	entre Services. puel 1 Jan'05] A	1114[100]0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date In: 30/7/8-13:37	Jeb description	Date & Time Completed	Done by
Ref No: NA   NC 18013844 24	SAS e-filing		
Veh No: 56C 10670	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 29/7/8-17/1	i-Motor Claim Form	M7 1003193-001	30/7/18 17:16
	i-Motor W/O (Within: OD :	Phrs, TP 4hrs)	
OD TP Reporting Only	i-Photo Uploaded		100
	Assessment/Survey Report	1	
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QV	V: (	Tel: F	ax:
TP Particulars: Veh No:	hehryyst . INC	( )/Non-INC( )	9.
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: (	) Cover Type: (	).
Confirmed by : (	Date:	Time:	<u> </u>
Insured/Driver Liability: (	%) [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:-			3.00 S
Remarks: (INC hotline: 6788 66		Date&Time Completed	Done by
2) QC Check / Post Repair Inspection	)/ Courtesy Car ( )	-	
3) Upload Resurvey Photo [Repair Co.	st>\$3000] ( )		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Injury:		+-	
			CONTRACTOR CONTRACTOR CONTRACTOR
Date/Time Actions			PRESENCIAL INFO
THE PROPERTY OF THE PARTY OF TH			
TO COMPANY TO SEE SEMMINE	7		
			Ant (5) Amt (5
	7.55 7.58 7.58 7.50 7.50 7.50 7.50 7.50 7.50 7.50 7.50	reparation Checklist	Ant (S) Amt (S
NA1864781	1) AR : Accid 2) DA : Dama	lent Reporting (\$30); age Assessment (\$100); INC (\$	fit Bill Add Bi
MAISBY78	1) AR : Accid 2) DA : Darro 3) TF : Towin	lent Reporting (\$30); age Assessment (\$100); INC (\$ ag Fee \$4	fit Bill Add Bi
NAIRBY78   Lamant's Particulars :-	1) AR : Accid 2) DA : Dame 3) TF : Towin 4) FT : Follow	lent Reporting (\$30); age Assessment (\$100); INC (\$ age Fee \$4 w-Through Survey w-Through Survey (Resurvey)	fit Bill Add Bi
MAIRBYAR    Lumant's Particulars :-  iver/Owner:  ontact No:	1) AR : Accid 2) DA : Dama 3) TF : Towin 4) FT : Follow 5) FT : Follow For cleimin 6) TR : Re-in	lent Reporting (\$30); age Assessment (\$100); INC (\$ ag Fee \$4 w-Through Survey w-Through Survey (Resurvey) ag against INC Only (wef 10 Jan 200 spection	
MAIRBYAR    Lumant's Particulars :-  iver/Owner:  ontact No:	1) AR : Accidence 2) DA : Darmon 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idao I	lent Reporting (\$30); sge Assessment (\$100); INC (\$ sg Fee \$4 w-Through Survey w-Through Survey (Resurvey) specification OA + SMRT Survey	
NAIRBYPR   Inimant's Particulars :- river/Owner: ontact No: amaged Portion:	1) AR : Accie 2) DA : Dam 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idao I 3) NTUC Ad OD*	lent Reporting (\$30); sge Assessment (\$100); INC (\$ sge Assessment (\$100); INC (\$ sge Fee \$4 w-Through Survey (Resurvey) se against INC Only (wef 10 Jan 200 spection DA + SMRT Survey ditional Services:-	
NAISby78] Inimant's Particulars:- river/Owner: ontact No: nmaged Portion;	1) AR : Accie 2) DA : Darm 3) TF : Towin 4) FT : Follon 5) FT : Follon For cleimin 6) TR : Re-in 7) N1 : Idae I 3) NTUC Ad OD* *N5: Cour	lent Reporting (\$30);  sge Assessment (\$100); INC (\$30);  sge Fee \$4	
NAIRBUTTS   Inimant's Particulars:- river/Owner: ontact No: nmaged Portion; C Checked by (Engr-In-Charge):	1) AR : Accie 2) DA : Darm 3) TF : Towin 4) FT : Follon 5) FT : Follon For cleimin 6) TR : Re-in 7) N1 : Idae I 8) NTUC Ad OD* *N5: Cour *N6: Repa *N7: Fost	lent Reporting (\$30); sige Assessment (\$100); INC (\$38 Fee \$4	
NAISOY78   Inimant's Particulars :- river/Owner: ontact No: nmäged Portion: C Checked by (Engr-In-Charge): uditors! Comments :-	1) AR : Accide 2) DA : Darm 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idao I 3) NTUC Ad OD* *N5: Cour *N6: Repa *N7: Fost *N8: DV /	lent Reporting (\$30);  age Assessment (\$100); INC (\$30);  age Assessment (\$100);  age Assessment (\$100);	
	1) AR : Accide 2) DA : Darm 3) TF : Towin 4) FT : Follow 5) FT : Follow For claimin 6) TR : Re-in 7) N1 : Idao I 3) NTUC Ad OD* *N5: Cour *N6: Repa *N7: Fost *N8: DV /	lent Reporting (\$30);  age Assessment (\$100); INC (\$30);  age Assessment (\$100);  age Assessment (\$100);	\$80) \$00/\$45 \$120 \$30 \$5) \$75 \$160 \$25 \$25 \$20 \$30

