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Vch No: Swborgs	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 23/1/19-14:47	i-Motor Claim Form	100- 414 PCOI /LW	74 /1/19 1°	7.16
	i-Motor W/O (Within: OD 2h			34 - 54
OD TP! Reporting Only	i-Photo Uploaded	1		
ASSO O	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	(	Tel: F	ax:	
TP Particulars: Veh No: F	Danie INC	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	CHAIR CONTRACT
Confirmed by : (	Date:	Time:	)	
	(WO): N: 0-2	20%; P: 21-79%. F: 80-1	00%]	- Ing Air
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$	\$1,000()/\$2,000()			
General Remarks;				
( ) Walk-In Customer : Customer's	The state of the s	AND DESCRIPTION OF THE PERSON		
		ulcuy NO Isler of repolici.		
( ) Total Loss Case : to e-mail Ins		D :- Co (	<del></del>	
Drive-In ( )/ Towed-In ( ); Inve	oice: YES( )/NO( );	Towing Co: (		
Remarks: (INC hotline: 6788 6616	50	Date&Time Completed	Done	by
	) / Courtesy Car ( )		0.000000.0000-0.0000-0.000	
2) QC Check / Post Repair Inspection	( )			S-2-10
3) Upload Resurvey Photo [Repair Cost >	> \$30001 ( )			377.55
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

- 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

	ACCIDENT STATEMENT
	ACCIDENT STATEMENT
Date Of Report	24/01/2019 16:46
Date Of Accident	23/01/2019 14:45
Exact Location Of Accident	SLE TWDS WOODLANDS BEFORE UPP THOMSON RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU6029B
Insured/Policyholder	
Name Of Registered Owner	FRUITTION TEAM
Co Reg No	53159759L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96722224
Alternative Phone No	OFFICE-96722224
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS ALPHA HYBRID 1.8S CVT
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

02/02/1971

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5096462159-01

Cover Note Number

Driver

Name of Driver CHOW CHIN PAH NRIC No S0957361E Date Of Birth 03/05/1953 Occupation OUTDOOR Date Of Driving Pass

**Driving Experience** 47 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96333996

Fax Number

Contact Number OFFICE-96333996

EMail Address NOEMAIL Address

BLK 26 MARSILING DRIVE

#03-225

Postcode

730026

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

BNQ7143 (MOTORCYCLE)

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

GENDER:

: FEMALE

Passenger 2

NAME:

3 8

GENDER:

: FEMALE

### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-3689999 - FAX NO: 63682383

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## Circumstances of Accident

REFER TO POLICE REPORT - T/20190123/2195.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

FBG2083L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

MOTORCYCLE

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 2**

Vehicle Registration Number

BNQ7143

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

SKD2705K

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

CHOW CHIN PAH

Approximate Age

Injuries Sustain Injured person in which vehicle? **NECK & BACK** 

SLU6029B YES

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

Address

Postcode

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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 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 aforesald.
- 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.

FRUITION TEAM

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 .:

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DECLARATION

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

FRUITION TEAM

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.

	ACCIDENT	DETAILS		生性質。	
Date of accident	對 23 Jan	19			(DD/MM/YY)
Time of accident	14:42				(HH:MM)
Exact location of accident	SLE towards	Woodlands	before	uppur	Function Rd

	DETAILS OF VEHICLE
Vehicle registration number	3446298
Vehicle make and model	Touota Prius Apha
Type of vehicle	Saloon MPV CRV Van Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim ☑ Reporting only □

	INSURANCE INI	FORMATION	
Insurance company	NTUC		
Policy number			T0 1
Type of policy	Comprehensive Ø	Third party fire & theft	TP only

A STREET, STRE	INSURED / POLICY HOLDER FYUITION (MM)	Male 🗆	Female D
Name	111111111111111111111111111111111111111		
NRIC / Fin / Passport number	THE CONTRACTOR OF THE CONTRACT		
Contact	96722224		
Address			

DRIVER	SAME AS INSURED ABOVE (SKIE	TO D.O.B)	
Name	Chory Chin Pan	Male 🗷	Female
NRIC / Fin / Passport number	30an7361E		
Contact	96333996		
Address	BIK 26 Marsiling Dr #03-225		
Email address	CHONCP 93@GMail.com		
Date of birth	03-05-1953	4.	
Occupation	Indoor D Outdoor D		
Driving date pass	02 FCD 1971		

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Gender	Male 🗆	Female □		
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Was other vehicle damaged?	Yes D	No 🗆		A CONTRACTOR OF THE PARTY OF TH
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Vehicle registration number	FBG 2083L
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

1000000000000000000000000000000000000	THIRD PARTY VEHICLE 2
Vehicle registration number	BNQ7143
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (	THIRD PARTY VEHICLE 3
Vehicle registration number	\$KD27V17K
Vehicle make model	
Name	
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Contact	

	THIRD PARTY VEHICLE 4
Vehicle registration number	
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	THIRD PARTY VEHICLE 5
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Contact	

<b>200</b> 0年2月1日 1日 1	THIRD PARTY VEHICLE 6
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<b>第二十四十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二</b>	THIRD PARTY VEHICLE 7
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Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE

