NATIONAL Assessment Centr	e Services   well 133	1,021 WHY 1181A82	71	Dave	by
Date In: 16/11/18-14:54	Jeb description	Date &Ti	me Completed	Done	o)
Ref No: NA [INC 180 208 21/24	SAS e-filing	İ			
Veli No: 4KV3/som	E-mail (within Shrs, Ald	2 2hrs)			•
D.O.A: 17 11/18 - 23:20	i-Motor Claim For	m   M1102	100-5110	16/11/18 18	X
	i-Motor W/O (Within	a: OD 2hrs, TP 4hrs)			
OD . TP Peporting Only	i-Photo Uploaded				
6384	Assessment/Survey R	teport			
TP Insurer:	Ass't Report by Fax	Hand to Owner/W	/ksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	9	Fax:	)
TP Particulars: Veh No: Jup	31140	INC( , )/Non	-INC( ).		
Owner / Driver: (		Tel:		)	
Policy No: ( ) Po	eriod: (	) Cover Ty	/pe: (	)	
Confirmed by : (	Dat	577	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21	-79%. F: 80-	100%]	
		40( )		255-11WW-2-100-8	
Excess: (\$ ) Loading: \$1,	000()/\$2,000()				
CONTROL OF THE PROPERTY OF THE	With Market And Inches and Add the Control of the C			San Control of the Co	
( ) Walk-In Customer: Customer's infe	ormation strictly Confident	tial & Strictly NO r	efer of repairer		
( ) Total Loss Case : to e-mail Insur	rer URGENTLY.				
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( ) / NO (	); Towing Co	( 1		
Remarks;- (INC hotline: 6788 6616)		Date&Ti	ms Completed	Done	by
1) Apply for Transport Allowance ( )/					
2) QC Check / Post Repair Inspection	( )		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
3) Upload Resurvey Photo [Repair Cost > \$			-		
Injury:		•	NEW TOTAL	e er system i New	
Date/Time Actions	# 450 Ex 10 Line			NEED SCHOOL	
				-	
	1805			Anit (S)	Amt (1)
NAROTTO	12 SA	oice Preparation	7 85 38 CHO NORTH Z 5 2 1	fa Bill	Add Bill
laimant's Particulars :-	1) AR 2) DA	: Accident Reporting : Damage Assessment	(\$30); (\$100); INC	(\$80)	
	3) TF	: Towing Fee		\$40/\$45	
Driver/Owner:	SIFT	: Follow-Through Surve	y (Resurvey)	\$30	
Contact No:	For	claiming against INC C	nly (wef 10 Jan 20	\$75	
amaged Portion:	7) N1	: Re-inspection : Idao DA + SMRT Sur	vey	\$160	
	ž ŝ) NT	UC Additional Services			
C Checked by (Engr-In-Charge):	<u>OJ</u>	5: Courtesy Car / Tpt Al	lowanse	\$5	
	•N	6: Repair Co-ordination 7: Post Repair Inspectio		\$10 \$25	
Auditors! Comments :-	*N	8: DV / Collect Excess (	Coordination	\$5 \$20	-
at. 1:	9) N1	(N11) : TP (Non INC) 2: Idac Mobile		30	
at. 2/3:	1	ce dated	Fee Charge Fee Charge	BOMESON SECTION	
NAME OF STREET	Invoi	ce dated		5500 SAVOTABLE DE	MODEL STORY

- 1 post 44 1 120

#### 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 <u>truthful and accurate</u> 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.

- 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.

