Date In: (10) 18-17:42	Jeb description		Date &Time Completed	Done	. p.i.
Ref No: NA INCIPO 1778/1/24	SAS e-filing				
Veh No: JCFGolf	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 20/4/18.17:50	i-Motor Clai		M7/10/3857-001	1/10/18	ho: 43
	i-Motor W/C	(Within: OD 2hrs		11.7.	
OD TP Reporting Only	i-Photo Uplo		1		
TP Insurer:	Assessment/St	irvey Report			
II moutor.	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW	: (		Tel: F	Fax:	
TP Particulars: Veh No:	TSJ87	. INC (	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: (	Period: (	)	Cover Type: (	)	
Confirmed by : (	- ma	Date:	Time:	)	
Insured/Driver Liability: (	%) [Note-Est Status (\	WO): N: 0-20	0%; P: 21-79%. P: 80-1	100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		-
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000	( )			
General Remarks:-		WEEKS VS. VS. N. 1900	DEMONSTANCE STATES		
( ) Walk-In Customer: Customer's	s information strictly Co	THE PERSON NAMED IN	ictly NO refer of receiver		-
		niidentiai & Sti	ictly NO faler of repailer.		
( ) Total Loss Case : to e-mail In					
Drive-In ( )/ Towed-In ( ); In	voice: YES ( ) / N	10 ( ); T	owing Co: (		)
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost	( )	)			
Injury:					
Injury:	1				
Injury: ————————————————————————————————————	1		paration Checklist	Ant (5)	30.000
Injury: ————————————————————————————————————	1	1) AR : Accident	Reporting (\$30);	fat Bill	30.000
Injury:  Date/Time Actions  Alto 6200  :uimant's Particulars:-	1	1) AR : Accident 2) DA : Damage / 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC (\$30); te \$40	19t Bill 80) 0/545	30.000
Injury:  Date/Time Actions  Authorized Actions  alimant's Particulars:	1	1) AR : Accident 2) DA : Damage / 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$30); te \$40 arough Survey arough Survey (Resurvey)	194 Bill 80) 0/\$45 \$120 \$30	30.000
Injury:  Date/Time Actions  Sumant's Particulars:- iver/Owner: ntact No:		1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as	Reporting (\$30); Assessment (\$100); INC (\$6 te \$40 trough Survey trough Survey (Resurvey) toinst INC Only (wef 10 Jan 2005)	(5) (5) (5) (5) (5) (5) (5) (5) (5) (5)	30.000
Injury:  Onte/Time Actions  Sumant's Particulars:- iver/Owner: Intact No:		1) AR : Accident 2) DA : Damage 3) TF : Towing Fe 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$6  arough Survey arough Survey (Resurvey) asjust INC Only (wef 10 Jan 2005) tion	194 Bill 80) 0/\$45 \$120 \$30	30.00
Injury:  Date/Time Actions  aimant's Particulars: iver/Owner: ntact No:		1) AR : Accident 2) DA : Damage . 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idao DA 4 8) NTUC Additio	Reporting (\$30); Assessment (\$100); INC (\$6  arough Survey arough Survey (Resurvey) appst INC Only (wef 10 Jan 2005) tion  SMRT Survey	(\$\text{15}\text{Bill}\)  (50)  (0/\$45)  \$120  \$30  (1)  \$75	30.000
Injury:  Date/Time Actions  Actions  aimant's Particulars: iver/Owner: ntact No: maged Portion:		1) AR : Accident 2) DA : Darrage . 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idao DA 4 8) NTUC Additio OD*	Reporting (\$30); Assessment (\$100); INC (\$6 Asse	(5) (5) (5) (5) (5) (5) (5) (5) (5) (5)	30.000
Injury:  Date/Time Actions  Alto 622  Almant's Particulars: iver/Owner: ntact No: maged Portion:		1) AR : Accident 2) DA : Darrage . 3) TF : Towing F 4) FT : Follow-Ti 5) FT : Follow-Ti For claiming as 6) TR : Re-inspec 7) N1 : Idao DA 4 8) NTUC Additio OD*	Reporting (\$30); Assessment (\$100); INC (\$6 Asse	(5) (5) (5) (5) (5) (5) (5) (5) (5) (5)	30.000
Actions  Actions  Actions  Actions  aimant's Particulars:- iver/Owner: intact No: maged Portion:  Checked by (Engr-In-Charge):		1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idao DA: 8) NTUC Additio OD: *N5: Courlesy *N6: Repair Co *N7: Fost Repr	Reporting (\$30); Assessment (\$100); INC (\$6  Assessment (\$100); INC (\$6  Brough Survey Brough Survey (Resurvey) Brough Survey (Resurvey) Brough Survey (Resurvey) Brough Survey Brough S	\$60) 00/\$45 \$120 \$30 \$175 \$160 \$55 \$10 \$525	Ant (
Injury:  Date/Time Actions  Actions  Limant's Particulars:  iver/Owner:  Intact No:  maged Portion:  Checked by (Engr-In-Charge):  Iditors' Comments::		1) AR: Accident 2) DA: Damage . 3) TF: Towing F. 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD.* *N5: Courlesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$50); Assessment (\$100); INC (\$100); Assessment	(5) (5) (5) (5) (5) (5) (5) (5) (5) (5)	30.00
Date/Time: Actions NAIPO 622		1) AR: Accident 2) DA: Damage . 3) TF: Towing F. 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD.* *N5: Courlesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$6 Asse	55 510 525 55	30.000