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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

Apple to the second	ACCIDENT STATEMENT
Date Of Report	30/07/2018 13:57
Date Of Accident	29/07/2018 17:55
Exact Location Of Accident	JUNC KAMPONG BAHRU RD & WEST COAST HWY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC1087U
Insured/Policyholder	
Name Of Registered Owner	CHUA KHOON CHEE
NRIC No	S1508590H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94523131
Alternative Phone No	OFFICE-94523131
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA 1.6
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101859451
Cover Note Number	
Driver	
Name of Driver	CHUA ONG AIK (CAI HUANGYI)
NRIC No	S8828628F
Date Of Birth	03/08/1988
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81820166
Fax Number	

OFFICE-81820166

NOEMAIL

BLK 746 WOODLANDS CIRCLE Address

#04-720

Postcode 730746

Was driver an employee of the Insured's Company NO

CHILDREN 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2 YES Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

NO YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

### **Details of Police Action**

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

## Circumstances of Accident

REFER TO POLICE REPORT - T/20180730/7003.

## Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

**GBG4443T** Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category LIEW YEO LIAN Name of Driver S1270417H NRIC/Passport Number 91457949 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 15

# **DETAILS OF INJURED PERSON 1**

CHUA ONG AIK (CAI HUANGYI) Name

Approximate Age

Injuries Sustain BODY Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SGC1087U

YES

NO

#### 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 <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.
- 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:
  - (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.

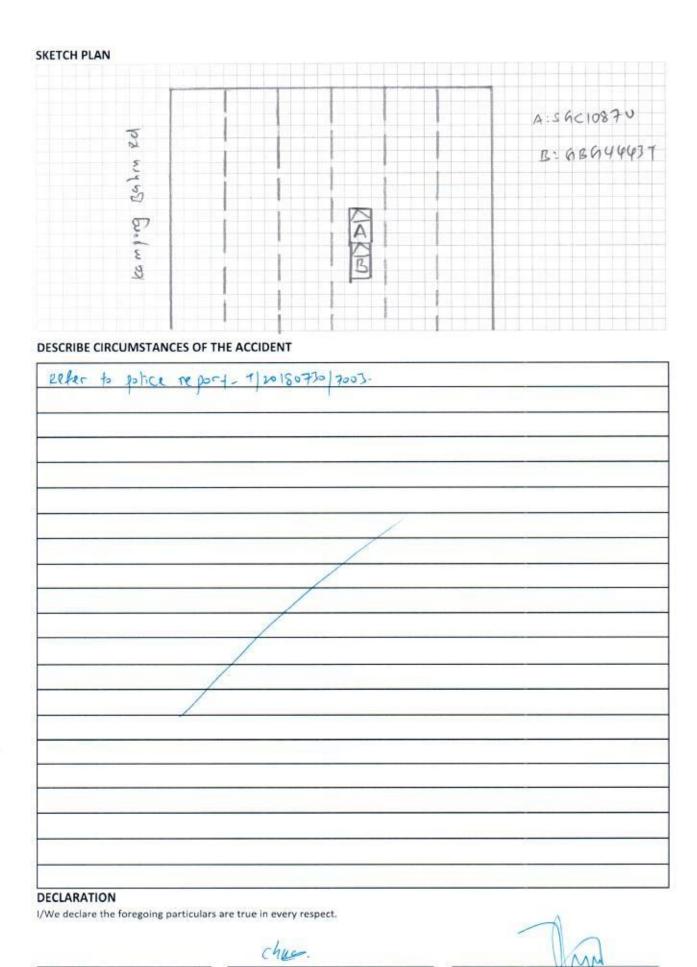
Policyholder's Signature	
Date & Time:	

