Date In: 61		NAI18 144873		92500000
Date In: 6 10 18 -18:03	Jeb description	Date &Time Completed	Don	e pi.
Rel No: Na MC 1807003 8/24	SAS e-filing	İ		
Veli No: Uhcq899R	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 1/11/18-04:00	i-Motor Claim Form	M7 1018963 -001	87118	20:01
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2h			
OD : TY FREDOTTING ONLY	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
IF insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	E-Shir-Ye.
TP Particulars: Veh No:	INC ()/Non-INC()		303 - 25
Owner / Driver: (-		Tel:)	-X3-835-
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()			
General Remarks:-		HANDE AND ALL AND	1000	
() Walk-In Customer : Customer's in				
() Total Loss Case : to e-mail Insu				
		owing Co: (-)
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Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
Apply for Transport Allowance ()	/ Courtesy Car ()	775.00		age of the contract
2) QC Check / Post Repair Inspection	()	* 7		
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost >	() \$3000] ()			
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Algorable Actions Algorable Aimant's Particulars:-	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80);	Ant (5)	Amt (3
Algoral Sarticulars:- iver/Owner:	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); ce \$40 brough Survey brough Survey (Resurvey)	Ant (5) fst Bill (0) 1/\$45 \$120 \$30	Amt (3
Alko 296 aimant's Particulars:- iver/Owner:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey hrough Survey (Resurvey) gainst JNC Only (wef 10 Jan 2005	Ant (5) fst Bill (0) 1/\$45 \$120 \$30	Amt (3
Alko 296 aimant's Particulars:- iver/Owner: ntact No:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey hrough Survey (Resurvey) roigst INC Only (wef 10 Jan 2005 tion SMRT Survey	Amit (\$) fst Bill 100) 1/\$45 \$120 \$30	Amt (3
Algo 296 aimant's Particulars:- iver/Owner: ntact No: rmaged Portion:	Invoice Pro 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 hrough Survey hrough Survey (Resurvey) roigst INC Only (wef 10 Jan 2005 tion SMRT Survey	Ant (5) fst Bill (0) 1/\$45 \$120 \$30) \$75	Amt (3
Algo 296 almant's Particulars:- iver/Owner: maged Portion:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey brough Survey (Resurvey) rainst INC Only (wef 10 Jan 2005) fion SMRT Survey hal Services.	Ant (5) fst Bill (0) 1/\$45 \$120 \$30) \$75	Amt (3
Algo 296 almant's Particulars:- iver/Owner: maged Portion:	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co	Daration Checklist Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40 brough Survey rough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 tion SMRT Survey hal Services:- Cer / Tpt Allowance	Ant (5) fst Bill (0) //\$45 \$120 \$30) \$75 \$160	€ Amt (3
3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions	Invoice Pro 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair Co	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40	Ant (\$) fix Bill 10) 7545 530 \$75 \$160 \$516 \$55 \$510 \$25	Amt (3)
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Alko 206 mimant's Particulars:- iver/Owner: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40	Ant (5) fst Bill 10) 1/545 \$120 \$30) \$75 \$160 \$55 \$10 \$25 \$35 \$20	€ Amt (3
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Also 296 alimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pro 1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming a 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Repair	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$8 ee \$40	And (5) fix Bill 10) 530 530 530 531 5160 55 510 525 53 520 30	Amt (3)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.
- 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.

ACCIDENT STATEMENT

工业以及各种企业的工作及提出的工作	ACCIDENT STATEMENT
Date Of Report	08/11/2018 18:03
Date Of Accident	01/11/2018 04:00
Exact Location Of Accident	YISHUN AVE 2 TWDS YISHUN AVE 7
Country/State of Loss	SINGAPORE
The second of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC9899R
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	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	TAN HOCK LYE
NRIC No	S1261260E
Date Of Birth	08/06/1957
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90922056
Fax Number	
Contact Number	OFFICE-90922056
EMail Address	NOTATE

NOEMAIL

Address BLK 744 WOODLANDS CIRCLE

#08-762

Postcode 730744

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTI

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLIDED INTO BICYCLIST

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 1

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.

Number of Passengers (Including Driver)

Passenger 1

NO

2

NAME: :

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

Police Station Address ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20181101/2027.

Attachment(s)

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

Was there any audio recorded?