#### 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.
- 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.

in a minimum to the state of th	ACCIDENT STATEMENT
Date Of Report	01/10/2018 17:47
Date Of Accident	30/09/2018 17:50
Exact Location Of Accident	JUNC ELIAS RD & ELIAS GREEN
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCF901H
Insured/Policyholder	
Name Of Registered Owner	CONNECT4CAR PTE LTD
Co Reg No	201411459M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5068994860-03
Cover Note Number	
Driver	
Name of Driver	CHANG CHIN NAM (ZUENG ZUENNAN)

Name of Driver	CHANG CHIN NAM (ZHENG ZHENNAN)
1000 No. 1000 N	50 AV

NRIC No S7250757F Date Of Birth 08/07/1972 Occupation OUTDOOR Date Of Driving Pass 14/06/2004

Driving Experience 14 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92718262

Fax Number

Contact Number OFFICE-92718262

EMail Address NOEMAIL Address BLK 913 JURONG WEST STREET 91

#13-234

Postcode 640913

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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? Y

Foreign Vehicle Registration Number JJS5887 (COMMERCIAL VEHICLE)

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

Passenger 1 NAME: : -

GENDER: : FEMALE

NO

2

YES

NO

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-7929999 - FAX NO: 67912972

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180930/2020.

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 JJS5887

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver KAMARUL SHAH BIN HUSSEIN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name CHANG CHIN NAM (ZHENG ZHENNAN)

Approximate Age

Injuries Sustain **NECK & BACK** 

Injured person in which vehicle? SCF901H Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### 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) 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, involces, 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.:

	1	2 1			
		2			
			٨		
				SCF901H	
			B:	2222884	Hilly
	4	As			
ESCRIBE CIRCUINSTAI	NCES OF THE ACCIDI	ENT			
SOME CINCOMBIN	VOLU OF THE ACCION	-141			
					= 22-1
		0.0			
		Refer to B	ice Ropor	†:	
		כוד	1809301	2020	
	articulars are true in our	eru rasnari			
LARATION declare the foregoing pa	articulars are true in eve	ery respect.			
declare the foregoing pa	articulars are true in eve	ery respect.		7	
declare the foregoing pa	articulars are true n eve			eporting Centre Personnel's	

GIAPTIC SketchPlanForm\_V2

2

## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS	
30/9/2018	(DD/MM/YY)
5.50 AM.	(HH:MM)
TPE towards & Elias Road Alignet beting	¥
	30/9/2018 5.50 AM

	DETAILS OF VEHICLE
Vehicle registration number	SCF901H
Vehicle make and model	wisson sylphy
Type of vehicle	Saloon MPV CRV Van C
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	worldng
Are you claiming under your own insurance company?	Yes □ No ✓ if no, please select: Third part claim ✓ Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only 🗆

