| Date III I I I I I I I I I I I I I I I I I   | cb description   | Date &Time Completed  | Done b   | Ďλ.                          |
|--|--|---|--|------------------------------|
| Bello: 10/19-11:77   | SAS e-filing   |   |  |                              |
| Veh No: Sparsy   | E-mail (within Shrs, AIC 2hrs)   |   |  |                              |
|  | i-Motor Claim Form   | m/1031752-101   | 14/1/19 18   | : 14                         |
| D.O.A: 11/2/19/15/20   | i-Motor W/O (Within: OD 2hr:   |   |  |                              |
| OD TP Reporting Only   | i-Photo Uploaded   | 1   |  | 18 °                         |
|  | Assessment/Survey Report   | 20.   |  |                              |
| TP Insurer:  | Ass't Report by Fax / Hand t   | o Owner/Wksp  |  |                              |
| Preferred Wksp / INC Assign Wksp / QW: (   |  | Tel: F  | ax:  |                              |
| TP Particulars: Veh No: 1 M 437  | DNI INC  | )/Non-INC()   |  |                              |
| Owner / Driver: (  |  | Tcl:  | )  |                              |
| Policy No: ( ) Period  | :( )   | Cover Type: (   | )  |                              |
| Confirmed by : (   | Date:  | Time:   | )  |                              |
| Insured/Driver Liability: ( %) [Note   | e-Est. Status (WO): N: 0-2   | 0%; P: 21-79%. P: 80-   | 100%]  |                              |
|  | ranty: YES ( )/NO (  | )   |  |                              |
| Excess: (\$ ) Loading: \$1,000 (   | ( )/\$2,000( )   | A W. W. W. C. S.  | **************************************   |                              |
| General Remarks:-  | The state of the s | 76 4000 25 0 00 00 00 00 00 00 00 00 00 00 00 00  | A  |                              |
| ( ) Walk-In Customer : Customer's informa  | ition strictly Confidential & St   | rictly NO refer of repairer.  |  |                              |
| ( ) Total Loss Case : to e-mail Insurer U  | The state of the s |   |  |                              |
| Drive-In ( )/ Towed-In ( ); Invoice: Y   | A TORREST TO A CONTROL OF THE PARTY OF THE P | owing Co: (   | <u> </u>   | )                            |
|  |  | Date& Time Completed  | Done   | by ·                         |
| Remarks:- (INC hofline: 6788 6616)   | G ( )  | Lintese satisfic solupio out  |  |                              |
| ·/   | rtesy Car ( )  | -   | 7  |                              |
| 2) QC Check / Post Repair Inspection   | ( )  | <del></del>   |  | 200-194                      |
| 3) Upload Resurvey Photo [Repair Cost > \$3000   | 0] ( )   |   |  |                              |
|  |  |   |  |                              |
| Injury:  |  |   |  |                              |
|  |  |   | Seat oane  |                              |
|  |  |   | VESSION IF   | , ng, p,                     |
|  |  |   | Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición de | 1 10.00                      |
|  |  |   | esesosie.  |                              |
|  |  |   |  |                              |
|  | 1  |   |  |                              |
|  |  | Secretar Checklist  | Xni((S))   | A Print Print Co.            |
| Date/Time Actions  | 1<br>Invoice Pr  | paration Checklist  |  | A CONTRACTOR OF              |
| Date/Time Actions  | Invoice Pr   | at Reporting (\$30);<br>Assessment (\$100); INC (   | Anit (\$)<br>fit B   | Amu()                        |
| Na 1901000 aimant's Particulars:   | Invoice Pr  1) AR: Accide 2) DA: Damag 3) TF: Towing   | at Reporting (\$30);<br>c Assessment (\$100); INC (<br>Fee \$   | Ani((5))<br>Ni Bill<br>\$80)<br>40/\$45  | A CONTRACTOR OF              |
| NA 1901000 aimant's Particulars:   | Invoice Pr  1) AR: Accide 2) DA: Damag 3) TF: Tollow 5) FT: Follow   | at Reporting (\$30);  Assessment (\$100); INC ( Fee S Through Survey Through Survey (Resurvey)  | \$80)<br>40/\$45<br>\$120<br>\$30  | A CONTRACTOR OF              |
