1. Call Call Carter of Car	Jcb description	1	Date &Time Completed	Don	e by
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Ref No: No Incluse 219 6/24	SAS e-filing				-
Veh No: 54C 1087U	E-mail (within		1		
D.O.A: 1/1/19 . 17:05	i-Motor Cla	im Form	M/1030576-001	112/19	18:19
OD ! TP ! Reporting Only	i-Motor W/0	O (Within: OD 2hr	s, TP 4hrs)		
ob in the parting only	i-Photo Uplo	paded			
TP Insurer:	Assessment/S	urvey Report			
17 fisurei.	Ass't Report l	by Fax / Hand	o Owner/Wksp		2000-11120-122
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	
TP Particulars: Veh No: 6	IRC SGOVA	. INC(.)/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading:					
General Remarks;	SANTA TANGGE TANANGAN		American State Sta	<u> च्या स्ट्रा</u>	
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() Walk-In Customer: Customer's		infidential & St	nctly NO refer of repairer.		
() Total Loss Case : to e-mail In	surer URGENTLY.		- 3		
Drive-In ()/ Towed-In (); Inv	voice: YES () / I	NO();T	owing Co: ()
Remarks:- (INC horline: 6788 661	6		Date&Time Completed	Don	e by
1) Apply for Transport Allowance (<u> </u>			-
) / Courtesy Car (-		
2) QC Check / Post Repair Inspection	()			
7) Unload Descent Divino Control)			
3) Upload Resurvey Photo [Repair Cost	> \$3000] (/			Time See
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Injury: Date/Time Actions Actions Nations Rations Injury: Claimant's Particulars: Tiver/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge):	>\$3000] (1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$30); Assessment (\$100); Ass	754 Bill 100) 107545 \$120 \$30) \$75 \$160 \$5 \$10 \$25 \$30	

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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.
- 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.

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 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.

ACC	DENE	CTA	1	IEV T
ACC	DEN	DIA	1 - 10	

 Date Of Report
 01/02/2019 15:06

 Date Of Accident
 01/02/2019 12:05

Exact Location Of Accident 186 WESTWOOD AVE BASEMENT CARPARK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGC1087U

Insured/Policyholder

Name Of Registered Owner CHUA KHOON CHEE

NRIC No S1508590H Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-94523131

 Alternative Phone No
 OFFICE-94523131

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA 1.6

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 5101859451

Cover Note Number

Driver

Name of Driver CHUA ONG AIK (CAI HUANGYI)

 NRIC No
 \$8828628F

 Date Of Birth
 03/08/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 14/02/2017

Driving Experience 1 YEAR AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81820166

Fax Number

Contact Number OFFICE-81820166

EMail Address NOEMAIL

Address BLK 746 WOODLANDS CIRCLE

#04-720

Postcode 730746

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

CHILDREN

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

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) 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190201/2091.

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 GBC5902A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

 Name of Driver
 LIN WENJUN

 NRIC/Passport Number
 \$8242031B

 Contact Number
 98735213

Address Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHUA ONG AIK (CAI HUANGYI)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGC1087U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

t 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.

77

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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ESCRIBE CIRCONSTANCES OF THE ACCIDENT	
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DECLARATION

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

X

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Chos

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999 1 of 3 Report No. T/20190201/2091

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 019 14:26	Made:	Vide Report No.:	Station Diary No.: 93		
Informa	nt's Partic	ulars				
	f Informant: NG AIK		Address: APT BLK 746 WOODLAND 730746	S CIRCLE #04-720 SINGAPORE		
ID Type / ID No.: NRIC NO / S8828628F			Contact No.: Home/Office: Mobile: 81820166			
National SINGAP	ity: PORE CITIZ	ΈN	Email:			
Sex: Male	Age:	Date of Birth: 03/08/1988	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: WAREHOUSE LOGISTIC		SISTIC	Driving Licence Information: Class: 2B,3A Date of Expiry:			

General Infor	mation of the Acci	dent			THE RESERVE OF THE PARTY OF THE	
Type of Accident:	Injury Others	Drink Drive No	: A	Date/Time of Accident: 01/02/2019 12:05	Type of Location Car Park	
Weather:		Road Surfac Dry	e:	Ro	oad Speed Limit:	
Traffic Flow:		Traffic Contr	ol:	Tra	affic Volume:	
Type of Collis Moving Vehic	ion: le Against - Parked	Vehicle			nyone conveyed by hbulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBC5902A	Van	ТОУОТА		White	No Damage	0
SGC1087U	Car	TOYOTA	ALTIS	Silver	Slightly Damaged	0

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





T/20190201/2091

2 of 3

Report No. T/20190201/2091

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver						
Name	LIN WENJUN					S8242031B
Related Vehicle	GBC5902A (Van)				ct No.	98735213
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	CHUA ONG AIK			ID No.		S8828628F
Related Vehicle	SGC1087U (Car)			Contact No.		81820166
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)				of g ce & / Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	01/02/2019		Date Disc	harge	01/02	2/2019
No. of Days gran	ted Medical Leave	03	of Injury Slight			

Brief Details.

On 1/2/19 at about 1207hrs, I am driving my car (SGC1087U), and had entered the carpark located at 186 Westwood Avenue, trying to find a parking lot. However, a parked van (GBC5902A) that was initially parked in the parking lot suddenly drove out of his parking lot and hit onto my left side of my car. My car was badly dented on the left side, at the same time I felt soreness on my left shoulders. Hence after exchanging particulars, I visited UNIHEALTH 24-HR CLINIC (TOA PAYOH) and was given 3 days MC.