	INSURED / POLICY HOLDER		
Name	CONNECT4CAR PTE LTD	Male 🗆	Female
NRIC / Fin / Passport number	201411459M		
Contact			
Address	53 UBI AVENUE 1 #01-23 PAYA UBI IN SINGAPORE 408934	NDUSTRIAL PARK	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	chang chin Nam Male &	Female
NRIC / Fin / Passport number	S7250757F	
Contact	92718262	
Address	Blk 913 Jurong west street 91 #13-234 5(640913)	
Email address		
Date of birth	08107/1972	
Occupation	Indoor □ Outdoor 🗹	
Driving date pass	1410612004	

AND SUCCESSION OF THE PARTY OF	GENERAL IN	NFORMATION O	F THE ACCIDENT	
Was driver an employee of	Yes 🗆	No p		29
the insured's company?	If no, rela	ationship of the	driver and insured:	Hirer
Accident captured by camera?		No 🗆		
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry 🗹	Wet □		
No of passenger		2		(Inclusive of driver
		PASSENGER	1	
Name				
Gender	Male 🗆	Female D		
		PASSENGER	2	
Name				
Gender	Male 🗆	Female 🗆		
		PASSENGER	3	
Name				
Gender	Male □	Female 🗆		
		PASSENGER	4	
Name				
Gender	Male 🗆	Female 🗆		
		PASSENGER	5	
Name				
Gender	Male 🗆	Female 🗆		
		PASSENGER	6	
Name				
Gender	Male 🗆	Female 🗆		
\$1730B400	,	THER INFORMA	TION	STATE OF STATE OF THE PARTY OF
Was anybody injured?	Yes 🗷	No et		
Was other vehicle damaged?	Yes	No 🗆		
		AILS OF POLICE		
Reported to police?	Yes 🗷	No 🗆 If yes	, please state which	police station.
Police station name	Nany	Jany N.P.C		
District Control of the Control of t				Alternative statement and the statement of the statement
		WITNESS 1		
Name				
				A College to a second second
		WITNESS 2		
Name				

and the second second second second	THIRD PARTY VEHICLE 1
Vehicle registration number	JJ\$5887
Vehicle make model	The Tark To a 1
Name	Kamarul Shah Bin Hussein
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIR	D PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THE PARTY OF	INJURED PERSON 1
Name		chang chin Nam
Injuries sustained		Meck & Back
Which vehicle person in?		SCF901H
Were seat belts worn?	Yes 🗹	No 🗆
Was injured conveyed to	Yes□	No 🗹
hospital by ambulance?		
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No □
Was injured conveyed to	Yes 🗆	No □
hospital by ambulance?		
Entered to the Control of the Contro		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?	2400000	personal transfer of the second secon
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 4
Name		INJUNED PERSON 4
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	15.0%(50000)	
		INJURED PERSON 5
Name	the second second	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
		INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?	V	HAT CHANGE
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆
mospital by ambuildince!		





1 of 3

Report No T/20180930/2020

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

# REPORT OF A TRAFFIC ACCIDENT

so 19/18 that By & Fline Green 4P5

	ne Report N 018 08:46	fade.	Vide Report No.:	Station Diary No.			
Informa	nt's Partici	ulars					
THE RESIDENCE OF THE PARTY OF T	Informant: CHIN NAM		Address: APT BLK 913 JURONG WES SINGAPORE 640913	T STREET 91 #13-234			
ID Type / ID No.: NRIC NO / S7250757F			Contact No.: Home/Office:	Mobile: 92718262			
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Age: Date of Birth: Male 46 08/07/1972			Type of Informant:				
Race. Chinese			Language:	Institution / School Name:			
Occupa PRIVA	ation: TE DRIVER		Driving Licence Information: Class: 3	Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/09/2018 06:05	Type of Location: X-Junction	
ELIAS ROAD ELIAS GREEN	Traveling Toward Road 2	2			
Veather: Clear		Road Surface: Dry		Road Speed Limit	
raffic Flow: One Way		Traffic Control:		Traffic Volume:	
Type of Collision Between Movin	n: ng Vehicles - Side Swipe	- Same Direction		Anyone conveyed by ambulance:	

	Details of Venicle involved									
	Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger			
-	JJS5887 TRAFFIC INVESTIG	LOTTY GATION BRANCE				Slightly Damaged	1			
TRAFFIC POLICE 10 UBLAYINUD 3 SINGAPORE 408805			SYLPHY	Grey	Slightly Damaged	1				
REPORT NO.	6 2018091	010079	CASE CARD							
Treffic Accepts	10000		4962							



T/20180930/2020

2 of 3

Report No. T/20180930/2020

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

CONTINUATION OF REPORT

Brief Details.

