scratches, the rear left tail lamp was also cracked. I am lodging this report for investigation purposes.





3 of 3

Report No. T/20180715/2072

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 Tel No: 1800-2507999

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: E / Sgt 3 LEONG KAH WAI, CLEMENT	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	15/07/2018 16:03
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG	Classification Of Case:
Contact No.: 65476144	0 00.072
Authentication Stamp	

Date: 30/03/2017

INFORMATION RESOURCES

Business Profile (Business) of BEW (53344824K)

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

The Following Are The	Brief Particulars	of:	To special	No. 5 Quella 18		
Name of Business		BEW				
Former Name(s) if any		1				
Date of Change of Name	•	4				
Registration No.		53344824	ıK			
Registration Date		29/08/201	C+7			
Commencement Date		30/08/201				
Status of Business		Live				
Status Date		29/08/201	6			
Renewal Date		0	<u> </u>			
Expiry Date		: 29/08/201	7			
Renewal via GIRO		: NO				
Constitution of Business		Sole-Prop	rietor			
Principal Place of Busine	ess	116B JAL #05-541 TENTER/	AN TENTERA	м		
Date of Change of Addre	ess	SINGAPO	KE (322110)			
Principal Activities						
Activities (I)		PASSENG AND TRIS	GER LAND TRA	ANSPORT N.E.C. (EC	S PRIVATE CARS FOR HIRE	E WITH OPERATOR
Description		3				
Activities (II)		:				
Description						
Particulars of Authorise	ed Representative	e(s)				
Name	ID	Nationality	1	Address	Address Source	Date of Appointment
Existing Sole-Proprieto	r(s) / Partner(s)			Vallette (Charles		
Name	ID	Nationality	Place of A	Address	Address	Date of Entry
		incorporati	on/Origin		Source	Position

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of BEW (53344824K)

D.	ate.	301	U.S.	20	11

ID	Nationality/Place of	Address	Address	Date of Entry
	incorporation/origin		Source	Position
S8714989G	SINGAPORE	116B JALAN TENTERAM	OSCARS	30/08/2016
	CITIZEN			Owner
		incorporation/Origin	incorporation/Origin S8714989G SINGAPORE 116B JALAN TENTERAM	incorporation/Origin Source S8714989G SINGAPORE 116B JALAN TENTERAM OSCARS CITIZEN #05-541

Withdrawn Partner((s)					
Name	ID	Nationality/Place of incorporation/Origin	Address	Address Source	Date of Entry	Date of Withdrawal
		incorporation ongin	STATE OF THE STATE	Ource	Position	vvidididwa

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA170330050418

DATE

: 30/03/2017

This is computer generated. Hence no signature required.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8714989G





PHUAH MENG FONG







27-05-1987 Country/Place of birth

SINGAPORE







5611511



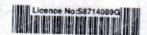


26-05-2016

APT BLK 116B JALAN TENTERAM #05-541 SINGAPORE 322116

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

EFFECTIVE DATE





Policy No.	5090705726-01	Policyholder Name	BEW		Policyholder NRIC	53344824K	
Address	BLK 116B #05-541 JALAN TENT	ERAM TENTER	AM PEAK SIN	GAPORE 322116			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	26/04/2018	Effective Date	27/04/2018	00:00	Expiry Date	26/04/2019 23	3:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	HOBBES INSURANCE AGENCY	Agent Tel.	97919911		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 1168 #05-541	Addre	ess 2	JALAN TENTERAM		Address 3	TENTERAM PEAK
Address 4	SINGAPORE 322116	Addre	ess Type	Singapore address		Post Code	322116
Unit No.	05-541	Relat	ed Policy per	5090705726-01			
244000000000000000000000000000000000000	ed Object: SLN2401Y						
D Insure							
D Insure	sements						

Accident MT/1003250									
Policy No.	5090705726-01		Vehicle No.	5LN2401V	91	GST Registration No	6.		
oncynoider Name	BEW					Policyholder NRIC		53344824K	
roduct Code	PRIVATE CAR INSUR	ANCE	Cover Type	drivo PREMOUM		Loading		0	
Contact No.(Mobile)	97568787		Contact No.(Office)	0		Contact No.(Home)		0	
	9/300/0/								
meil Address	e transfer		Special Remark			eCode		N. Y	
FK.	⊕ No ○ Yes		TCA	® No ○Yes	(5)	eCode Reason			
ICD Protection	Na		NCD Entitlement(%)	10	- 3	Private Hire		Yes	
Accident Details									
eport Date	16/07/2018 20:21		Accident Report Within 24 hrs	Yes		Accident Type		Collision - H	ead to Rear
vate of Accident	1400700000		Time of Accident hh:mm						
	14/07/2018			22:00		Country of Accident		Singapore	
eporting Centre			Orange Force			ICM No.			
ocident Location	BKE BEFORE DAIRY	FARM RD EXIT							
♥ Benefits									
w Excess									
Own damage Excest		2,000.00	Additional Excess	0	10	Windscreen Excess		100.00	
Innamed Oriver Excess			Dutside Singapore OD Excess	2,000.00					
hard Party Excess		1,500.00	Outside Singapore TP Excess	1,500.00					
GST Registered Informa	atten	1,500,00	Obtable Singapore in Excess	1,500.00					
ST Registered	No			GST Registration Date					
ST Registration No.				GST Status Verified		No			
lodification History									
S Policyholder Wallias 4 d	dress								
Policyholder Mailing Ad			2.22.22	NAME OF THE OWNER.		25/15/2			
ddress 1	BLK 116B #05-541		Address 2	JALAN TENTERAM		Address 3		TENTERAM	PEAK
iddress 4	SINGAPORE 322116		Address Type	Singapore address	17	Post Code		322116	
Init No.	05-541		Related Policy Number	5090705726-01					
OI Driver Info									
river Name	Unnamed Oriver		Driver Type	unnames Driver					
nnamed driver Name	PHUAH MENG FONG		Driver NRIC	58714989G	19	Driver DOB		27/05/1983	
egister Date of Driver License	01/08/2005		Driver Age	31	3	Orlving Experience		12	
ontact No.(Mobile)	97568787		Contact No.(Office)	0		Contact No.(Home)		0	
	BLK 116B								DEAK
Address 1									
			Address 2	JALAN TENTERAM		Address 3		TENTERAM	
ddress 4	SINGAPORE 322116		Address Type	JALAN TENTERAM Singapore address		Address 3 Post Code		322116	
Address 4 Init No.									
iddress 4 Init No. Joes he own a Singapore	SINGAPORE 322116						pany		
oddress 4 Init No. Ioes he own a Singapore legistered car?	SINGAPORE 322116 05-541		Address Type			Post Code	pany		
oddness 4: Init No. Ioes he own a Singapore legistered car?	SINGAPORE 322116 05-541		Address Type			Post Code	pany		
oddress 4 Unit No. Does he own a Singapore legistered car? eclaration breathalyser or Blood Test	SINGAPORE 322116 05-541		Address Type			Post Code	pany		518 1
Address 4 Unit No. Does he own a Singapore Registered car? Declaration Shallhalpser or Blood Test	SINGAPORE 322116 05-541 Yes ® No.		Address Type Driver Valuate No.	Singapore address		Post Code	pany		700 E
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Seclaration SreatNalyser or Blood Test Reading?	SINGAPORE 322116 05-541 Yes ® No.		Address Type Driver Valuate No.	Singapore address		Post Code	pany		
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