| NA 1901000 aimant's Particulars:-  | Invoice Pri  1) AR: Accider  2) DA: Darneg  3) TF: Towing  4) FT: Follow-  5) FT: Follow-  For claiming  | at Reporting (\$30); c Assessment (\$100); INC ( Fee S Through Survey Through Survey (Resurvey) against JNC Only (wef 10 Jan 20   | \$30)<br>\$40/\$45<br>\$120<br>\$30<br>\$2)  | A CONTRACTOR OF              |
| Date/Time Actions  MA 1901000  minant's Particulars :- iver/Owner:  ontact No:   | Invoice Pri  1) AR: Accidet 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp   | at Reporting (\$30); c Assessment (\$100); INC ( Fee S Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20) ection   | \$80)<br>40/\$45<br>\$120<br>\$30  | A Print Print Co.            |
| Na 1901000 Inimant's Particulars :- iver/Owner:  | Invoice Pri  1) AR: Accidet 2) DA: Darnag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA   | at Reporting (\$30); c Assessment (\$100); INC ( Fee S Through Survey Through Survey (Resurvey) against JNC Only (wef 10 Jan 20) ection   | \$30)<br>\$40/\$45<br>\$120<br>\$30<br>\$275   | A PURILIPOSITION             |
| Pate/Time Actions  Malgorose  alimant's Particulars :- iver/Owner: ontact No: amaged Portion:                                  | Invoice Pr  1) AR: Accides 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Fullow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD*  | at Reporting (\$30); c Assessment (\$100); INC ( Fee S Through Survey Through Survey (Resurvey) against JNC Only (wef 10 Jan 20) ection a + SMRT Survey lional Services:-   | \$30)<br>\$40/\$45<br>\$120<br>\$30<br>\$275   | A PURILIPOSITION             |
| Na 1901000 Inimant's Particulars:- river/Owner: ontact No: amaged Portion:   | Invoice Pri  1) AR: Accidet 2) DA: Darnag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi OD*  *N5: Courte- *N6: Repair  | at Reporting (\$30);  Assessment (\$100); INC ( Fee S Through Survey (Resurvey)  against INC Only (wef 10 Jan 20)  ection  4 + SMRT Survey  lional Services:-  sy Car / Tpt Allowance  Co-ordination  | \$80)<br>40/\$45<br>\$120<br>\$30<br>92)<br>\$75<br>\$160  | A PURILIPOSITION             |
| NA 1901000 Inimant's Particulars :- river/Owner: ontact No: nmaged Portion: C Checked by (Engr-In-Charge):                     | Invoice Pr  1) AR: Accides 2) DA: Damag 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi QD*  *N5: Courte *N6: Repair *N7: Fost Re- *N | at Reporting (\$30); c Assessment (\$100); INC ( Fee S Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 ection a + SMRT Survey lional Services.  by Car / Tpt Allowance Co-ordination again Inspection  | \$80)<br>40/\$45<br>\$120<br>\$30<br>93)<br>\$75<br>\$160  | A Print Print Co.            |
| Date/Time Actions  Na 1901000  Inimant's Particulars:- river/Owner: ontact No: nmaged Portion:  C Checked by (Engr-In-Charge): | Invoice Pr  1) AR: Accides 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Fullow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi QD*  *N5: Courte *N6: Repair *N7: Fost Re-insp *N8: DV / C   | at Reporting (\$30);  c Assessment (\$100); INC ( Fee S Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20 ection  t + SMRT Survey lional Services  sy Car / Tpt Allowance Co-ordination spair Inspection ollect Excess Coordination                                  | \$80)<br>40/\$45<br>\$120<br>\$30<br>\$75<br>\$160<br>\$55<br>\$50<br>\$25<br>\$50<br>\$20   | A Print Print Co.            |
| Date/Time Actions  | Invoice Pr  1) AR: Accides 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Fullow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addi QD*  *N5: Courte *N6: Repair *N7: Fost Re-insp *N8: DV / C   | at Reporting (\$30);  Assessment (\$100); INC ( Fee S Through Survey Through Survey (Resurvey)  against INC Only (wef 10 Jan 20)  ection  4 + SMRT Survey  lional Services:-  sy Car / Tpt Allowance  Co-ordination  cpair Inspection  ollect Excess Coordination  TP (Non INC) against INC | \$30<br>\$120<br>\$30<br>\$30<br>\$30<br>\$30<br>\$31<br>\$55<br>\$10<br>\$25<br>\$35<br>\$20<br>\$30  | A PRODUCTION OF THE PARTY OF |