On 30/09/2018 at about 0555hrs, while I was travelling on the right lane of Elias Road after making a turn at the Cross Junction of Elias Green, a lorry bearing JJS5887 which was travelling on my left side shifted into my lane and collided into the front left bumper and front left mirror of my vehicle bearing SCF901H. As I was trying to avoid further collision, I swerved to my right and the rear right side bumper hit the barrier along the road. There are scratches on the front left bumper, front left mirror and rear right side bumper. I was sending an SIA Air Stewardess to the airport at that point of time. No one was injured. After the collision, the Traffic Police came down and instructed me to make a police report at a police station.





3 of 3

Report No. T/20180930/2020

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

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.

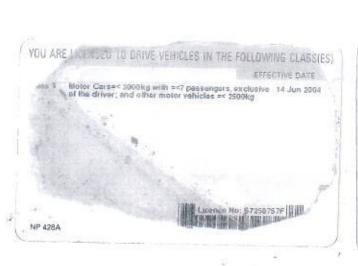
Signature Of Officer Recording The Report: J / TAN RUI JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2018 08:46
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476365	Classification Of Case:
Authentication Stamp	SN 127

Signature : \_\_\_\_Cm

Singapore Police Force









<b>eBao</b> Tech									(	GeneralC	laim
Hello, NAC_PAYA_UBI_80	0601				And the second second		· Change La	nguage	· Change P	assword ,	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date of A	Accident	30/0	9/2018 17:50	0 🛅	
	Vehicle	No.(For Motor)	SCF901	Н		Certificat	e Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5068994860- 03		CONNECT4CAR PTE, LTD.	201411459M	GFT	drivo PREMIUM	SCF901H	SCF901H	04/12/2017	
	0					GFT		SCF901H	SCF901H	04/12/2017	

Policy No.	5068994860-03	Policyholder Name	CONNEC	T4CAR PTE. LTD.	Policyholder	201411459	М
Certificate No.		Name			NRIC	202100100	**
Address	53 UBI AVENUE 1 #01-23 PAY	A UBI INDUSTR	IAL PARK	SINGAPORE 408934			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	23/11/2017	Effective Date	04/12/20	017 00:00	Expiry Date	03/12/2018	23:59
Excess Type		All Claims Excess					
Third Party Excess	1000.00	Own damage Excess	1000.00		Windscreen Excess	100.00	
Additional	0	OS Premium	0				
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00			You	ng/Inexperience Driver Excess
Agent	SOONG WAI SAN	Agent Tel.	6547115	4	GST Flag	Υ	
Co- insurance Flag Open Policy	No						
Info Certificate Info							
□ Policyl	holder Mailing Address						
ddress 1	53 UBI AVENUE 1	Addre	ess 2	#01-23 PAYA UBI IN	NDUSTRIAL I	Address 3	SINGAPORE 408934
ddress 4		Addre	ss Type	Singapore address	Post Code		408934
Jnit No.	01-23	Relate Numb	ed Policy er	5087771369-01			
) Insure	d Object: SCF901H						
□ Endors	sements						
Sequer	Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorser	nent Status	Endorsement Content
1	04/12/2017 00:00	Basic Informa Endorsement	tion	000001286715172	Endorseme Effective	ent Take	internal endt - vehicle usage chang from Rental vehicle (less than 12 mths ) to Private Hire (Self Drive o Chauffeur)
2	15/01/2018 00:00	Basic Informa Endorsement	tion	000001286735612	Endorseme Effective	ent Take	Thank you for giving us the opportunity to serve you. We confirm that from 15 Jan 2018, the Original Registration Date is amended as follows for SE2018K: ORIGINAL REGISTRATION DATE: 0 Oct 2015
3	02/02/2018 00:00	Basic Informal Endorsement	tion	000001286749083	Endorseme Effective	nt Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKX2251Y 02-02-2018 \$1,009.10 In view of this amendment, an additional premium of \$1,009.10 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque if avour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.

