Description of the second seco	itre Services. Wet : Jarress !		
Date In: 4 418-1652	Jeb description	Date & Time Completed	Done by
Re[No: Na] MC18020077/24	SAS e-filing	1	
Veh No: JICH 32210	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 3/11/18-17:30	i-Motor Claim Form	M-11018247-001	d/4/18 22:37
	i-Motor W/O (Within: OD 2)		
OD (TP) Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW; (Fax:
TP Particulars: Veh No: FO	maisse inc)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-1	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
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		Burry Colon Colon Colon	748 76 7
A CONTRACTOR SERVICE SOCIETY SERVICE S			SCAME SECTION
() Walk-In Customer: Customer's in		trictly NO refer of repairer.	
() Total Loss Case : to e-mail Insu	urer URGENTLY.	<u>,</u> 99 1 3)
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Remarks: (INC horline: 6788 6616)		Date&Time Completed	Contract Tall
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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 liability.
- 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.
- 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 ladgement 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.

ACCUMULATE STRUMENT STRUMENT	ACCIDENT STATEMENT
Date Of Report	05/11/2018 16:52
Pate Of Accident	03/11/2018 17:30
xact Location Of Accident	UPP CHANGI RD EAST OUTSIDE CHANGI COURT CONDO
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
ehicle Registration Number	SKH3201U
nsured/Policyholder	
lame Of Registered Owner	GEOFFREY ANG & ASSOCIATES
co Reg No	52965717A
mail Address	NOEMAIL
Nobile Phone No	(LOCAL) +65-90051813
Iternative Phone No	OFFICE-90051813
/ehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS C CVT
xact Purpose for which vehicle was being used a me of accident	t COMMERCIAL USE
re you claiming under your own insurance policy or repair to your vehicle?	NO
No, Please state action to be taken	THIRD PARTY
ehicle Category	PRIVATE HIRE
nsurance Company	
ame of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	5099726749
over Note Number	
Priver	
ame of Driver	ANG HIEE TECK
RIC No	S1525940Z
ate Of Birth	01/06/1962
ccupation	OUTDOOR
ate Of Driving Pass	11/02/1980
riving Experience	38 YEARS AND 8 MONTHS
ender	MALE
obile Number	(LOCAL) +65-90051813
ax Number	
CONTROL CONTROL	
ontact Number	OFFICE-90051813

BLK 63 COMMONWEALTH DRIVE Address

#09-255

Postcode 140063

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident?

Was any injured conveyed to hospital by

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

Number of Passengers (Including Driver)

soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

YES

1

NO

If Yes, Please state which Police Station

Police Station Name

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181103/2131.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBM2155G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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)

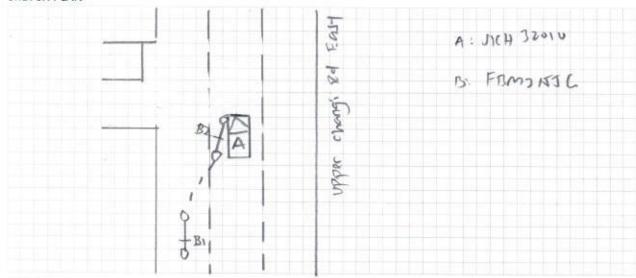
I understand, acknowledge, agree and consent that:

- (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: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The state of the s
Refer to police report- 7/2018/103/2131.

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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

