Date In: 14 14 18-15:54	Jeb description	Date &Time Completed	Den	e by
Ref No: I	SAS e-filing			
Res No: Na) INC 180 22 188/24	E-mail (within Shrs, AIC 2hrs)	1		The state of the s
Veh No: Sug Y6X	i-Motor Claim Form	1 1 1 1 1 1 1 1 1 1	*1 12	
סטב גר וולאולוו: A.O.D		W1 1053 622 - 001	12/12/18	4:44
OD OTP ! Reporting Only	I-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	i .		
	Ass't Report by Fax / Hand			-
Preferred Wksp / INC Assign Wksp / QW: (			Fax:	
TP Particulars: Veh No: MA	A5 6 60. INC (			
Owner / Driver: (		Tel:	)	
	Period: ( )	Cover Type: (	)_	
Confirmed by : (	Date:	Time:	)	
	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1	그렇게 하는데 하는데 하는데 하는데 하는데 하는데 나를 하는데			
General Remarks:-		Made Dibigliotecher (c. g	1.04	
( ) Walk-In Customer: Customer's in	formation strictly Confidential & S	trictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu	irer URGENTLY.	No. of the second		
Drive-In ( )/Towed-In ( ); Invoi	ce: YES( ) / NO( );7	Fowing Co: (		
			712 K98827	ZWC-W
Remarks:- (INC hotline: 6788 6616)	A hour print the data was noticed by the property of the party of the	Date& Timb Completed	Don	by
The state of the s	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; 1</li> </ol>	\$3000] ( )	-		
	\$3000] ( )			
Injury:	\$3000] ( )			
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Injury: Onte/Time Actions			Ant (5)	Amt (3)
Injury:	Inveice Pre	paration Checklist	Ant (5)	200
Injury: Onte/Time Actions	Inveice Pre	Reporting (\$30);	fitBill	200
Injury: Onte/Time Actions  Algory 55  Aimant's Particulars:	Inveice Pre	t Reporting (\$30); Assessment (\$100); INC (\$8	fitBill	
Injury: Onte/Time Actions  Algogy 65  Alimant's Particulars:- iver/Owner:	Invoice Pre  1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey	64 Bill 0) 7545 5:20	
Injury: Onte/Time Actions  Algory 55  Aimant's Particulars:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey)	7ú Bill 0) /545 5120 530	
Injury: Onte/Time Actions  Algogy 65  Alimant's Particulars:- iver/Owner:	Invoice Pre  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	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) etion	66 Bill 00) 7545 5120 \$30 ) \$75	
Injury: Onte/Time Actions  Algory 65  Sumant's Particulars:	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspect 7) NI: Idae DA	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) seinst INC Only (wef 10 Jan 2005 etion + SMRT Survey	(MBill 0) /545 5:20 530	
Injury:  Oute/Time Actions  Algogy 65  Alimant's Particulars: iver/Owner: intact No: maged Portion:	Inveice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspect 7) NI: Idae DA 8) NTUC Addition	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) seainst JNC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services:-	(\$45) (\$45) \$120 \$30 ) \$75 \$160	
Injury: Onte/Time Actions  Algory 65  Sumant's Particulars:	Invoice Pre  1) AR: Accident 2) DA: Damege 3) TF: Towing F 4) FT: Follow-T 5) FT: Fellow-T For claiming a 6) TR: Re-imper 7) N1: Idae DA 8) NTUC Addition	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) seainst INC Only (wef 10 Jan 2005 ction + SMRT Survey onal Services:-	(\$45 ) \$120   \$30 ) \$75   \$160	
Injury:  Outs/Time Actions  Algogy 55  Algogy 55  Almant's Particulars:  iver/Owner:  intact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damage 3) TF: Towing H 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspect 7) N1: Idae DA 8) NTUC Addition OD: *N5: Courtesy *N6: Repair C	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey hrough Survey (Resurvey) seainst INC Only (wef 10 Jan 2005 etion + SMRT Survey onal Services:- Car / Tpt Allowance o-ordination	(\$45) (\$45) \$120 \$30 ) \$75 \$160	100
Injury:  Onte/Time Actions  Algority:  Authors Particulars:  iver/Owner:  intact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damege 3) TF: Towing II 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idae DA 3 8) NTUC Addition OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 hrough Survey (Resurvey) seinst INC Only (wef 10 Jan 2005 ction + SMRT Survey onal Services:- Car / Tpt Allowance o-ordination air Inspection lect Excess Coordination	(\$6.8 iii)  (\$7.5 4.5 51.20 53.0 5.10 5.15 5.10 5.25 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.	Ami (3)
Injury:  Outs/Time Actions  Algogy 55  Algogy 55  Almant's Particulars:  iver/Owner:  intact No:  maged Portion:  Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Accident 2) DA: Damege 3) TF: Towing II 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspet 7) N1: Idae DA 3 8) NTUC Addition OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Col	t Reporting (\$30);  Assessment (\$100); INC (\$8  Fee \$40  Frough Survey (Resurvey)  Resinst INC Only (wef 10 Jan 2005)  Cotion  + SMRT Survey  Resurvey  Resu	(\$6.8 iii)  (\$7.5 4.5 51.20 53.0 53.0 53.5 51.60 55.5 51.0 55.5 52.5 52.5 52.5 53.0 53.0 52.5 52.0 52.0 52.0 52.0 52.0 52.0 52	