THE SECOND SAME AS A SE	ACCIDENT STATEMENT
Date Of Report	16/11/2018 14:54
Date Of Accident	15/11/2018 23:20
Exact Location Of Accident	JUNC PASIR RIS DR 8 & PASIR RIS DR 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV3400M
Insured/Policyholder	
Name Of Registered Owner	CHEAH CHANG CHIEW
NRIC No	S6928994J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92789962
Alternative Phone No	OFFICE-92789962
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083812001-02
Cover Note Number	
Driver	
Name of Driver	LUM PHUAY LENG (LIN PEILING)
NRIC No	S7204900D
Date Of Birth	25/01/1972
Occupation	INDOOR
Date Of Driving Pass	10/04/2001
Driving Experience	17 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98774802
Fax Number	
Contact Number	OFFICE-98774802

NOEMAIL

BLK 460 PASIR RIS DRIVE 4 Address

#09-261 510460

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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? YES

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 4

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : FEMALE

Passenger 2

NAME: : EUGENIA LUM

: VERA NEO

GENDER: : FEMALE

Passenger 3

NAME: : LOVELLE TAN GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20181116/7003.

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

SHD3114U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

KIONG IT LEONG

NRIC/Passport Number

S0841384C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

8

GENDER:

## **DETAILS OF INJURED PERSON 1**

Name

LUM PHUAY LENG (LIN PEILING)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKV3400M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name

VERA NEO

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKV3400M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

# **DETAILS OF INJURED PERSON 3**

Name

LOVELLE TAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKV3400M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

nuuruss

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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

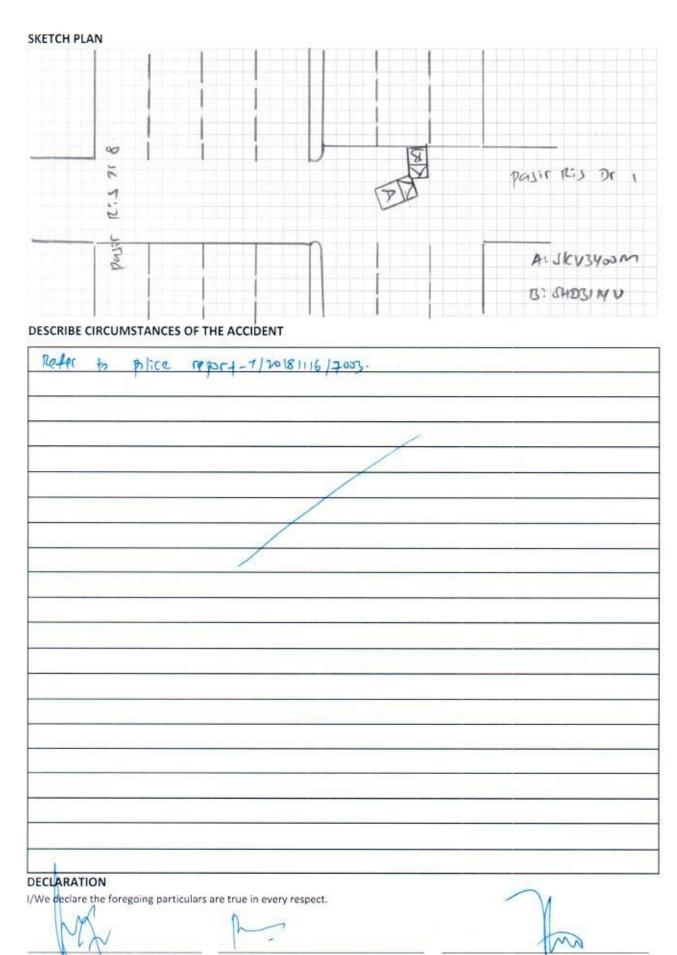
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Policyholder's Signature Date & Time:

iture Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





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

1 of 3 Report No. T/20181116/7003

# REPORT OF A TRAFFIC ACCIDENT

Date/Time 16/11/201	e Report N 18 03:25	Made:	Vide Report No.: G/20181115/0212	Station Diary No.:	
Informan	t's Partic	ulars			
	Informant: JAY LENG		Address: APT BLK 460 PASIR RIS DF 510460	RIVE 4 #09-261 SINGAPORE	
ID Type / NRIC NO	ID No.: / S72049	00D	Contact No.: Home/Office:	Mobile: 98774802	
Nationalit SINGAPO	y: DRE CITIZ	EN	Email: phuayleng@gmail.com		
Sex: Female	Age: 46	Date of Birth: 25/01/1972	Type of Informant:		
Race: Chinese	,0		Language: English	Institution / School Name:	
	esource co g executiv		Driving Licence Information: Class: 3	Date of Expiry:	