ACCIDENT STATEMENT

ACCIDENT DATE: () (DD/MM/YYY	Y), TIME:(12:20)(HH:MM)
LOCATION: Upper change Rd East mit	side changi oury anobainian
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: JULY 37010	2 7 1
DINSURANCE COMPANY: NTJ C	
C)POLICY NUMBER: 5099726749	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PA	RTY / THIRD PARTY FIRE & THEET)
e)MAKE & MODEL:	KIT / TINKO I AKTI TIKE ATTERIJ
f)TYPE:(SALOON / COUPE / MPV /VAN / LORR	RY / MOTORCYCLE / OTHERS)
g/VEHICLE CATEGORY: (PRIVATE / COMMERC	CAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:	Smmireal Ne
I) ARE YOU CLAIMING UNDER YOUR OWN INSU	JRANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / RI	EPORTING ONLY
2. INSURED / POLICY HOLDER	N ENGINEER STATE
ANAME: heaften ang & busp GGt	(MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 529657 PA	CONTACT: 90051813
c)ADDRESS:	
7 A 4	<u> </u>
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	DLDER
THO of passange DRIVER	
(Including dian) aname: Any Ale Icel	(MALE / FEMALE)
DINNIC/FIN/FASSFORI: 1339407	CONTACT:
CIADDRESS: Blc 63 Gpamonwealth De	NO 807-203 (1/2083)
"d) DATE OF BIRTH: (11/ 6/ 1964) (DD/A	MAR (22222)
e)OCCUPATION: (INDOOR / OUTDOOR)	vivi/11.11)
f) YEARS OF DRIVING EXPRERIENCE: 11 2 19	80
4. WAS DRIVER AN EMPLOYEE OF THE INSURE	ED'S COMPANYS (VES / NON
IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED: Owner
5. a) WEATHER CONDITION: (CLEAR / RAINING / C	OTHERS
b)ROAD SURFACE: (DRY/WET/OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	10
7. a) REPORTED TO POLICE (YESY NO)	8
IF YES, PLEASE STATE WHICH POLICE STATION:	To .
8. THIRD PARTY VEHICLE	
the of passenger of VEHICLE NUMBER: FDM21606	_MODEL:
(Including driver) b) DRIVER'S NAME:	- And
() NRIC/FIN/PASSPORT:	CONTACT:
	William Indiana
HO of passenger d) VEHICLE NUMBER:	_MODEL:
Induding driver f) DRIVER'S NAME: NRIC/FIN/PASSPORT:	2017.07
() () () () () () () () () ()	_CONTACT:
W.	

email: hieeteckang@hotmail.com

VIDEO -





Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Report No. T/20181103/2131

1 of 3

	ne Report N)18 21:34	Made:	Vide Report No.: G/20181103/0154	Station Diary No.: 116
Informa	nt's Partic	ulars		
	Informant: EE TECK		Address: APT BLK 63 COMMO 140063	NWEALTH DRIVE #09-255 SINGAPORE
	/ ID No.: O / S15259	40Z	Contact No.: Home/Office:	Mobile: 90051813
National SINGAP	ity: ORE CITIZ	ΈN	Email:	·
Sex: Male	Age: 56	Date of Birth: 01/06/1962	Type of Informant: Driver	36
Race: Chinese			Language:	Institution / School Name:
Occupat PRIVAT	ion: E HIRE DR	IVER	Driving Licence Inform Class: 3	nation: Date of Expiry:

General Inform	nation of the Accident					
Type of Accident:	Injury Conveyed By Ambula	ance	Drink Drive: No	Date/Time of Accident: 03/11/2018 17:3	30	Type of Location: Straight Road
	NGI ROAD EAST		, goal 61.94		7-2	
Weather: Clear		Road S Dry	urface:		Roa	d Speed Limit:
Traffic Flow: One Way		Traffic (70.00		Traff Ligh	fic Volume:• t
Type of Collisi Between Movi	ion: ing Vehicles - Side Swipe -	- Same	Direction			one conveyed by ulance:

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBM2155G	Motorcycle				Slightly Damaged	0
SKH3201U	Car				Seriously Damaged	0

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





2 of 3

Report No. T/20181103/2131

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver						
Name	ANG HIEE TECK			ID No	ė	S1525940Z
Related Vehicle	SKH3201U (Car)			Conta	ct No.	90051813
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	

Brief Details.

I am a Grab driver. On 3 November 2018 at about 5:30pm, I was travelling along Upper Changi Road East, on my way to Changi Court condominium to pick up a passenger in my vehicle SKH3201U. I was travelling along the middle lane. As I was approaching the Changi Court condominium, I need to filter onto the left lane in order to turn into the said condominium. Thus, signaled left and then checked my left side mirror and rear mirror to ensure there was no oncoming vehicle before filtering into the left lane. When I ensured that it was safe to do so, I started filtering onto the left lane. In the midst of filtering onto the left lane, I heard a loud bang and felt a huge impact on the left side of my vehicle. I then immediately applied the brake and came to a complete stop.

After which, I alighted and saw a motorcyclist laying down on the left hand side of the road and a motorcycle at the vicinity of where she was. As my vehicle was stopped in the middle of the extreme left and middle lane, I got back into my vehicle to shift it to the safe side of the road before alighting again to check on the motorcyclist. I wish to inform that some passerby along with the security officer of Changi court condominium also rendered assistance to the motorcyclist. Shortly after, police and ambulance arrived at scene and the motorcyclist who was observed to be conscious was conveyed to the hospital.