#### 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.
- 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.

aforesaid.	to nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/12/2018 15:54
Date Of Accident	11/12/2018 17:00
Exact Location Of Accident	PIE (CHANGI) NEAR EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
湖南海东西 的第三人称	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA46X
Insured/Policyholder	
Name Of Registered Owner	EHB LIMOUSINE PTE LTD
Co Reg No	201536531R
Email Address	NOEMAIL
Mobile Phone No	
Email Address	

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA

Model VELLFIRE 2.5Z A-EDITION A

Exact Purpose for which vehicle was being used at

time of accident

Vehicle Category

COMMERCIAL USE

OFFICE-89999999

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY PRIVATE HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5075309111-03

Cover Note Number

Driver

Name of Driver WONG LEONG MING (HUANG LIANGMING)

 NRIC No
 \$7638770B

 Date Of Birth
 24/11/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/07/1997

Driving Experience 21 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96209667

Fax Number

Contact Number OFFICE-96209667

EMail Address NOEMAIL

Address BLK 163 SIMEI ROAD

#08-384

Postcode 520163

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 CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 5

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name THOMSON NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4529999 - FAX NO: 6 5535740

Was notice of intended Prosecution given?

If Yes, against whom?

NO: 1800-4529999 - FAX NO: 6 55357-

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181211/2141.

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 SMA5686D

Vehicle Make/Model/Colour TOYOTA PRIUS

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver OH KOK KENG
NRIC/Passport Number \$7042112G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKT6919A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## DETAILS OF INJURED PERSON 1

Name WONG LEONG MING (HUANG LIANGMING)

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLA46X
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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 Oriver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance componies to repudiate oplicy flability.
- 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 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 ladgment 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)

Lunderstand, 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 Manniary 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 neastigations relating to the claims;
  - in! 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 compaying with requirements under any regulations, laws or court orders.

Policybolder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name.

NRIC/FIN No.:

B - SMA9686D C - UNKNOWN D - UNKNOWN E - SKF6919A	OF THE ACCIDENT
	to police Report.
CLARATION  /e declaration the lipitegoing particular in the lipite	Driver's Signature  Reporting Centre Personnel's Signature

# 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.
- ġ.
- 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 misrapresentation or withholding of material facts may allow insurance companies to repudiate policy Rability.

  The issue and acceptance of this form by insurance companies is not an admission of policy Rability on the part of the insurance companies.

Any false reporting may be referred to the traffic police department for investigation.

- Allaha	ACCIDENT DETAILS	7.74 to 11 to 2.7.7	
Bate of accident	11/12/2018	(DD/MARI/YV)	18
Time of socident	5g m	(MM:NARA)	
Exact location of accident	Along Road 1 PIE towards Aimport direction	at the exit to	tuno

	PETADLS OF VENUELS
Vehicle registration number	SLA46X
Vehicle make and model	toyota velltire
Type of vehicle	Saloon D MPV D CRV D Van D Lorry D Bus D Motorcycle D Others:
Vehide category	Private D Commercial Ø Motorcycle D
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No D if no, please select: Third part claim D Reporting only D

	mosumanice in	UFCUTUNATUCHO	No. of Assessment Control
Insurance company	NTINC		
Policy number			6800
Type of policy	Comprehensive	Third party fire & theft o	TP only 🗆

Name	EHB	Limousine	Pte	149	Male 🗆	Female D
MRIC / Fin / Passport number			7			
Contact						
Address					*	