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

chuc

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



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.:





1 of 3 Report No. T/20180730/7003

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2018 13:22			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars	· · · · · · · · · · · · · · · · · · ·			
	f Informant: NG AIK		Address: APT BLK 746 WOODLANDS CIRCLE #04-720 SINGAPORE 730746			
ID Type / ID No.: NRIC NO / S8828628F			Contact No.: Home/Office:	Mobile: 81820166		
Nationality: SINGAPORE CITIZEN			Email: ongaik88@gmail.com			
Sex: Age: Date of Birth: Male 29 03/08/1988			Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Delivery			Driving Licence Information: Class: 2B,3	Date of Expiry:		

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2018 17:55	Type of Location Straight Road
Location: KAMPONG B Weather: Clear	AHRU ROAD	Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wor	rking	Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head			Anyone conveyed by ambulance:

ehicle Invo	ived	100000000000000000000000000000000000000		CONTRACTOR OF THE PERSON	Charles of the late of the late of
Туре	Make	Model	Color	Condition	No of Passenger
Van					0
Car	TOYOTA	Altis	Grey		0
	Type Van	Van	Type Make Model Van	Type Make Model Color	Type Make Model Color Condition

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





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20180730/7003

### CONTINUATION OF REPORT

Driver			Service of			RESIDENCE DE LA COMPANSION DE LA COMPANS
Name	Liew Yeo Lian		ID No		S1270417H	
Related Vehicle	GBG4443T (Van)				ct No.	91457949
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	100000000000000000000000000000000000000	NIL	
No. of Days gran		Degree of Injury NIL				
Driver				A COMP	THE PARTY	
Name	CHUA ONG AIK			ID No		S8828628F
Related Vehicle	SGC1087U (Car)			Contact No.		81820166
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licena Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/07/2018		Date Disc	charge	29/07	//2018
No. of Days gran	ted Medical Leave	05	Degree o			

# Brief Details.

My car was stopped at the traffic junction along Kampong Bahru Road as it was red light at that point of time. Suddenly I felt a loud bump from the rear of my car. I came out of my car and realised that vehicle GBG4443T has collided onto the rear portion of my car.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

3 of 3 Report No. T/20180730/7003

Tel No: 65470000

NP168

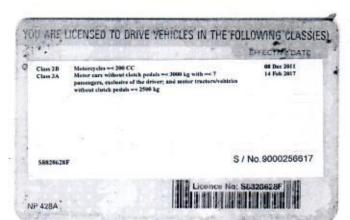
# CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/07/2018 13:22
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	











Policy No.	5101859451	Policyholder Name	CHUA KHO	OON CHEE	Policyholder NRIC	S1508590H		
Certificate No.		(1 <del>3</del> 33)						
Address	BLK 746 #04-720 WOODLANI	S CIRCLE SING	APORE 730	746				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
olicy ssue Date	02/07/2018	Effective Date	11/07/201	8 00:00	Expiry Date	10/07/2019 2	3:59	
Excess Type		All Claims Excess						
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional Excess	0	OS Premium	813.65					
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Exces	is
Agent	HIGH POWER ENTERPRISE	Agent Tel.	NIL		GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policy	holder Mailing Address							
Address 1	BLK 746 #04-720	Addre	ss 2	WOODLANDS	CIRCLE	Address 3	SINGAPORE 730746	
ddress 4		Addre	ss Type	Singapore add	iress	Post Code	730746	
Jnit No.		Relate Numb	ed Policy er	5101859451				
2006.1852.	ed Object: SGC1087U							
	d Object. 3dc10870							