	Injuny	Drink	Date/Time of	Tune of Legation
Type of Accident:	Attended by Police	Drive: No	Accident: 15/11/2018 23:20	Type of Location X-Junction
Location:		1110	10/11/2010 20.20	
PASIR RIS D	RIVE 8			
		Road Surface: Dry		Road Speed Limit: 50 Km/h
Weather: Clear Traffic Flow: Two Way		1000000	rking	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKV3400M	Car		1			0

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





8233

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181116/7003

#### CONTINUATION OF REPORT

Driver		(FEILLIS)	AUGUST STREET			
Name	LUM PHUAY LENG	9	ID No.		S7204900D	
Related Vehicle	SKV3400M (Car)		Conta	ct No.	98774802	
Hospital/Clinic	CHANGI GENERAL HOSPITAL				of g ce & / Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		Sligh	t

# Brief Details.

- Dash camera's memory card was collected by police.
- Accident happened at the main X-junction nearby Whitesands Mall.
- Was travelling along Pasir Ris Dr 8, turning into Pasir Ris Dr 1 when the collision happened.
- The traffic light was amber for vehicles going straight.
- Approaching vehicle was travelling along the up-slope in the opposite traffic (going straight in opposing direction).
- As I was about to move off, the taxi collided with the front of my vehicle.





See All Control of the Control of th

Report No. T/20181116/7003

3 of 3

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

## CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2018 03:25
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7204900D





LUM PHUAY LENG (LIN PEILING) 林佩珍

CHINESE

25-01-1972 F

SINGAPORE



1497729



S7204900D

08-12-1993

APT BLK 460 PASIR RIS DRIVE 4 #09-261

SINGAPORE 510460

NRIC No: \$7204900D

Date: 22/08/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Motor Cars and Motor Tractors the weight of which unleden does not exceed 2500 kilograms

NP 428A

eBaoTech				- Stant		112000			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		1102		of Secretary Inches	+ Chang	e Language	· Chang	e Password	• Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		15/11/2018 2	3:20	
	Vehicle No.(For Motor)	SKV34	00M		Cert	ificate Number	. [			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5083812001- 02		CHEAH CHANG CHIEW	S6928994)	GPC	drivo CLASSIC	5KV3400M	SKV3400M	14/09/2018	13/09/2019
					Continue					

Policy No.	5083812001-02	Policyholder Name	CHEAH CH	HANG CHIEW	Policyholder NRIC	56928994)	
Certificate No.		evanue:			MATC		
Address	BLK 460 #09-261 PASIR RIS DI	RIVE 4 SINGAR	ORE 51046	60			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	10/09/2018	Effective Date	14/09/201	18 00:00	Expiry Date	13/09/2019 2	23:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETING	Agent Tel.			GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 460 #09-261	Addre	ess 2	PASIR RIS DRIV	/E 4	Address 3	SINGAPORE 510460
Address 4		Addre	ess Type	Singapore addre	ess	Post Code	510460
		Relat Numb	ed Policy per	5083812001-02	1		
Unit No.	THE R. P. LEWIS CO.						
30,000	ed Object: SKV3400M						
Unit No.  ☐ Insure ☐ Endors	CONTRACTOR OF THE CONTRACTOR O						