DRIVER	SAME AS INSURED ABOVE & (SKIP TO D.O.I	3)
Name .	WMM Yema Wina Males	Female
NRIC / Fin / Passport number	326387408	
Contact	96209667	THE PART OF THE PARTY OF THE PA
Address	3/10/2 163 Simei Road #08-384 SC520163)	
Email address		
Date of birth	24/11/1976	
Occupation	Indoor D Outdoor D	
Driving date pass	FPP1/F0/61	

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Vec D No ST
the insured's company?	If no, relationship of the ciriver and insured:
Accident captured by camera?	Yes O No O
Weather condition ·	Clear D Raining Others:
Road surface	Dry a Wet &
No of passenger	(Inclusive of driver
	PASSENGER 1.
Name	Wong Leang Mina
Gender	Male 2 Female 0
	PASSENGER 2
Name	Grab Passenger
Gender	Male p Female 0
<b>工程是是实现多数的原则搜索</b>	PASSENGER 3
Name	
Gender	Male D Female D
Survey of the Su	PASSENGER 4
Name	
Gender	Male   Female,  Ø
	PASSENGER 5
Name	
Gender	Male   Female
	PASSENGER 6
Name	
Gender	Male   Female
CARL TO THE SECOND	OTHER INFORMATION
Was anybody injured?	Yes P No D
Was other vehicle damaged?	Yes p No D
	DETAILS OF DOLLGE ASSIGN
Departed to11-2	DETAILS OF POLICE ACTION
Reported to police? Police station name	Yes No I If yes, please state which police station.
ronce station name	Thomson NPP
	tainsaired s
Name	WITNESS 1
Ivaille	
	Number of State of St
Nama	Witness 2
Name	

The sections	THIRD WARTY VEHICLE 1
Vehicle registration number	SMAD686D
Vehicle make model	toyota prius
Name	OH KAK KEND
NRIC / Fin / Passport number	570421129
Contact	
CHECK CONTROLLER	THIRD PARTY VEHICLE 2
Vehicle registration number	_SKI 6919A
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	$NN k \omega \omega N$
Name	
NRIC / Fin / Passport number Contact	
Contact	
	THERE IS A WARD OF COMPANY
Vehicle registration number	THIRD PARTY VIHIGLE 4
Vehicle make model	MNEMOWN
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	The state of the s
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
/ehicle registration number	
/ehicle make model	
Vame	
IRIC / Fin / Passport number	
Contact	
***************************************	
	THIRD PARTY VEHICLE 7
ehicle registration number	
ehicle make model	

	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Aller Training Court	INJURED PERSON 1
Name	wong leong mina
Injuries sustained	neck and back
Which vehicle person in?	SLA 46 X
Were seat belts worn?	Yes No a
Was injured conveyed to hospital by ambulance?	Yes D No 2

English of the medical gray	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Name	
Injuries sustained	,
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

<b>阿里尔拉尔</b> 加州	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No Ø
Was injured conveyed to hospital by ambulance?	Yes D No D





1 of 3

Report No. T/20181211/2141

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2018 20:56		Vide Report No.:	Station Diary No. 44		
Informa	nt's Partic	ulars	773- 12-0 DK W/Supt		
	f Informant: LEONG MI		Address: APT BLK 163 SIMEI R	ROAD #08-384 SINGAPORE 520163	
ID Type / ID No.: NRIC NO / S7638770B			Contact No.: Home/Office:	Mobile: 96209667	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age:	Date of Birth: 24/11/1976	Type of Informant:		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: DRIVER			Driving Licence Inform Class: 3	ation: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2018 17:00	Type of Location Straight Road	
	EXPRESSWAY	he Exit to Eunos Road Surface:		Road Speed Limit:	
Raining Wet		Wet		100000000000000000000000000000000000000	
		Traffic Control:	193	Traffic Volume: Heavy	
		Not Controlled		Heavy	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKT6919A	Car		A STATE OF THE STA			0
SLA46X	Car			Black		1
SMA5686D	Car	-				0

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





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Tel No: 1800-4529999 CONTINUATION OF REPORT

