NATIONAL Assessment Centr	Jcb description	Date & Time Completed	Dor	ie by
Rec No: NA HICKO 21951 hy	SAS e-filing			-
Veh No. 3 Luisic	E-mail (within Shrs, AIC 2hrs	. 1	i	
The same of the sa	i-Motor Claim Form	i		
D.O.A .30/11/12 -08200		M7 1022726 - 001	4/11/18 1	8:4.
OD TP / Reporting Only	i-Motor W/O (within: OD	2hrs, TP 4hrs)		
	i-Photo Uploaded			
TP insurer:	Assessment/Survey Repor			
	Ass't Report by Fax / Han	id to Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No:	INC	()/Non-INC()	*)	
Owner / Driver: (3.17	Tel:)	
	riod: () Cover Type: ()	
Confirmed by : (Date:	Time:)	101
	Note-Est. Status (WO): N: 0		100%]	
Year of Registration: () V Excess: (\$) Loading: \$1,00	Warranty: YES ()/NO ()		
	00()/\$2,000()	Start Manager Co. Co. Co.	1000 THE 182.	
General Remarks;-			100 C	
() Walk-In Customer: Customer's infor		Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insure	r URGENTLY.		3	
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date & Time Completed	Don	, ha
The state of the s	Ourtesy Car ()	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/Co	ourtesy Car ()	Dates: Firme Completed.	Done	by
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Date& Firms Completed	Done	by
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30]	()	Date& Firms Completed	Done	by
Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	()	Date& Firme Completed	Done	by
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Date& Firms Completed	Done	by .
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Date& Firme Completed	Done	by
1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Date& Firms Completed	Done	shy
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()	Date& Firme Completed	Done	by
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1) Apply for Transport Allowance ()/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	() 000] () Invoice Pr	eparation Checklist	Ani (S)	Amt (1
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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.
- 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.

建设设施设施	ACCIDENT STATEMENT	Not be a
Date Of Report	05/12/2018 15:36	
Date Of Accident	30/11/2018 08:00	
Exact Location Of Accident	JUNC ANCHORVALE LINK & ANCHORVALE DR	
Country/State of Loss	SINGAPORE	
Company of the Compan	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU131C	
Insured/Policyholder		
Name Of Registered Owner	CITY MOTOR LEASING PTE LTD	
Co Reg No	201622170W	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-94562567	
Alternative Phone No	OFFICE-94562567	
Vehicle Particulars		
Manufacturer	SEAT	
Model	TOLEDO 1.4 TDI 90 STYLE 7AT	
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?	YES	
If No, Please state action to be taken		
Vehicle Category	PRIVATE HIRE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5095915919-01	
Cover Note Number		
Driver		
Name of Driver	DERRICK JOSIAH ANG KHIEN WAN @DERRICK ARJUNA	
NRIC No	S7334328C	
Date Of Birth	27/09/1973	
Occupation	OUTDOOR	
Date Of Driving Pass	31/10/2003	
Driving Experience	15 YEARS AND 1 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-96730455	
Fax Number		
Contact Number	OFFICE-96730455	
EMail Address	NOEMAIL	

Address BLK 94 HAVELOCK ROAD

#17-571

Postcode 160094

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 COLLIDED INTO PROPERTY

Weather Conditions RAINING
Road Surface WET

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)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

NO

YES

Police Station Address ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 . COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-2180000 - FAX NO: 64814246

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - F/20181205/7014.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

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 .:

Refor to	police	14 POFT - F120181205/704.	
		/	

DECLARATION

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

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.:

