Date In: 10/10/17 - 11111	Jeb description	NAN8135433	1
Ref No: Alphuses	Jeb description	Date & Time Completes	T
Veh No: JDV730YP	SAS e-filing	- Completed	Done b
D.O.A : (21 1	E-mail (within Shrs, AIC 2hrs)	1	
D.O.A: 13/0/18-14:30	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr	My 1012385001	11 p/18 19:5
0	i-Photo Uploaded	s, TP 4hrs)	
TP Insurer:			
	Assessment/Survey Report		
Preferred Wksp / INC Assign Wksp / QW:	Ass't Report by Fax / Hand t	Owner/Wksp	
Veh No. 5		T-1	ax:
	196980)/Non-INC()	4.
Policy No: (Period: (Tel:	
Confirmed by : ()	Cover Type: (
Insured/Driver Linix	Data		
Year of Registration: (Warranty: YES ()/NO()	%; P: 21-79% P. 00)
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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
- 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.

- 5. 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.	sent to the archiving of this report at the centre and to copies of the report being made available
Extra contract the state of the	ACCIDENT STATEMENT
Date Of Report	15/10/2018 11:11
Date Of Accident	13/10/2018 14:30
Exact Location Of Accident	BLK 625 BEDOK RESERVOIR ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
Commence of the Commence of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDV7304P
Insured/Policyholder	
Name Of Registered Owner	PHUA KWEE HOW @PWAR KWEE HOW
NRIC No	S0397139B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98456778
Alternative Phone No	OFFICE-98456778
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5053237590-06
Cover Note Number	VIII. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Driver	
Name of Driver	PHILA KWEE HOW COWAS WASS HOW

Name of Driver PHUA KWEE HOW @PWAR KWEE HOW

NRIC No S0397139B Date Of Birth 30/09/1939 Occupation INDOOR Date Of Driving Pass 05/07/1958

Driving Experience 60 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98456778

Fax Number

Contact Number OFFICE-98456778

EMail Address NOEMAIL Address BLK 27 MARINE CRESCENT

#07-07

Postcode 440027

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 Weather Conditions

SIDE SWIPE

Road Surface

CLEAR

Other Information

Was any foreign vehicle involved in this accident?

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

Number of Passengers (Including Driver)

4

Passenger 1

NAME:

200

GENDER:

NDER: : FEMALE

Passenger 2

NAME:

.

GENDER: : FEMALE

Passenger 3

NAME:

: -

GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name

EUNOS NEIGHBOURHOOD POLICE POST

: FEMALE

Police Station Address

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

470629, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181013/2121.

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

FBJ9698B

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 20

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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:
 - 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.:

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.:





Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999 1 of 4 Report No. T/20181013/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 13/10/20	ne Report N 18 16:11	/lade:	Vide Report No.: G/20181013/0157	Station Diary No.	
Informa	nt's Partic	ulars		30	
Name of PHUA K	Informant: WEE HOW	Control of Control of Control	Address: APT BLK 27 MARINE CRESO 440027	CENT #07-07 SINGAPORE	
NRIC NO	/ ID No.: D / S03971:	39B	Contact No.: Home/Office:	Mobile: 98456778	
Nationality: SINGAPORE CITIZEN		EN	Email: Wobile, 96456778		
Sex: Male	Age: 79	Date of Birth: 30/09/1939	Type of Informant:		
Race: Chinese Occupation: Retiree			Language: English	Institution / School Name:	
			Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident:	Type of Location Car Park
Location: Along Road 1 BEDOK RESI	ERVOIR ROAD		13/10/2018 14:30	
OPEN SPACE Veather: Cloudy	ED CARPARK OF B/625	Road Surface:		Road Speed Limit:
Traffic Flow: Tra		Dry		
Two Way		Traffic Control: Not Controlled		raffic Volume:

Vehicle No.	Type	Make	Model	To.		
FBJ9698B	Motorcycle	Marc	Iviouei	Color	Condition	No of Passenger
	the test scenario was sent A				Slightly Damaged	0
SDV7304P	Car	ТОУОТА	COROLLA ALTIS 1.6 AUTO	Silver	Seriously Damaged	3

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	1-"	CAL STATE OF PARTY
		misdrance NO	Effective	Expiry Date





2 of 4

Report No. T/20181013/2121

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

CONTRACTOR OF THE PARTY OF THE	insurance Company			
0.00	NTUC Income Insuran	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative	5053237590-06	28/05/2018	27/05/2019

