NATIONAL Assessment Centre Services	14.65 2 321.5531	right.		
Date 111 10/08/2018 (0:14 1ch descrip		. Date & Time Complete	d Do	ne by
Ref No NA/INC 18014500/K4 SAS e-111	·		150	ne by
Veh No CIC 112 AZI	Althin 8hrs. AIC 2hrs;	 	+	
1000	Claim Form	1114/1111111111111111111111111111111111	Inol :	T. f
	W/O (Within; OD 2hr.	MT/1007238	7001 (3	18/18 K
	Uploaded	1 .		** 1 * 4
TP Insurer: Assessmen	nt/Survey Report			
Professed Will Ass't Rep	ort by <u>Fax / Hand</u> t	0 Owner/Wksp		
TIP D	2.360 Mada akan ara	Tel:	Fax:	Water Street
Owner / Driver: (9E . INC()/Non-INC()		
Policy No: (Tel:)	
Confirmed by : ()	Cover Type: ()	
I was a second of the second o	Date:	Time:)	
Vear of Pagisters'	15 (WO): N: 0-20	0%; P: 21-79%. F: 30	0-100%]	
Excess: (\$) Loading: \$1,000 ()/\$2,	S()/NO()		
General Remarks:	000 ()			
	No. M. Carlotte Francisco		L	
() Walk-In Customer: Customer's information strictly () Total Loss Case : to e-mail Insurer URGENTL	Confidential 2 Ct.	ictly NO refer of repaire	г.	
Drive la () ()	Υ.			
Remarks: (INC horline: 6788:6616)	/ NO(); To	wing Co: (···	
1) Apply for Transport Allowance ()/ Courtesy Car (100 to 10	Don	
Upload Resurvey Photo [Repair Cost > \$3000] ()			
2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] (Injury:)			
Upload Resurvey Photo [Repair Cost > \$3000] ()			4
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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.
- 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 aforesaid.

Miles II and the second se	ACCIDENT STATEMENT
Date Of Report	10/08/2018 10:14
Date Of Accident	08/08/2018 15:30
Exact Location Of Accident	YISHUN RING ROAD (CARPARK)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC4383K
Insured/Policyholder	
Name Of Registered Owner	TAN JINNG YI (CHEN JINYI)
NRIC No	S8728674F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91054408
Alternative Phone No	OTHERS-91054408
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	
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	5081327189-02
Cover Note Number	
Driver	
Name of Driver	TAN JINNG YI (CHEN JINYI)
NRIC No	S8728674F
Date Of Birth	15/09/1987
Occupation	OUTDOOR
Date Of Driving Pass	27/01/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91054408
Fax Number	
Contact Number	OTHERS-91054408
EMail Address	NOEMAIL

Address

BLK 330 YISHUN RING ROAD

#10-1442

Postcode

760330

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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

TRAFFIC POLICE DIVISION HQ

Police Station Address

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180808/7016

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

SHC6149E

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category 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.
- 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)
 - 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

1-SLC4383K 5-SHC6149E	Ashm Pir	Road	(Corpack)
DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT	1 1	
		blice ?	ex
	to the	808/10	7/2
n pd	V 120186)	
1			
/We declare the foregoing particulars are t	true in every respect.		\ [0[8]
Date & Time:	ver's Signature driver is not the policyholder) te & Time:	Reportin Name: NRIC/FIN	g Centre Personnel's Signature





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

1 of 3 Report No. T/20180808/7016

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 21:27	Made:	Vide Report No.:	Station Diary No.:	
informa	nt's Partic	ulars	THE PARTY WANTED THE PROPERTY OF	while the boson of the control	
TAN JIN	455 8.00		Address: APT BLK 330 YISHUN RING 760330	ROAD #10-1442 SINGAPORE	
ID Type NRIC NO	ID Type / ID No.: NRIC NO / S8728674F		Contact No.: Home/Office:	Mobile: 91054408	
	Nationality: SINGAPORE CITIZEN		Email: TAN_Jinng_Yi@spf.gov.sg		
Sex: Male	July Date of Diffi.		Type of Informant:		
Race: Chinese	Race: Chinese		Language: English	Institution / School Name:	
	Occupation: Police officer		Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/08/2018 15:30	Type of Location Car Park
Veather:	G ROAD	Road Surface:	R	load Speed Limit:
Traffic Flow:		Traffic Control:		raffic Volume:
	ion:			nyone conveyed by