NO

IMPORTANT NOTICE

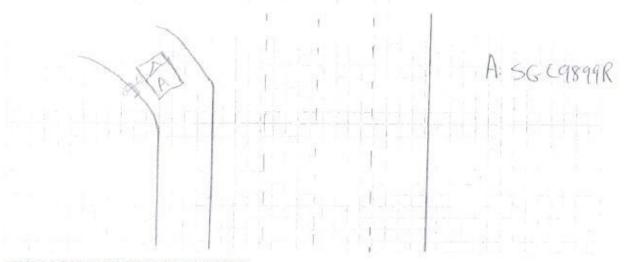
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material 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, 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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Rdu regard 7/20181101/2027	
	-

DECLARATION

regiong particulars are true in every respect. I/We declare the for

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.:

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.

KEN STEEL STEEL STEEL STEEL	ACCIDENT DETAILS	STATE OF THE PARTY.
Date of accident	ortatis	(DD/MM/YY)
Time of accident	0400	(HH:MM)
Exact location of accident	Yishun Ave 2 towards Yishun Ave 7	

	DETAILS OF VEHICLE
Vehicle registration number	S6 C 9899R
Vehicle make and model	Noson Sylphy
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No of if no, please select: Third part claim D Reporting only of

	INSURANCE IN	FORMATION	
Insurance company	N	TUL	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

	INSURED / POLICY HOLDER	STATE OF THE PARTY	FEN ZOUS
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	Ton Hock lye Male & Female 0
NRIC / Fin / Passport number	51261260 €
Contact	90922056
Address	BIE 744 Woodlings (Tich 408-762 5(730744)
Email address	
Date of birth	08/06/1957
Occupation	Indoor D Outdoor D
Driving date pass	(8 FP) 1 PO) 81

	GENERAL I	NFORWATIO	ON OF T	HE ACCIDE	The second second second second
Was driver an employee of	Yes 🗆	No 🗆			TOTAL CONTRACTOR OF THE PARTY O
the insured's company?		ationship of	the driv	er and insu	red: HILL
Accident captured by camera?		Noø			
Weather condition	Clear @	Raining	0 (Others:	
Road surface	Dry 🗈	Wet a			
No of passenger		2			(Inclusive of da
		DACCEN	OFD 4	S THE PARTY OF	
Name	A SECTION AND ADDRESS OF THE PARTY OF THE PA	PASSEN	GER 1	Trouble to	
Gender	Male 🗆	Female	0		
The state of the s	PETERS	PASSEN	GER 2		
Name					
Gender	Male 🗆	Female	П		
		PASSEN	GER 3	NO CANON	
Name	(production of the state of the	T TABLE ()	CI-IV-		
Gender	Male 🗆	Female (П		
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		PASSEN	GER 4		
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Name		I I A S P I I I I	ill to	E LEE LEE LEE	
Gender	Male 🗆	Female =)		
		THER INFOR	MATION	1	
Vas anybody injured?	Yes 🗆	No D			
Nas other vehicle damaged?	Yes 🗆	No Ø			
	Dian.	ATLS OF POL	(olt-Avent)	DM	
eported to police?	Yes 🗆				hich police station.
olice station name		T. T	FAH -	N.P.C	mor ponce station,
	3100		A I		
		WITNES	\$ 1		
lame					
		V//Dealigher		119 19 16 16 16	
ame	No con Mines	WITNESS	12	Service of	

PRINCE DE LA COMPANION	THIRD PARTY VEHICLE 1
Vehicle registration number	E-Scooter
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
HACLIAND BUSINESS	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	
ul.	
	THIRD PARTY VEHICLE 6
/ehicle registration number	THIND PARTY VEHICLES
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JRIC / Fin / Passport number	
Contact	
	THE BARY VEHICLE
shiele vegletusti	THIRD PARTY VEHICLE 7
ehicle registration number	
ehicle make model	
ame	
RIC / Fin / Passnort number	

Contact

	and the same of the	INJURED PERSON 1
Name	COLUMN TO SERVICE SERV	IN ORED FERSON 1
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to	Yes	No D
hospital by ambulance?	Testi	NO EL
	THE REAL PROPERTY.	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No ci
	BORES	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No п
	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes□	No o
hospital by ambulance?	11.300.00.	3.5.4
MENERAL SERVICE		INJURED PERSON 5
Name		
njuries sustained		
Which vehicle person in?	3.00.00	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
nospital by ambulance?	A PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL	
	A 100 SE	INJURED PERSON 6
lame		
njuries sustained		
Which vehicle person in?		
Vere seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Ves	No E

hospital by ambulance?