	nvolved: No					THE RESIDENCE OF STREET
No. of Pedestria	ns Injured: NIL		Ilos of D	- to or to		
Passenger	THE REAL PROPERTY.		Use of Pe	destria	n Cros	sing: NA
Name	GERALDINE LI SIYING	G				
		0		ID No),	S9247739H
Related Vehicle	ted Vehicle SDV7304P (Car)		one describe	-		S TO SOME SERVICE OF THE SERVICE OF
				Conta	act No.	NIL
Hospital/Clinic	NIL			-		
				Class		Class: NIL
	, R			Drivin		Date of Expiry: NIL
Data T				Licence & Expiry Date		
Date Treatment	NIL		Date Disc	harae	-	
Drives	ted Medical Leave	NIL	Degree of	finium	NIL	The same areas
Driver			- Jagice o	injury	MIL	
Name	PHUA KWEE HOW			ID No		00007
Datatation	SDV7304P (Car)			ID NO	× 3	S0397139B
Related Vehicle			No. in the second	Conta	ct No.	00450770
Haarit-1/OF				Conta	Ct NO.	98456778
Hospital/Clinic	NIL		Class of Driving Licence &		Class: 3	
					Date of Expiry: NIL	
Date Treatment	Atti			Expiry		
No of Dave grant	NIL Od Madie 11		Date Disc	harge	NIL	
Passenger	ed Medical Leave	VIL	Degree of	Injury	NIL	
Name					THE R	
, and	LEE SHU CHIN			ID No.		S0293300D
Related Vehicle	CD) (700 to		- Carlotte Control		55	00293300D
volated vehicle	SDV7304P (Car)	8		Contact No.		NIL
Hospital/Clinic	NIII			201110	0110.	INIL
103pital/Cliffic	NIL	SVI.		Class	of	Class: NIL
*				Driving		Date of Expiry: NIL
2			i	Licenc	e &	Date of Expiry: MIL
Date Treatment	NIL			Expiry		
of Dave grant	111		Date Disch	narge	NIL	
or Days grante	ed Medical Leave N	IIL	Degree of	Inium	NIL	





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

3 of 4 Report No. T/20181013/2121

CONTINUATION OF REPORT

Name	PAULINE PHUA HWEE KIANG		ID No		
		TO THE MAN			S1758834F
Related Vehicle SDV7304P (Car)			-		
	Car)		Conta	ct No.	NIL
Hospital/Clinic	NIL				
			Class of Driving		Class: NIL
					Date of Expiry: NIL
			Licen	ce &	- ato of Expiry. IVIL
Data Treet	****			Date	
Date Treatment	NIL	Data Dias			
No. of Days granted Medical Leave NIL		Date Discharge NIL			
gran	ted Medical Leave NIL	Degree o	f Injury	NIL	

Brief Details.

On 13/10/2018 at about 1430hrs, I was in my silver in color Toyota Corolla Altis (SDV7304P) together with three other passengers at the open spaced carpark of B/625 Bedok Reservoir Road. As I was about to drive off from the lot, turning right, a motorcyclist emerged from my right and rode in front of me. I quickly engaged the brakes. However, the front portion of my car collided with the side of the said motorcycle. The motorcyclist lost control and fell off her motorcycle onto the road near the side kerb. A passerby came over and assisted the motorcyclist while I called for an ambulance. Shortly after police officers and an ambulance arrived. The motorcyclist was conveyed to Changi General Hospital.

I wish to state that there are scratches on the front right portion of my car and the front plate number came off. The bonnet of my car was damaged as well. Neither myself nor my passengers were injured. I am lodging this report as instructed by TP IO Daniel and for insurance purposes.





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

4 of 4 Report No. T/20181013/2121

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.

	- Port Humber as reference
Signature Of Officer Recording The Report: (A) Sgt 2 SYED OTHMAN BIN SYED AGIL BIN YAHYA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2018 16:11
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTIFY CARD NO. S03971398



PHUA KWEE NOW OFWAR KWEE HOW

港 社 茶

CHRONICE

30-35-1939 W

REPUBLIC OF SINGAPORE DRIVING LICENCE

Correction S0397139B

PHUA KWEE HOW

But Due: 30 Sep 1939 free Date 11 Jan 2003



wc- s03971398

A8+ 21-05-1993

-

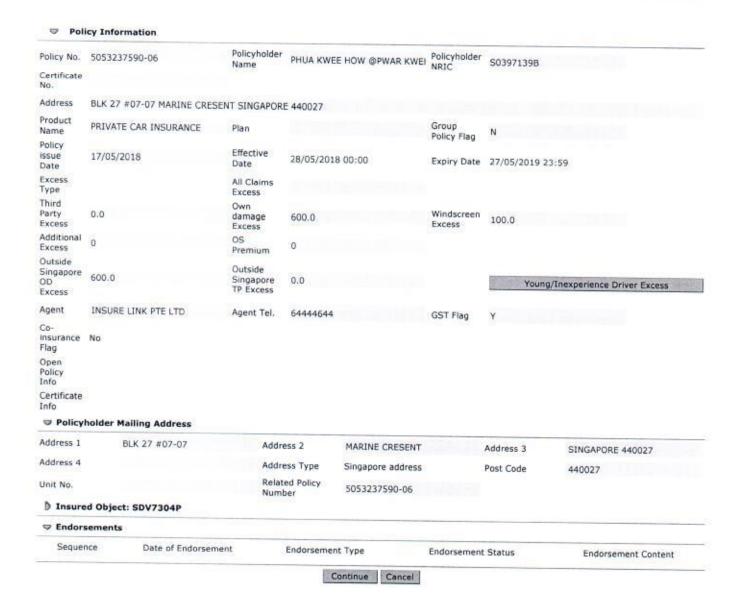
APT BLK 27 MARINE CHESCENT 607-07 SHEAPONE 1544