Details of V	RESISTANTIAN DESIGNATION OF THE PARTY OF THE	IVOU			MICHELL SECTION	
Vehiclè No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6149E	Car	KIA		Silver	Containon	0
SLC4383K	Car	KIA	CERATO FORTE 1.6 SX 6AT ABS D/AB 2WD 4DR	Blue		0





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

2 of 3 Report No. T/20180808/7016

CONTINUATION OF REPORT

OFFICE PRINTINGS OF STREET	ehicle Insurance	The production of the large in a		
	Insurance Company	Insurance No	Effective	Expiry Date
SLC4383K	NTUC Income Insurance Co-Operative Limited	5081327189-02	30/05/2018	29/05/2019

Any Pedestrian I	n Involved				AL.	
No. of Pedestriar	ns Injured: NIL		Lise of Pag	dontrio.		
Driver			Use of Ped	estriar	Cross	sing: NA
Name	TAN JINNG YI	OHER PERSON	CONTRACTOR CONTRACTOR	ID No		S8728674F
Related Vehicle	SLC4383K (Car)			Conta	ct No.	91054408
Hospital/Clinic	NIL			Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch			
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 08/08/2018 at about 0915hrs, i park my car bearing platw number SLC4383K at the open carpark of Blk 330 Yishun Ring Road lot number 635. Everything was intact and nothing was amiss.

On the same day at about 1915hrs, I return back to my car and discovered damages to my car front right bumper. I made a check on my in-built car camera and it the footage reveal at about 1530hrs, a silver cab bearing plate numebr SHC6149E was seen making a 3 point turn. The driver reverse to the lot at the right of my car. Thereafter, when the car is not full parked, the driver made a left turn.

While doing so, the taxi left side hit onto my front right bumper. I called up the Taxi company (Silver Cab) and spoke to the operator Julie. She has put up a report on the matter and the report number is 110756. The driver refused to answer the taxi company call and I was advise to lodge a Traffc Accident Report for a case of Hit and Run. I also report the matter to my insurance company (NTUC) and advise to report to IDAC and also to the Police for Hit and Run.





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

3 of 3 Report No. T/20180808/7016

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

Informant is not able to provide sketch plan

The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 08/08/2018 21:27
Classification Of Case:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8728674F



Name

TAN JINNG YI (CHEN JINYI)

东锦递

0

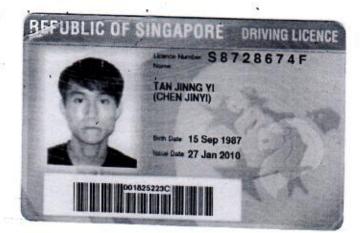
CHINESE Date of birth 15-09-1987

Country/Place of a

M

M





5888937





S8728674F

Date of leave

12-03-2018

APT BLK 330 YISHUN RING ROAD #10-1442 SINGAPORE 760330 YOU ARE LICENSED TO ORIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

of the driver; and other motor vehicles =< 2500kg 27 Jan 2010

NP 428A

Licence No: \$8/28674F

) Insured	d Object: SLC4383K	Number			
Unit No.	10-1442	Related Policy	5081327189-02		
Address 4		Address Type	Singapore address	Post Code	760330
Address 1	BLK 330 #10-1442	Address 2	YISHUN RING ROAD	Address 3	SINGAPORE 760330
	older Mailing Address				
Certificate Info					
Open Policy Info					
Co- insurance Flag	No			331 1 log	Wi
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111	GST Flag	Υ
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Additional Excess	0	OS Premium	0		
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Policy issue Date	21/05/2018	Effective Date	30/05/2018 00:00	Expiry Date	29/05/2019 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	BLK 330 #10-1442 YISHUN RI	NG ROAD SING	APORE 760330		
Certificate No.		SUMPLEASE.		NRIC	36/280/4F
Policy No.	5081327189-02	Policyholder Name	TAN JINNG YI (CHEN JINYI)	Policyholder NRIC	S8728674F