ocident MT/1020127					
				25 Y 32 - 10 III - 10	
Policy No.	5083812001-02	Vehicle No.	SKV3400M	GST Registration No.	
Certificate No.					
folicyholder Name	CHEAH CHANG CHIEW			Policyhalder NR3C	56928994)
Iroduct Code	MIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	.0
Cornact No. (Mobile)	92789963	Contact No. (Office)	D	Contact No. (Home)	0
maii Address		Special Remark	0.0	eCode	₩ 🗸
FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No.
Accident Details					
eport Date	16/11/2018 18:23	Accident Report Within 24 hrs		Accident Type	Collision - Cross Junction
ate of Accident	15/11/2018	Time of Accident hh:mm	23:20	Country of Accident	Singapore
sporting Centre		Orange Force		ICM No.	
codent Location	JUNC PASIR RIS OR 8 & PASIR	KIS DR 1			
F Excuse					
nn damage Excusa	600,00	Additional Excess	0	Windscreen Excess	100.00
shamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
IND Party Excess	0.00	Outside Singapore TP Excess.	0.00		
# Benefits					
GST Registered Informa					
T Registered	No		GST Registration Date GST Status Verified	400	
iT Registration No. Johnston History			GS 1 Status Ventied	Yes	
ranjaassi raassi					
Policyholder Mailing Ad	dress				
odress 1	BLK 460 #09-261	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510460
dress 4		Address Type	Singapore address	Post Code	510460
NE No.		Related Policy Number	5083812001-02		:::50003f
OI Driver Info		A CONTRACT OF STREET	- Andrews We		
over Name	LUM PHUAY LENG	Driver Type	Named Driver		
named driver Name		Oriver NAIC	572049000	Driver DOS	25/01/1972
gister Date of Driver License	10/04/2001	Driver Age	46	Driving Experience	17
ritact No. (Mobile)	96774802	Contact No. (Office)	a	Contact No.(Home)	0
dress 1	800 465	Address 2	PASIR RIS DRIVE 4	Address 3	SINGAPORE 510460
dress 4	METOUR .	Address Type	Singapore address	Post Code	510460
nit No.	09-261	St a Reserved	Control of the Contro		
oes he own a Singagore	○ Yes  No	W0000000000000000000000000000000000000		F21035900000000000000000000000000000000000	
gistered car?	U Yes ® No	Driver Vehicle No.		Driver Insurer Company	
ciaration					
reathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
rading?		and add to			
odification History					
Claim 001 New					
Claim 001 New					
em Typs +	ор-ик 💌	Insured Name	CHEAH CHANG CHIEW	Insured NRIC	569269941
um Typs: + rract No.(Mobile)	ОD-ИХ У 92364802	Contact No. (Home)	67556331	Insured NRIC Contact No.(Office)	
em Type + nsact No.(Mobile) nei Address	92364802 changchier=@gmail.com	Contact No.(Name) Of Vehicle Number	67556331 SKV3400M		569289943 SHD3114U
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em Type + react No. (Mobile) all Appress all Appress amant Type Claimant Type + amant Name + amant Address am Description ferred Workship Contact gave Finalisation te Registered	92364802 changchiew@gmail.com Please Select  SKV3400M / SH03114U ON 55	Curtact No. (Home) OI Verticle Number Type of Benefit *  ≥≥ Claimant NRIC *  Nov 2018  Insured Liability *  Preferenced Repair Option	67554331 SKV3400M  Flease Select	Contact No. (Office) TP Vishicle Number  Name of Preferred Worksho  GIA report	CHD3134U
em Type + mact No. (Mobile) will Appress what Type Claimant Type • what Type Claimant Type • what Address will description whered Workship Contact toure Finalisation te Registered port Taken By	92364802 changchiew@gmail.com  Please Select  SKV3400M / SH03114U ON 15  Yes  16/11/2018 18:25	Curtact No. (Home) OI Verticle Number Type of Benefit *  ≥≥ Claimant NRIC *  Nov 2018  Insured Liability *  Preferenced Repair Option	67554331 SKV3400M  Flease Select	Contact No. (Office) TP Vishicle Number  Name of Preferred Worksho  GIA report	CHD3134U
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