Claim Handling The premium on this policy has	a not been collected.				• Exit
Accident MT/1005193	9202000	Personal	190000000	90900 10000 9000	
Policy No.	5101859451	Vehicle No.	SGC1087U	GST Registration No.	
Certificate No.					
Policyholder Name Product Code	PRIVATE CAR INSURANCE	Cover Type		Policyholder NRIC	S1508590H
			Prive CLASSIC	Loading	0
Contact No.(Mobile)	94523131	Contact No.(Office)	0	Contact No. (Home)	0
Emeri Address	9 O-	Special Remark	F	eCode	NI S
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection  Accident Details	Yes	NCD Entitlement(%)	50	Private Hire	No
	CONTRACTOR DE LA CASTA	Charles at March Control Control	0262	40040040000	ACM AND DESCRIPTION AND DESCRI
Report Date  Date of Accident	30/07/2018 17:14	Accident Report Within 24 hrs.		Accident Type	Collision + Head to Rear
	29/07/2018	Time of Accident nn mm	17:55	Country of Accident	Singapore
Reporting Centre	JUNC KAMPONG BAHRU RD & WEST COAST	Drange Force		ICH No.	
Accident Location  Benefits	AND MINIORS BANKS ID & WEST COMST	nw.c			
♥ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	WHOSCIGEN EXCESS	100.00
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Inform		The state of the s	0.00		
GST Registered	No		GST Registration Date		
GST Registration No.	0.9704		GST Status Verified	Yes	
Modification History					
▽ Policyholder Mailing Ar	ddress				
Address 1	BLK 746 #04-720	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730746
Address 4		Address Type	Singapore address	Post Code	730746
Unit No.		Related Policy Number	5101859451		
♥ OI Driver Info			a political construction		
Driver Name	CHUA ONG AIK	Driver Type	Named Driver		
Unnamed driver Name	H-19220000	Driver NRIC	58828628F	Driver DOB	03/08/1988
Register Date of Driver License		Driver Age	29	Driving Experience	1
Contact No. (Mobile)	81820166	Contact No. (Office)	0	Contact No.(Home)	0
Address 1	BLK 746	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730746
Address 4	52.002	Address Type	Singapore address	Post Code	730746
Unit No.  Does he own a Singapore	04-720	THE LIBERT HAS PROJECT AND A T			
Registered car?	○ Yes ® No	Onver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	® ves ○ No		
Reading?		Frank Hillery			
Modification History					
Claim 001 New					
Claim Type *	ОВ-МХ	Insured Name	(automorphism and		
	NIL		CHUA KHOON CHEE	Insured NRIC	51508590H
Contact No.(Mobile) Email Address	MIL	Contact No. (Home)	NOL CONTRACT	Contact No.(Office)	
	Minara Palant	OI Vehicle Number	SGC1087U	TP Vehicle Number	GBG4443T
Claimant Type Claimant Type * Claimant Name *		Type of Benefit •	Please Select		
Claim Description	5001087U J 0804447T 09 20 34 2018	Claimant NRIC *		1	
Preferred Workshop Contact	SGC1087U / G8G4443T ON 29 Jul 2018	Nysterosan value incirc		Name of Preferred Workshop	
No. Require Finalisation	Yes 💙	Insured Liability *	Not at Fault		
Date Registered	70/07/2018 17/16	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received V
Report Taken By	Jackson	Claim Close Date		Date Received	30/07/2018 00:00
-	Sacross.				
Id Print AK letter					
			Save Submit		
Attachment					
Ψ.					
Accident No.	MT/1005193	Claim No.	001		
Last Doc. Received	▼ Yes ○ No	Upload Date	30/07/2018 17:16		
	Path *		Category *	Confidential Urgen	cy * Description *
		Browse.	Clear Please Select	V Normal	¥
		Browse.		V Normal	<u> </u>
100		Browse.	Dear Please Select	Normal V Normal	V
		Decume	Class Steam Colors	THE PART OF THE PA	100