aim Handling					
alicy No.	5068994890-03	Vehicle No.	SCF901H	GST Registration No.	
HIFCHE No.				GSF Registration Rd	
Dicyholder Name	CONNECTACAR PTE, LTD.			Delegation and the	- Marian Carro
roduct Code	PLEET INSURANCE	Cover Type	drive PREMIUM	Policyholder NRIC	201411459M
ontact No.(Mobile)	0	Contact No.(Office)	0	Loading	0
mail Address		Special Remark		Contact No.(Home)	0
rk	® No ○ Yes	TCA	9 to 0000	eCode	N/ V
CD Protection	No		® No ○ Yes	eCode Reason	
Accident Details	177	NCD Encoument(%)	0	Private Hire	Yes
port Date	01/10/2018 20:41				
		Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
ike of Accident	30/09/20LB	Time of Accident hh:mm	17:50	Country of Accident	Singapore
porting Centre		Orange Force		3CM No.	
Oldent Location	AINC BLIAS RD & BLIAS GREEN				
Excess					
m damage Excess	1,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Dutside Singapore OD Excess	1,000,00		100.00
ind Party Excess	1,000.00	Outside Singapore TP Excess	1,000.00		
Benefits	0100000		1,000.00		
GST Registered Inform	ation				
T Registered	No				
T Registration No.	140		GST Registration Date GST Status Verified	-	
dification History			03 1 300tus Ventied	Yes	
Policyholder Mailing Ad	Idress				
dress t	53 USI AVENUE 1	Address 2	e/H . 12 Dave size with the con-	/222302	
idress 4	A CONTRACTOR OF THE SECOND		#01-23 PAYA UBI INDUSTRIAL I	Address 3	SINGAPORE 408974
of No.	01.75	Address Type	Singapore address	Post Code	408934
	DL-23	Related Policy Number	5087771369-01		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	CHANG CHIN NAM (ZHENG ZHE	Driver NRIC	S7250757F	Driver DOB	08/07/1972
gater Date of Driver License	14/06/2004	Driver Age	46	Driving Expenence	14
ntact No.(Moosle)	92718262	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 913	Address 2	JURONG WEST STREET 91	Address 3	SINGAPORE 640913
dress 4		Address Type	Singapore address	Post Code	640913
it No.	13-234				
es he own a Singapore gistered car?	☐ Yes ® No	Driver Vehicle No.		Debute Service Courses	
gentered car		PARTICIONE DI ACCO		Driver Insurer Company	
Claration					
eathalyser or Blood Test	Omg	And Indian A	A C		
ading?		Any injury?	® Yes ○ No		
dification History					
Claim 001 New					
Claim 001 New					
m Type *	00:MX	Insured Name	CONNECTAÇAR PTE. LTD.	Insured NRIC	201411459M
bact No.(Mobile)	96600860	Contact No.(Home)	ND.		
el Address		Of Vehicle Number	programme	Contact No. (Office)	+
mark Type Claimant Type •	Please Select.	Type of Benefit *	SOF901H	TP Vehicle Number	1255687
ment Name +		Claimant NRIC *	Please Select		
ment Adgress	22	Comes act			
	General Control of the Control of th				N=
m Description writed Workshop Contact	SCF901H / 11SS887 ON 30 Sept 2018			Name of Preferred Workshop	
		Insured Liability *	Not at Fault		
uire Finalisation	Yes 🔍	Preferend Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Received .
e Registered	01/10/2018 20:43	Claim Close Date		Date Received	01/10/2018 00:00
ort Teken By	Jackson				
Frint AK letter	9 1 - 0 V.L				
4 - 4 - 4 - 4					
			Save Submit		
tachment					
dent No.	MT/1013857	Claim No.	001		
Doc. Received	® Yes ○ No				
		Upload Date	01/10/2018 20:44		
	Path *	the state of the s	Category •	Confidential Urgeni	cy * Description *
	The same of the sa	Browse_	Clear Please Select	♥ Normal	V
		Browse	Clear Please Select	♥ Normal	•
		Browse	Clear Please Select	V Normal	<u> </u>
		Browse	Class Diversion	- Tresman	