I am not injured from the accident. I wish to inform that the front bumper and the left side view mirror of my vehicle were dislodged and left hanging as a result of the accident.





3 of 3

Report No. T/20181103/2131

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Tel No: 1800-5852999

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: G / Sgt 2 JOYSON NG HAO FAN	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 03/11/2018 21:34	•
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1525940Z





ANG HIEE TECK







CHINESE Date of birth

01-06-1962 SINGAPORE



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

PASS DATE

Motor Cars and Motor Tractors the weight of which unlader does not exceed 2500 Mograms

NP 428A

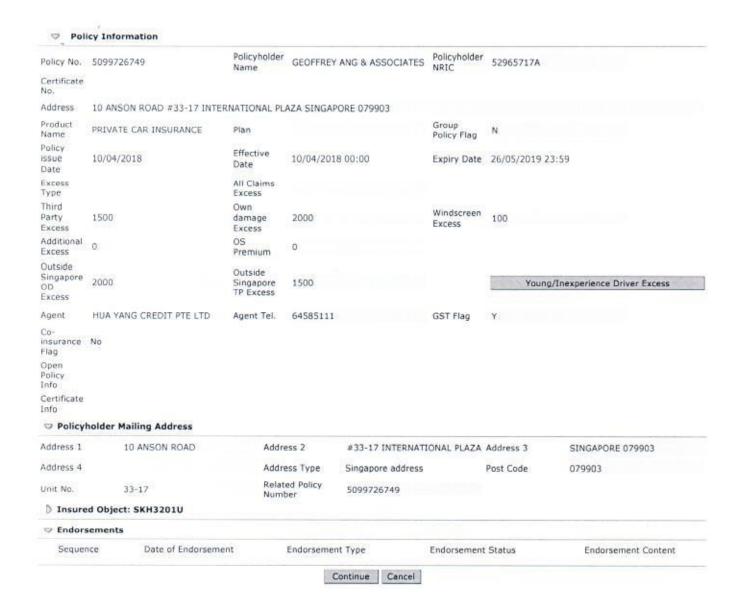


01-06-2017

APT BLK 63 COMMONWEALTH DRIVE #09-255 SINGAPORE 140063

5750207





Address 1 BLX 63 Address 2 COMMONWEALTH DRIVE Address 3 COMMONWEALTH GREEN Address 4 SINGAPORE 140063 Address Type Singapore address Post Code 140063 time No. 09-255 Does be own a Singapore Registered Cat? Devicer Trisurer Company Declaration Resistantlyser or Blaces Test Reading? O mg Any Injury? O Yes ® No.
Address 4 SINGAPORE 140063 Address Type Singapore address Post Code 140063 Une No. 09-255 Does he own a Singapore Registered Car? O Yes ® No. Driver Vehicle No. Driver Tinsurer Company Decisration Breating? O mg Any injury? ○ Yes ® No.
Une No. 09-255 Does he own a Singapore Registred Car?
Does he own a Singagore Registered Cat? Ovas No. Dever Vehicle No. Dever Thsurer Company Declaration Resating ² Any injuny ² Oves No. Dever Thsurer Company Over Thsurer Company
Registered car? Driver Insurer Company Declaration Brisatnalysier or Blace Test 0 mg Any injury? O Yes @ No
Rosatnayser or Bloop Test 0 mg Any Injuny? ○ Yes (No
Reading? Only Anythyr Ones (g. red
Claim 001 Nave
Dam Type • OD-MX V Invest Name (concepts) and a appropriated
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Tomact No. (Mobile) 90051813 Contact No. (Home) Contact No. (Office) mail Address OI Vehicle Number SKH3201U TP Vehicle Number Type of Banefit * Please Select ✓ Type of Banefit * Please Select ✓ Claimant Name * ≥ Claimant NBIC *
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ortact No. (Mobile) 90051813 Contact No. (Home) Contact No. (Office) nae Address OI Vehicle Number SKH3201U TP Vehicle Number FBM2355G armant Type Claimant Type * Please Select V Type of Benefit * Please Select V armant Name * 22 Claimant NRIC *
ortact No. (Mobile) 90051813 Contact No. (Home) Contact No. (Office) nati Address OI Vehicle Number SKH3201U TP Vehicle Number FBM2155G amant Type Claimant Type * Pease Select V Type of Banefit * Pease Select V amant Name * Damant NRIC *
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