ACCIDENT STATEMENT

ACCII	DENT DATE: 3 / 11 / 18.	_)(DD/MM/YYYY), TIME :(0	(MM:HH)(CO: 1
LOCA	MON: Anchorvale link	X Anchorvale 2	C 2
Τ.	DETAILS OF VEHICLE a) VEHICLE NUMBER: b) INSURANCE COMPANY: c) POLICY NUMBER: d) POLICY TYPE: (COMPREHE) e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / M g) VEHICLE CATEGORY: (PRIVA h) PURPOSE OF USING AT ACC i) ARE YOU CLAIMING UNDER IF NO, PLEASE STATE (THIRD P INSURED / POLICY HOLDER A) NAME: CHY MOTO LA b) NRIC/FIN/PASSPORT:	NTS 19 - 2 1 ISIVE / THIRD PARTY / THIRD PV /VAN / LORRY / MOTOR TE / COMMERCIAL / MOTO CIDENT TIME: YOUR OWN INSURANCE (YE ARTY CLAIM / REPORTING C	PARTY FIRE &THEFT) CYCLE / OTHERS) PRCYCLE)
(Including driver)	* CONTINUE TO 3.d IF DRIVER A DRIVER DINAME: PROCIC JUSIAN DINRIC/FIN/PASSPORT: 9734 C) ADDRESS:	Ang Khien war @ Dert	
4. · · · · · · · · · · · · · · · · · · ·	*d)DATE OF BIRTH: (UTDOOR) NCE: 1 1 10 100 1. OF THE INSURED'S COMP E DRIVER WITH INSURED AR / RAINING / OTHERS VOTHERS	ANY? (YES / 10)
7. 0	WAS ANYBODY INJURED (YES)/ IPPORTED TO POLICE (YES)/ IF YES, PLEASE STATE WHICH P HIRD PARTY VEHICLE	NO) OLICE STATION:	
als of passeoger Including driver)	a) VEHICLE NUMBER: b) DRIVER'S NAME:		
() 9, TI	C) NRIC/FIN/PASSPORT: HIRD PARTY VEHICLE D) VEHICLE NUMBER:		
	DRIVER'S NAME:		

email = ang. derrick a gmail rom

VIDEO =





1 of 1

Report No. F/20181205/7014

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Date/Time Report Made 05/12/2018 11:26	Vide Report No.			Station Diary No.	
Name Of Informant DERRICK JOSIAH ANG KHIEN WAN	Address APT BLK 94 HAVELOCK ROAD #17-571 SINGAF				
ID Type / ID No. NRIC NO / \$7334328C	Contact Home/C				
Nationality SINGAPORE CITIZEN	82186668 Email Address ang.derrick@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
Grab Driver	Male	45	27/09/1973	Chinese	
Institution/School Name	Language English				
Date/Time Of Incident 30/11/2018 08:00 - 30/11/2018 08:05	Location Of Incident ANCHORVALE DRIVE				
Date Calabatta		- Constitution of the Constitution	17247-19		

Brief details.

I was traveling from tpe towards Anchorvale Drive along Anchorvale Link when my car skidded at the said junction while making a right turn. This was due to slippery road in wet weather conditions.

As a result, my car mounted the corner curb and light contacted the lamp post.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2018 11:26
Officer In-Charge Of Case:	Classification Of Case:
A. the entire the other	

Authentication Stamp



Motor cars with unladen weight =< 3000kg with =< 7 31 Oct 2003 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS EFFECTIVE DATE

Class 3

NP 428A

EXCEPT THE POLLOWING: THIS PASSPORT IS VALUE FOR ALL COUNTRIES

BEPUBLIC OF SINGAPORE

PASSPORT

: :::

Type Causing Code Passport No.

DERRICK JOSIAH ANG KHIEN WAN

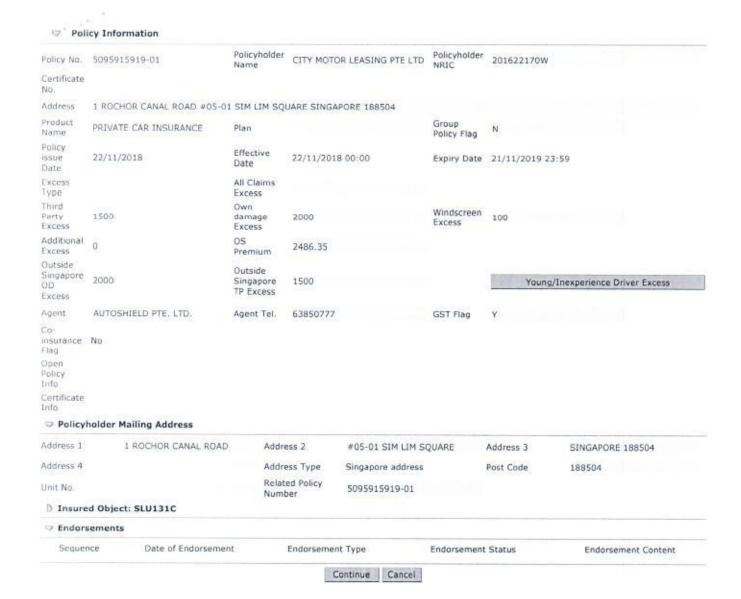
SINGAPORE 57 SEP 1973 M SINGAPORE CITIZEN