Continue Cancel

Claim Handling

Accident MT/1007238					
Policy No.	5081327189-02	Vehicle No.	SLC4383K	GST Registration No.	
Certificate No.			12-10-10-10-10-10-10-10-10-10-10-10-10-10-	GST Registration No.	
Policyholder Name	TAN JINNG YI (CHEN JINYI)			Policyholder NRIC	5077
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	5872
Contact No.(Mobile)	91054408	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	0
KFK	● No ○ Yes	TCA	● No ○ Yes	eCode Reason	No
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	1000
Accident Details		70,8562-5025-546 8404474		ermate rire	No
Report Date	15/08/2018 10:28	Accident Report Within 24 hrs	Yes	Andrew W.	
Date of Accident	08/08/2018	Time of Accident hh:mm	15:30	Accident Type	Side
Reporting Centre		Orange Force	13:30	Country of Accident	Singi
Accident Location	YISHUN RING ROAD (CARPARK)	20000000		ICM No.	
▽ Benefits					
♥ Excess					
Own damage Excess	600.00	(a approxime to so	WIII		
Unnamed Driver Excess	0.00	Additional Excess	0	Windscreen Excess	100.0
Third Party Excess		Outside Singapore OD Excess	600.00		
GST Registered Informa	0.00	Outside Singapore TP Excess	0.00		
GST Registered					
GST Registration No.	No		GST Registration Date	100	
Modification History			GST Status Verified	Yes	
Policyholder Mailing Ad	dress				
Address 1	BLK 330 #10-1442	Address 2	-vaccour conservation		
Address 4			YISHUN RING ROAD	Address 3	SING
Unit No.	10-1442	Address Type	Singapore address	Post Code	7603
♥ OI Driver Info		Related Policy Number	5081327189-02		
Driver Name	TAB DUBLE OF	And the second			
Unnamed driver Name	TAN JINNG YI	Driver Type	Main Driver		
Register Date of Driver License	27/01/2010	Driver NRIC	S8728674F	Driver DOB	15/0
Contact No.(Mobile)		Driver Age	30	Driving Experience	8
Address 1	91054408 BLK 330	Contact No.(Office)	0	Contact No.(Home)	0
Address 4	BLK 330	Address 2	YISHUN RING ROAD	Address 3	
Unit No.	#10-1442	Address Type	Singapore address	Post Code	7603
Does he own a Singapore	N. Carlotte				
Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					
H155 1696 5	6				
Claim 001 OD-MX New					
Claim Type •	OD-MX	Insured Name	Table Manuel of 16	V/10 - 0.5 M/M/-	
Contact No.(Mobile)	91054408	Contact No.(Home)	TAN JINNG YI (CHEN JINYI)	Insured NRIC	5872
Email Address	JINNGYI@HOTMAIL.COM	OI Vehicle Number	6.0.000	Contact No.(Office)	
Claim Description	SLC4383K / SHC6149E DN 8 Aug 2018	Of venicle wantper	SLC4383K:	TP Vehicle Number	SHCE
Preferred Workshop Contact	Description of the state of the		<u> </u>	Name of Preferred Workshop	
No.		Insured Liability *	Partially at Fault		
Require Finalisation	Yes 🗸	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Rece
Date Registered	15/08/2018 10:35	Claim Close Date		Date Received	15/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	1,00
Print AK letter				Tem coas out Repaired	
10.00]	Save Submit		
Attachment					
9					
Accident No.	MT/1007238				
	M1/100/238		Claim No.	001	