No police or ambulance attended to this accident. No government property was damaged.





3 of 3

Report No. T/20190201/2001

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

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: E / Sgt 2 LIN XUETONG, TOM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2019 14:26
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 SIGNAT	URE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE:	Please submit the completed Addendum form to the same Authorised Reporting Centre
	with whom you submitted the Original Report.

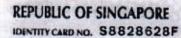
ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA119015458 Vehicle Registration No: SGC1087U Name (25 Shown in NRIC): CHUA ONG AIK (CAI HUANGYI) NRIC/FIN/Passport No : 88828628F (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate #04-720 **BLK 746 WOODLANDS CIRCLE** _Singapore(730748) Address Mobile No. : 81820166 Contact (Tel) Email Address _Time of Accident : 12:05 01/02/2019 Date of Accident Place of Accident : 186 WESTWOOD AVE BASEMENT CARPARK Insurance Company: NTUC Income Insurance Co-operative Ltd (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 1)Amend driver particulars & injured person name 2) re-attached sketch plan as driver is not under policyholder. 3) Amend owner contact number

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: Date:









CHUA ONG AIK (CAI HUANGYI)

蔡煌溢

03-08-1988

SINGAPORE

YOU ARE LICENSED TO DRIVE YEHICLES IN THE FOLLOWING CLASSIES).

Class B. Melangada ve Dance:

Class B. Melangada ve Dance:

Class B. Melangada ve Dance:

S / No.9000256617

NP 428A

APT BLK 748 WOODLANDS CIRCLE 804-720 SINGAPORE 730746

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			No. of Concession, Name of Street, Str			+ Change	e Language	> Chang	e Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	ło.	6		- 6	Date	of Accident	1	01/02/2019 1	2:05	
	Vehicle	No.(For Motor)	SGC10	187U		Certi	ficate Number	- 1			- 23
						Search					¥
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101859451		CHUA KHOON CHEE	S1508590H	GPC	drivo CLASSIC	SGC10870	SGC1087U	11/07/2018	10/07/2019
					- 1	Continue					

olicy No.	5101859451	Policyholder Name	СНИА КНО	ON CHEE	Policyholder NRIC	S1508590H	
Certificate No.							
Address	BLK 746 #04-720 WOODLAND	S CIRCLE SING	APORE 7307	46			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	02/07/2018	Effective Date	11/07/201	8 00:00	Expiry Date	10/07/2019 2	3:59
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	HIGH POWER ENTERPRISE	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 746 #04-720	Addr	ess 2	WOODLANDS	CIRCLE	Address 3	SINGAPORE 730746
Address 4		Addr	ess Type	Singapore add	iress	Post Code	730746
Address 4		Relat Num	ed Policy ber	5101859451			
Unit No.	ed Object: SGC1087U	A A					
Unit No.	50 5145 St.						

aim Handling cident MT/1030576					
icy No.	5101859451	Vehicle No.	5GC1087U	GST Registration No.	
tificate No.					
icyholder Name	CHUA KHOON CHEE			Policyholder NRIC	51508590H
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
stact No.(Mobile)	81820166	Contact No.(Office)	0	Contact No.(Home)	0
all Address		Special Remark		eCode	No. V
	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
2 Protection	Ves	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
ort Date	01/02/2019 18:56	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
e of Accident	01/02/2019	Time of Accident hh:mm	12:05	Country of Accident	Singapore
orting Centre	01/02/2019	Orange Force	12.00	ICM No.	Singapore
dent Location	LB6 WESTWOOD AVE BASEMENT CARPARK	Grange Porce		ICH NO.	
Excess	THE WEST WOOD AVE BASEMENT CHAPMAK				
	12222	VIA CONTRACTOR OF THE CONTRACT		Maria Ma	
damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess	0.00	Outside Singapore QD Excess	600.00		
d Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Informa	stion				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
ification History					
Policyholder Mailing Ad	dress				
ress 1	BLK 746 #04-720	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730746
ress 4		Address Type	Singapore address	Post Code	730746
t No.		Related Policy Number	5101859451		1144114
OI Driver Info		and the state of	3201037132		
ver Name	CHUA ONG A3K	Oriver Type	Named Driver		
named driver Name		Driver NRIC	\$8828628F	Driver DOB	03/08/1988
ister Date of Oriver License	14/02/2017	Driver Age	30	Driving Experience	1
tact No.(Mobile)	81820166	Contact No.(Office)	0	Contact No.(Home)	0
ress 1	BLK 746	Address 2	WOODLANDS CIRCLE	Address 3	SINGAPORE 730746
	501,740			Post Code	730746
tress 4		Address Type	Singapore address	Post Code	730/40
t No. es he own a Singapore	04-720				
istered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
laration :					
ethalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
ding?		Cont. ages 17			
dification History					
Taim 001 New					
11.00					
	[00 Hz]		Call March Call	former space	C + COOTOO+
m Type *	OD-MX	Insured Name	CHUA KHOON CHEE	Insured NRJC	S1508590H
tact No.(Mobile)	NIL	Contact No.(Home)	NIL	Contact No.(Office)	
ii Address		OI Vehicle Number	SGC1087U	TP Vehicle Number	GBC5902A
mant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
ment Name *	25	Claimant NRIC *			
nant Address					Walter 1997
n Description	SGC1087U / GBC5902A ON 1 Feb 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault		
uire Finalisation.	Yes 💟	Preferened Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Registered	01/02/2019 18:59	Claim Close Date		Date Received	01/02/2019 00:00
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