MINISTRY OF HOME AFFAIRS 19 OCT 2022

373343280 SEE PAGE 2 07 FEB 2017

E6528160L3SGP7309274M221019357334328C<<<<66 PASGPANG<<DERRICK<10SIAH<KHIEN<WAN<<<<<<<

eBaoTech										CHARLES CONTRACTOR	alClaim
							· Change	Language	· Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy No.				Date of Accident		1	30/11/2018 08:00			
	Vehicle	No.(For Motor)	SLU13	1C		Certifi	cate Number	[
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095915919- 01		CITY MOTOR LEASING PTE LTD	201622170W	GPC	drivo PREMIUM	SLU131C		22/11/2018	21/11/2019



Claim Handling The premum on this policy has Accident MT/1022726	not been collected.				·Ex
Policy No.	5095915919-01	Vehicle No.	SLU131C	GST Registration No.	
Certificate No.		254520042000	2004110	GST Registration No.	
Policyholder Name	CITY MOTOR LEASING PTE LTD			Policyholder NRIC	201622170W
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMILIM	Loading	a
Contact No.(Mobile)	94562567	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	IN ♥
KPK	® No ⊜Yes	TCA	® No ○Yes	eCode Reason	3
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details				CALCARDANT	Acte
Recort Date	05/12/2018 18:41	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Property
Date of Accident	30/11/2018	Time of Accident hhomm	08:00	Country of Acodent	Singapore
Reporting Centre		Orange Force		ICM No.	and the same of th
Accident Location	JUNC ANCHORVALE LINK & ANCHORVALE OR	AND CONTRACT		acre rear	
→ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		ACCUSTAN
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
→ Benefits					
GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No. Modification History			GST Status Ventied	No	
Policyholder Mailing Ad	idress				
Address 1	1 NOCHOR CANAL ROAD	Appress 2	#05-01 SIM LIM SQUARE	Address 3	PROFESSOR COMMON
Address 4		Address Type	Singapore address		SINGAPORE 188504
Unit No.		Related Policy Number	5095915919-01	Post Code	188504
♥ OI Driver Info		Constant a facility settlement	2032912919-01		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	DERRICK JOSIAH AND WHIEN W.	Driver NRIC	S7334328C	Driver DOS	27/09/1973
Register Date of Onver License	31/10/2003	Driver Age	45	Driving Experience	15
Contact No.(Mobile)	96730455	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 94	Address 2	HAVELDOK ROAD	Address 3	HAVELOCK HEIGHTS
Address 4	SONGAPORE 160094	Address Type	Singapore address	Post Code	160094
Unit No.	17-571				
Does he own a Singapore Registered carr	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History Claim 001 New					
Claim Type +	ар-мр	Insured Name	CITY MOTOR LEASING PTE LTD	Insured NRIC	201622170W
Contact No.(Mobile)		Contact No.(Home)	MIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SUU131C	TP Vehicle Number	
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select	MANAGER WEEKS	
Claimant Name *	22	Claimant NRIC *			
Claimant Address					
Claim Description	SLU131C ON 30 Nov 2018			Name of Preferred Workshop	SEAT CENTRE SINGAPORE
Professed Workshop Contact No.	67423393	Insured Liability +	Fully at Fault	8	434 No. of the Control of the Contro
Require Finalisation	Yes 💟	Preferered Repair Option	Preferred Workshop (refer below)	GIA report	Received
Date Registered	05/12/2018 18:45	Claim Close Date		Date Received	05/12/2018 00:00
Report Taken By	dackson			ALLEGE CONTROL	and the second
55 Print AK letter				OD Excess Collected by Workshop	
Attachment			Save Submit		
	0200000				
Accident No.	MT/1022726	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	05/12/2018 18:47		
	Path +		Category •	Confidential Urgeno	y * Description *
		Browse	Clear Please Select V	Normal V	V
		Browse	Dear Please Select	Normal V Normal	
	118 118	Browse	Clear Please Select	Die M Romai	TOT