Tel No: 1800-3689999

REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20190123/2195

	ne Report N 019 22:27	fade:	Vide Report No.: Station Diary 60				
Informa	nt's Partic	ulars		ALASSA STOROGRAFIA			
	f Informant: CHIN PAH	95	Address: APT BLK 26 MARSILING D 730026	PRIVE #03-225 SINGAPORE			
	/ ID No.: O / S095736	61E	Contact No.: Home/Office:	Mobile: 96333996			
National SINGAP	lity: PORE CITIZ	EN	Email:				
Sex: Male	Age: 65	Date of Birth: 03/05/1953	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupat GRAB D			Driving Licence Information Class: 3	: Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/01/2019 14:40	Type of Location: Straight Road
Location: Along Road 1 SELETAR EX towards wood	PRESSWAY	Thomson	11	
Weather: Clear	1	Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collisi	on: ng Vehicles - Head To I	Coor		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
BNQ7143	Motorcycle					0
FBG2083L	Motorcycle				Slightly Damaged	0
SKD2705K	Car					0
SLU6029B	Car	ТОУОТА		Grey	Slightly Damaged	2





2 of 3 Report No. T/20190123/2195

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved				A 1974		
Any Pedestrian In	nvolved: No						
No. of Pedestriar	ns Injured: NIL		Use of Pe	destriar	Cross	ing: NA	
Driver	THE PERSON NAMED IN	22/11/2	State	TO SERVE	SERVE	N CALAN	AND PERSONAL PROPERTY.
Name	CHOW CHIN PAH			ID No		S09573	61E
Related Vehicle	NIL			Conta	ct No.	963339	96
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 5	3 Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

### Brief Details.

On the 23/01/2018 at about about 1440hrs, I was traveling along SLE on the 2 lane towards woodlands. The traffic was heavy in front that I started to reduce speed. All the vehicles were traveling at slow speed. At one point of time, the front vehicle came to a stop and I was preparing to come to a stop when I suddenly felt an impact on right side of my vehicle. I saw two motorcyclist falling from their motorcycle in front of my vehicle right side. I was later informed that another vehicle (SKD2705K) was also involved in the accident. I then exited my vehicle and proceeded to help them, police came to scene.





Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 3 of 3 Report No. T/20190123/2195

Tel No: 1800-3689999

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: L / Sgt 2 ELTON DE LAURE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: ( 23/01/2019 22:27
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246 SN 127	Classification Of Case:
Singapore Police Force	506







VOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

REGS CATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusives 02 Feb 1971
of the driver; and other motor vehicles =< 2500kg

<b>eBao</b> Tech										Genera	Claim
Hello, NAC_PAYA_UBI_8006	01			and the second second			→ Change	Language	• Chang	e Password	· Log Out
My Desktop	Polic	y Query									
Notice of Loss	Policy No	o.				Date	of Accident	2	3/01/2019 1	4:45	
	Vehicle I	No.(For Motor)	SLU602	19B		Certif	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured	Commence Date	Expiry Date
	0 5	5096462159- 01		FRUITION TEAM	53159759L	GPC	drivo CLASSIC	SLU60298	SLU6029B	07/12/2018	06/12/2019
					8	Continue	I				



retrificate No.						
estificate No.	5096462159-01		Vehicle No.	SLU60298	GST Registration No.	
TOTAL TRU					or and of orders the first	
Lcyholder Name	PRUITION TEAM	k			Policyholder NRIC	53159759L
duct Code	PRIVATE CAR IN	SURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile)	96722224		Contact No.(Office)	0	Contact No.(Home)	0
all Address			Special Remark	-11	eCode	No.
K	® No ○ Yes		TCA	® No ○ Yes		Lan -
D Protection	YES		NCD Entitlement(%)	50	eCode Reason	
Accident Details	530		The Control of the Co	30	Private Hire	Yes
	Carlai Carla Car	22.				
sort Date	24/01/2019 17	140	Academ Report Within 24 hrs	Yes	Accident Type	Side Swipe
e of Accident	23/01/2019		Time of Accident hh:mm	14 45	Country of Accident	Singapore
varting Centre			Orange Porce		1CM No.	
ident Location	SLE TWDS WOO	DUANDS BEFORE UPP T	HOMSON RD			
Excess						
n damage Excess		2,000.00	Additional Excess	0	Windscreen Excess	100,00
named Driver Excess			Outside Singapore OD Excess	2,000.00		
nd Party Excess		1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits						
GST Registered Inform	ation					
Registered		No		GST Registration Date		
Registration No.				GST Status Venfied	No	
Ification History						
See Health and the Later Committee	*************					
Policyholder Mailing Ad						
ress 1	BLK 26 #03-225	£.	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730026
iress 4			Address Type	Singapore address	Post Code	730026
t No.	03-225		Related Policy Number	5096462159-01		
OI Driver Info			***************************************	THE PROPERTY.		
ver Name	Unnamed Driver		Driver Type	Unnamed Driver		
armed driver Name	CHOW CHIN PAR	4	Driver NR3C	50957361E	Driver DOB	03/05/1953
ister Date of Driver License			Driver Age	65	Driving Experience	47
fact No.(Mobile)	96333996		Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLX 26		Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730026
ress 4			Address Type	Singapore address	Post Code	730026
t No.	03-225					
is he own a Singapore patered car?	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
laration						
athalyser or Blood Test ding?	0 mg		Amy injury?	⊕ Yes ○ No		
fication History						
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