2 of 3

Report No. T/20181211/2141

Driver		A SERVER			53 52		
Name	WONG LEONG MING			ID No.		S7638770B	
Related Vehicle	SLA46X (Car)			Contact No.		96209667	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date		Class: 3 Date of Ex	piry: NIL	
Date Treatment	11/12/2018 Date Disc			arge	11/12	/2018	
No. of Days gran	ted Medical Leave	05	Degree of I		NIL	ASSESSED FOR THE PARTY.	-
Driver	<b>《沙女教教》《新教教》</b>	<b>建筑的</b>	FALL TO THE	100			1200000
Name	OH KOK KENG			ID No		S70421120	3
Related Vehicle	SMA5686D (Car)			Contact No.		NIL	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Ex	piry: NIL
Date Treatment	NIL		Date Disch	arge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of I		NIL		

#### Brief Details.

On 11/12/2018 I was driving the rented car SLA46X and was sending a passenger to the air port. At about 1700hrs, I was driving along PIE and at the Exit to Eunos, the front vehicle suddenly jammed brake as such I follow suit and managed to stop in time. However, the vehicle behind (SMA5686D) was not about o do so and collided into the rear of my car. I got out to check and noticed that a chain collision of 5 cars had taken place and my car was the first car, the last car is SKT6919A. I took a photo of the second car (SMA5686D) driver's driving license and drove off as I still need to send my passenger to the air port, when my passenger alight, I check with him and he informed that he is fine. After my passenger alighted, I proceed to seek treatment and was given 5 days of medical certificate. I suffered injury on my neck area and also my left thumb. I want to state that I did not managed to see the plate number of the third and fourth car which were involved in the chain collision.





3 of 3

Report No. T/20181211/2141

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

CONTINUATION OF REPORT

	7.2	_	
Cha	tch	P	an
Ske	LUII		an

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: E / Staff Sgt LIM BENG LEE	Signature Of Informant:
Signature Of Interpreter:  Not applicable	Date/Time: 11/12/2018 20:56
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:  SN 070
Authentication Stamp NP168	SyGNATURE

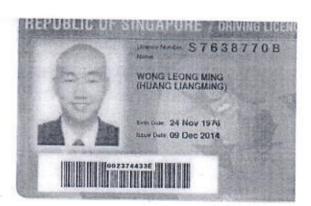
# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7638770B





WONG LEONG MING (HUANG LIANGMING)

CHINESE 24-11-1975 SINGAPORE



225849

S7638770B

0.

05-03-2001

APT BLK 163 SIMEI ROAD #08-384 SINGAPOHE 520163

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

EFFECTIVE DATE

Motor Cars < 3000kg with <7 passengers, exclusive 16 Jul 1997 of the driver; and other motor vehicles << 2500kg

NP 428A

Licence No: \$75387708

<b>eBao</b> Tech							(	GeneralC	laim		
Hello, NAC_PAYA_UBI_80	0601			The second second second	The Real Property lies and the Real Property lie	-	· Change Lan	guage	Change P		Log Out
My Desktop	Poli	cy Query									14
Notice of Loss	Policy No. Vehicle No.(For Motor)					Date of Accident 11/1		11/12/2018 17:00			
			SLA46X			Certificate Number					
					Se	sarch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5075309111- 03		EHB LIMOUSINE PTE LTD	201536531R	GFT	drivo CLASSIC	SLA46X	SLA46X	01/11/2018	
					Cor	ntinue					

Policy No.	5075309111-03	Policyholder Name	EHB LIMO	DUSINE PTE LTD	Policyholder NRIC	201536531	R
Certificate No.					MAIC		
Address	70 UBI CRESCENT #01-12 SI	NGAPORE 4085	70				
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	31/10/2018	Effective Date	01/11/20	18 00:00	Expiry Date	31/10/2019	23:59
Excess Type		All Claims Excess					
Third Party Excess	3500.00	Own damage Excess	1000.00		Windscreen Excess	0.00	
Additional Excess	0	OS Premium	36218.92				
Outside Singapore OD Excess	1000.00	Outside Singapore TP Excess	3500.00			You	ing/Inexperience Driver Excess
Agent	Marsh (Singapore) Pte Ltd	Agent Tel.	6327768	7	GST Flag	Y	
Io- nsurance Tag	No						
Open Policy Info							
Certificate							
nfo							
N. S. orozeno	nolder Mailing Address						
<ul><li>Policyl</li></ul>	nolder Mailing Address 70 UBI CRESCENT	Addre	ss 2	#01-12		Address 3	SINGAPORE 408570
Policyh	CONTRACTOR COST GROOM CONTRACT		ss 2 ss Type	#01-12 Singapore address		Address 3	SINGAPORE 408570 408570
No.	CONTRACTOR CONTRACTOR CONTRACTOR	Addre	ss Type d Policy				(SOMEONE SECTION )
Policyh Address 1 Address 4 Unit No.	70 UBI CRESCENT	Addre Relate	ss Type d Policy	Singapore address			190700000000
Policyh Address 1 Address 4 Unit No.	70 UBI CRESCENT 01-12 d Object: SLA46X	Addre Relate	ss Type d Policy	Singapore address			190700000000
Policyh ddress 1 ddress 4 Init No. D Insure	70 UBI CRESCENT 01-12 d Object: SLA46X ements	Addre Relate	ss Type d Policy er	Singapore address			(SOMEOSEDELLE)