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

No. of Pedestrians Injured: NIL

1 of 3 Report No. T/20181101/2027

01/11/20	e Report I 18 08:03	Wade;	Vide R	eport No.:	125 m - 2 m		S	itation Diary No.: 4
(Contract	ris Partic	there come a second	150 AL25	BANK.	Service College			entre de la compres. Persona de la compres.
Name of TAN HOC	Informant CK LYE		Addres APT BI 730744	LK 744 WC	ODLANDS	CIRCLE #	¥08-76	32 SINGAPORE
ID Type / NRIC NO		160E	Contac Home/	î No.:		Mobile:	9092	2056
Nationality SINGAPO		ZEN	Email:					
Sex: Male	Age: 61	Date of Birth: 08/06/1957	Type of Driver	f Informant	13			
Race: Chinese			Langua			Instituti	on / S	chool Name:
Occupation			Driving Class:		formation:	ation: Date of Expiry:		v:
Type of Accident:	P	Non-Injury Pedestrian / Cyclist		Drink Drive: No	Date/Tim Accident 01/11/20			Type of Location Bend
Location					101/11/1/40	10.04.00		
Along Ros YISHUN A	AVENUE :		ichun Au	venue 7		10 04,00		
Along Roa YISHUN A Yishun Av Weather:	AVENUE :	2 rning left towards Y		renue 7 Surface:	TOTOTIAN	10 04.00	Road	Speed Limit:
Along Roa YISHUN A Yishun Av Weather: Clear Traffic Flo	VENUE :		Road S Dry Traffic					Speed Limit:
Along Roa YISHUN A Yishun Av Weather: Clear Traffic Flo Two Way Type of Co	enue 2 tu w:		Road S Dry Traffic	Surface: Control:			Traffic	
Weather: Clear Traffic Flo Two Way Type of Co	enue 2 tu w: ollision: chicle Aga	rning left towards Y	Road S Dry Traffic Pedest	Surface: Control:			Traffid Anyor ambu No	c Volume:

Any Pedestrian Involved: No

Use of Pedestrian Crossing: NA





7101101/2021

Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

2 of 3 Report No. T/20181101/2027

LEASE								
Name	TAN HOCK LYE			ID No.		S1261260E		
Related Vehicle	SGC9899R (Car)			Conta	ct No.	90922056		
Hospital/Clinic	MIL	A HATTAIN OF		Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	Date Discharge NIL				
No. of Days gran	ted Medical Leave	NIL	Degree of	Degree of Injury		NIL		

Brief Details.

On 01/11/2018 at about 0400hrs, I was driving my grab vehicle bearing SGC9899R along Yishun Avenue 2. I stopped at a Pedestrian crossing when I was turning into Yishun Avenue 7. All of a sudden, a Malay male in his 30s in his electric scooter knocked onto my right tire. I came out to make a check on him. There was no visible injury on him.

There was no damage on my Grab vehicle as well as his electric scooter. We did not exchange our personal particular however I did provide him my contact details. He claim that his scooter is damaged and will proceed down to service it and then claim the repair fees from me.

No one was damaged. No government property damaged. No traffic police or ambulance was at seen. This is the first time such incident happened to me. There is an in-car camera in my Grab Vehicle.





3 of 3

Report No. T/20181101/2027

Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 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 / Sgt 1 TOH CHAI TEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/11/2018 08:03
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact-No.: 65476204	Classification Of Case:
Authentication Stamp Nei68 Signature: Signature: Constant Police Force	



INERVITY CARD NO. \$1261260E





TAN HOCK LYE

陳 福

CHINESE

- 14

81261250E

5880041

08-06-1957 County wPlace of hinth SINGAPORE

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

PASS DATE

Class 3

NP 426A

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

thate of lance 27-02-2018

APT BLK 744 WOODLANDS CIRCLE 408-762 SINGAPORE 730744



Policy No.	5068994860-03	Policyholder Name	CONNECT		Policyholder NRIC	201411459	М	
Certificate								
ddress	53 UBI AVENUE 1 #01-23 PAY	A UBI INDUSTR	IAL PARK S	SINGAPORE 408934				
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N		
olicy ssue late	23/11/2017	Effective 04/12/20 Date			Expiry Date	03/12/2018 23:59		
xcess		All Claims Excess						
hird arty xcess	1000.00	Own damage Excess	1000.00		Windscreen Excess	100,00		
Additional excess	0	OS Premium	0					
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	1000.00			You	ng/Inexperience Driver Excess	
Ngent	CHRISTIN SOONG	Agent Tel.	65471154	4	GST Flag	Υ		
Co- Insurance Flag Open Policy Info Certificate Info	No							
Policy	holder Mailing Address							
ddress 1	53 UBI AVENUE 1	Addre	ess 2	#01-23 PAYA UBI IN	DUSTRIAL I	Address 3	SINGAPORE 408934	
ddress 4		Addre	ess Type	Singapore address		Post Code	408934	
Init No.	01-23	Relati	ed Policy per	5087771369-01				
) Insure	d Object: SGC9899R							
□ Endors	sements							
Sequer	nce Date of Endorsement	Endorseme	nt Type	Endorsement Number	Endorser	nent Status	Endorsement Content	
1	04/12/2017 00:00	Basic Information Endorsement		000001286715172	Endorseme Effective	ent Take	internal endt - vehicle usage chang from Rental vehicle (less than 12 mths) to Private Hire (Self Drive of 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 Informa 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 favour of "NTUC Income" with your name and policy number indicated	