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Motor Cars and Motor Traciors the weight of which unladen does not exceed 2500 kilograms

05 Jul 1958

eBao Tech				A STATE OF THE STA		自 然是1		the prior		Genera	lClaim
Hello, NAC_PAYA_UBI_80							• Change	e Language	· Chang	e Password	· Log Ou
My Desktop Notice of Loss	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	F	3/10/2018 1	4:30	
	Vehicle	No.(For Motor)	SDV7	304P		Certi	ficate Number	. [
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5053237590- 06		PHUA KWEE HOW @PWAR KWEE HOW	S0397139B	GPC	drivo CLASSIC		SDV7304P	28/05/2018	27/05/2019



laim Handling					
ident MT/1015782	5053237590-06	1745-0754-0	1001804-0		
tificate No.	P/13/23/240-00	Vehicle No.	SDV7304F	GST Registration No.	
Cyholder Name	2022				
Suct Code	PHUA KWEE HOW @PWAR KWEE HOW			Policyholder NRIC	503971398
TACT No.(Mobile)	PRIVATE CAR INSURANCE 98456778	Cover Type	drive CLASSIC	Loading	0
ili Address	96450778	Contact No.(Office)	0	Contact No.(Home)	0
		Special Remark		eCode	NO.
SOUTH SEC.	® No ○ Yes	TCA	® No ○ Yes	«Code Reason	
Accident Details	No	NCD Entitlement(%)	40	Private Hire	No
ort Date	15/10/2018 19:55	Accident Report Wehin 24 hrs.	Yes	Acodent Type	Side Swipe
e of Accident	13/10/2018	Time of Accident hhomm	14:30	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	ne debute
ident Location	BUX 625 BEDOK RESERVOIR ROAD OPEN S	SPACE CARPARK		12.147 a	
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	
samed Driver Excess	0.00	Outside Singapore OD Excess	600.00	AUTOMORPHI ENCOS	100.00
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits			0.50		
GST Registered Inform	action				
Registered	No.		GST Registration Date		
Registration No.			GST Status Verified	Yes	
Affication History			0.500	169	
Policyholder Mailing Ac	ddress				
ress 1	8LK 27 #07-07	Address 2	MARINE CRESENT	Address 3	CINCADON AUGUS
iress 4		Address Type	Singapore address	Post Code	SINGAPORE 440027
t No.		Related Policy Number	5053237590-06	Pugi Code	440027
OI Driver Info		Control of the Contro	PROPERTY 250-00		
er Name	PHUA KWEE HOW @ PWAR KWEE HOW	Driver Type	Main Driver		
armed driver Name		Driver NR3C	503971398	Part of Part	NAME OF TAXABLE PARTY.
ister Date of Driver License	05/07/1958	Driver Age	79	Oriver DOB	30/09/1939
tact No. (Mobile)	98456778	Contact No.(Office)	0	Driving Experience	60
ress 1	BLK 27	Address 2		Contact No.(Home)	0
ress 4		Address Type	MAAINE CRESENT	Address 3	SINGAPORE 440027
t No.	07-07	Appress type	Singapore address	Post Code	440027
es he own a Singapore					
patered car?	○ Yex ® No	Driver Vehicle No.		Driver Insurer Company	
iaration					
athalyser or Blood Test	12/1/20	(charge)			
ding?	0 mg	Any injury?	○ Yes ® No		
dification History					
A. M.					
Saim 001 New					
m Type +	OD-MX	Insured Name	DHILA KINEE HOW BOARD	4.400V-141	
tact No.(Mobile)	96456778	Contact No.(Home)	PHUA KWEE HOW GPWAR KWEE	Insured NRIC	503971396
Ni Address	pkhow@singnet.com.sg		62417832	Contact No.(Office)	68704239
mant Type Claimant Type *		Of Vehicle Number	SDV7304P	TP Vehicle Number	FB39698B
mant Name +		Type of Benefit *	Please Select		
mant Address	22	Claimant NR3C *			
n Description erred Workshop Contact	SDV7304P / F8J96988 ON 13 Oct 2018			Name of Preferred Workshop	
		Insured Liability .	Partially at Fault		V====//
uire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	✓ GIA report	Received
r Registered	15/10/2018 19:57	Claim Close Date		Date Received	production and the second
ort Taken By	Zackson			and account	15/10/2018 00:00
Print AK retter	espidini-				
			Save Submit		
tachment					
dent No.	MT/1015782	Claim No.	001		
Doc. Received	⊕ Yes ○ No	Upload Date	15/10/2018 19:58		
	Path *			2400400000 000000	
	270.2	Pro-	Category *	Confidential Urgen	
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