Claim Handling The premium on this policy has	s hot been cullected.				4
Accident MT/1023655 Policy No.	5075309111-03	Vehicle No.	SLA46X	GST Registration No.	
Certificate No.					
Policyholder Name	EHB LIMOUSINE PTE LTD			Policyholder NRIC	2015365318
Product Code Contact No.(Mobile)	PLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Email Address	0.7	Contact No.(Office)	0	Contact No.(Home)	0
KFK	W. 1774	Special Remark	50.5	eCode	THE V
NCD Protection	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	
Accident Details	No	NCD Entitlement(%)	0	Private Hire	Yes
Report Date	12/12/2018 17:42	Accident Report Within 24 hrs	1630%	-0000000000	SECURIOR DE LA COMPANION DE LA
Oate of Acodem	11/12/2018			Accident Type	Chain Collision
Reporting Centre	111111111111111111111111111111111111111	Time of Accident hh:min	17:00	Country of Acadent	Singapore
Accident Location	PIE (CHANGE) NEAR EUNOS LINK EXIT	Orange Force		ICM No.	
♥ Excess	2000 2000 2000				
Own damage Excess	1,000.00	Appropriat Excess	0	Windscreen Excess	0.00
Unnamed Sover Excess		Outside Singapore CO Excess	1,000.00	WITHOUT CALCES	0.00
Third Party Excess	3,500.00	Outside Singapore TP Excess	3,500.00		
□ Benefits					
GST Registered Inform	ation				
GST Registered	No		GST Registration Date	0-1	
GST Registration No. Modification History			GST Status Venfield	No	
- Annahus (astor)					
Policyholder Mailing Ad					
Address 1	70 UBI CRESCENT	Address 2	#01-12	Address 3	SINGAPORE 408570
Address 4		Address Type	Singapore address	Post Code	408570
Unit No.	01-12	Related Policy Number	5075309111-03		
OI Driver Info	Unnamed Driver	4000000			
Unnamed dower Name	WONG LEONG MING (HUANG L)	Driver Type Driver NRIC	Unnamed Driver \$76387708	Driver DOB	92000000000
Register Date of Driver License		Driver Age	42	Driving Experience	24/11/1976
Contact No.(Mobile)	96209667	Contact No.(Office)	0	Contact No. (Home)	21
Address 1	BLK 163	Address 2	SIMEI ROAD	Address 3	SINGAPORE 520163
Address 4		Address Type	Singapore address	Post Code	520163
Unit No.	05-384				30000
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Roading?	Omg	Any injury?	® Yes ○ No		
Claim 001 New					
Claim Type *	00-их	Insured Name	DHB LIMOUSINE PTE LTD	San and Market	
Contact No.(Mobile)	86991313	Contact No.(Home)	NO.	Insured NRIC Consect No. (Office)	201536531R
Email Address	bergamin@ehblimousine.com.sg	OI vehicle Number	SLA46X	TP Vehicle Number	* SMAS6860
Claimant Type Claimant Type •	Please Select	Type of Senetic *	Please Select V		
Claimant Name *	25	Claimant NRIC *			
Claimant Address					
Claim Description	SLA46X / SMA5686D ON 11 Dec 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		110
Require Finalisation	Yes 🔍	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	12/12/2018 17:44	Claim Close Date		Date Received	12/12/2018 00:00
leport Taken By	Jackson				
A Print AX Settler			Save Submit		
Attachment					
¥					
codent No.	MT/1023655	Claim No.	001		
ast Doc Received	Yes ○ No	Upload Date	12/12/2018 17:45		
	Pach *		Category •	Confidential Urgent	by * Description *
		Browse	Clear Please Select S		▼
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