laim Handling									
cident MT/1018963									
olicy No.	5068994860-03			Vehicle No.	SGC9899R		GST Registration No	Ų.	
ertificate No.									
olicyholder Name	CONNECTAÇÃO PTE	LTD.					Policyholder NRIC		201411459M
oduct Code	PLEET INSURANCE			Cover Type	drive PREMOUM		Loading		0
WEACT NO. (Mobile)	0			Contact No.(Office)	0		Contact No.(Home)		0
na é Address	12.750.2500			Special Remark	V.M. Company		eCode		N. V
*	® No ○ Yes			TCA	® No ○Yes		eCode Reason		
D Protection	No			NCD Entitlement(%)	0		Private Hire		Yes
Accident Details									
port Date	08/11/2018 19:59			Academ Report Within 24 hrs	Yes		Accident Type		Collided into Cyclist
ce of Acodent	01/11/2018			Time of Accident hhomm	04:00		Country of Accident		Singapore
porting Centre				Grange Force			ICM No.		
cident Location	VISHON AVE 2 TWD:	S YISHUN A	VE 7						
Excess									
m damage Excess		1,000.00		Additional Excess	ò		Windscreen Excess		100.00
named Orver Excess				Outside Singapore OD Excess	1,000.00				
erd Party Excess		1,000.00		Outside Singapore TP Excess	1,000.00				
Benefits									
GST Registered Informa	ation								
T Registered	No				GST Registration Date				
T Registration No.					GST Status Venfied		Yes		
diffication History									
Policyholder Mailing Ad				50070101			0000000		V. 12 (V.
dvess 1	53 NSI WYENUE 1			Address 2	#DI-23 PAYA UBI INDUSTRIAL I		Address 3		SINGAPORE 408934
Dress 4				Address Type	Singapore address		Post Code		408934
it No.	01-23			Related Policy Number	5087771369-01				
OI Driver Info									
ver Name	Unnamed Driver			Oriver Type	Unnamed Driver				
named driver Name	TAN HOCK LYE			Driver NRIC	51261260E		Driver DOB		08/06/1957
gister Date of Driver License	18/09/1978			Onver Age	61		Driving Expenence		40
mact No (Mobile)	90922056			Contact No. (Office)	0		Contact No.(Home)		G.
dress 3	BLK 764			Address 2	WOODLANDS CIRCLE		Address 3		SINGAPORE 730744
dress 4				Address Type	Singapore address		Post Code		730744
et No.	06-762								
nes he own a Singapore. Ligistered car?	○ Yes ④ No			Driver Vehicle No.			Driver Insurer Comp	party	
claration									
nathalyser or Blood Test rading?	0 mg			Any injury?	○ Yes ® No				
optication History									
100									
Claim 001 New									
iim Type *	DO-MX	¥		Insured Name	CONNECT4CAR PTE. LTD.		Insured NRIC		201411459M
intact No.(Mobile)	96600860		1	Contact No.(Home)	NIL		Contact No. (Office)		+
nail Address			13	Of Venicle Number	SGC9899R		TP Vehicle Number		
imant Type Claimant Type *	Mease Select	v		Type of Benefit *	Please Select 💟				
umant Name *	2		22	Claimant NRIC *					
imant Address			Trans.						
im Description	5GC9899R ON 1 No	v 2018					Name of Preferred	Workshop	
ferred Workshop Contact			1	Insured Liability *	Fully at Fault				
quire Finalisation	Yes	V		Preferend Repair Option	Preferred Workshop, Name unknown	V	GIA report		Received .
	Contract or contra	-	6		reserved morkandy, rearne unknown	-	Date Received		08/11/2018 00:00
te Registered	08/11/2018 20:01			Claim Oxise Date			Date necessed		
port Taken By	Jackson		1						
Print AK letter									
					Save Submit				
Attachment					Account of the Control of the Contro				
2									
cident No.	MT/1018963			Claim No.	001				
et Doc. Received	® Yes ○ No			Upload Date	08/11/2018 20:02				
		Pach •		Salar Sancahi	Category *		Confidential	Urgen	cy + Description *
		- 4611 /5		Browse	A second control of	v		Normal	v Description
				1-11000		1000		Normal	<u> </u>
				Browse					1,000
				Browse		~		Normal	9
				Browse	Clear Please Select	v	HD. V	Normal	v