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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.

- 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              |
|--|---------------------------------|
| Date Of Report   | 12/02/2019 11:37                |
| Date Of Accident   | 11/02/2019 15:00                |
| Exact Location Of Accident   | JUNC SINARAN DR TWDS THOMSON RD |
| Country/State of Loss  | SINGAPORE                       |
| D  | ETAILS OF OWN VEHICLE           |
| Vehicle Registration Number  | SJD7015Y                        |
| Insured/Policyholder   |                                 |
| Name Of Registered Owner   | TAN KHOON SONG                  |
| NRIC No  | S1590852A                       |
| Email Address  | NOEMAIL                         |
| Mobile Phone No  | (LOCAL) +65-97548743            |
| Alternative Phone No   | OFFICE-97548743                 |
| Vehicle Particulars  |                                 |
| Manufacturer   | тоуота                          |
| Model  | COROLLA AXIO 1.5X A             |
| Exact Purpose for which vehicle was being used at<br>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                    |

|         |     | 2000000 |       |
|---------|-----|---------|-------|
| Imarran |     | P       |       |
| Insurar | ıce | COL     | npanv |

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5104858796

Cover Note Number

Driver

Name of Driver TAN KHOON SONG

 NRIC No
 \$1590852A

 Date Of Birth
 29/05/1963

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/09/2000

Driving Experience 18 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97548743

Fax Number

Contact Number OFFICE-97548743

EMail Address NOEMAIL

BLK 328 TAMPINES STREET 32 Address

#07-364 520328

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR DRY Road Surface

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

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

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

YES

Number of Passengers (Including Driver)

2

Passenger 1

NAME: . .

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TAMPINES NORTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461, Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-7818999 - FAX NO: 67838603 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190211/2173.

Attachment(s)

Are accident photos available for attachment?

YES

NO

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

ONG KAH SUAN

SLM4370U Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Name of Driver

Vehicle Category PRIVATE CAR

S1552678E NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER:

.

Passenger 2

NAME:

GENDER: :

Passenger 3

NAME:

GENDER:

# **DETAILS OF INJURED PERSON 1**

Name

TAN KHOON SONG

Approximate Age

Injuries Sustain

**NECK & SHOULDER** 

Injured person in which vehicle?

SJD7015Y

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 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.:

| SKETCH PLAN  |                           |
|--|---------------------------|
|  | A: DD7012Y<br>B: SLMY370U |
| A AB   |                           |
| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT                                       |                           |
| ector to police report-7/20190211/3  | พรร -                     |
|  |                           |
|  |                           |
|  |                           |
|  |                           |
|  |                           |
|  |                           |
|  |                           |
|  |                           |
| T  |                           |
|  |                           |
|  |                           |
|  |                           |
| DECLARATION  I/We declare the foregoing particulars are true in every respec | et.                       |
| (1)  |                           |

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.:





1 of 3

Report No. T/20190211/2173

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|------------------------|------------------|--------------------|
| 11/02/2019 20:19       |                  | 37                 |

| THOLILO                           | 10 20.10                |                           |  |                            |  |
|-----------------------------------|-------------------------|---------------------------|--|----------------------------|--|
| Informa                           | nt's Partic             | ulars                     |  |                            |  |
|                                   | Informant:<br>OON SON   |                           | Address: APT BLK 328 TAMPINES STREET 32 #07-364 SINGAPORE 520328 |                            |  |
|                                   | / ID No.:<br>D / S15908 | 52A                       | Contact No.:<br>Home/Office: Mobile: 97548743                    |                            |  |
| Nationality:<br>SINGAPORE CITIZEN |                         |                           | Email:   |                            |  |
| Sex:<br>Male                      | Age:<br>55              | Date of Birth: 29/05/1963 | Type of Informant:<br>Driver                                     |                            |  |
| Race:<br>Chinese                  |                         |                           | Language:  | Institution / School Name: |  |
| Occupation: PRIVATE HIRE DRIVER   |                         |                           | Driving Licence Inform<br>Class: 3                               | nation: Date of Expiry:    |  |

| Type of<br>Accident:   | Injury<br>Others | Drink<br>Drive:<br>No                             | Date/Time of<br>Accident:<br>11/02/2019 15:00 | Type of Location:<br>Straight Road |
|--|------------------|---|---|------------------------------------|
| The state of the s | ROAD             | EAR ENTRNNCE INTO                                 | TAN TOCK SENG MED                             | ICAL CENTRE                        |
| THE PERSON NAMED IN  |                  | Road Surface:                                     | R   | oad Speed Limit:                   |
| Weather:<br>Clear<br>Traffic Flow:<br>One Way  |                  | Road Surface: Dry Traffic Control: Not Controlled | Т   |                                    |

| <b>Details of V</b> | ehicle Invo | lved   |                        |         |                     |                 |
|---------------------|-------------|--------|------------------------|---------|---------------------|-----------------|
| Vehicle No.         | Туре        | Make   | Model                  | Color . | Condition           | No of Passenger |
| SJD7015Y            | Car         | TOYOTA | COROLLA<br>AXIO 1.5X A | Silver  | Slightly<br>Damaged | 1               |
| SLM4370U            | Car         |        |                        |         | Slightly<br>Damaged | 3               |

| Details of Vehicle Insurance |  |              |            |                    |  |  |  |
|------------------------------|--|--------------|------------|--------------------|--|--|--|
| Vehicle No.                  | Insurance Company                          | Insurance No | Effective  | <b>Expiry Date</b> |  |  |  |
| SJD7015Y                     | NTUC Income Insurance Co-Operative Limited | 5104858796   | 22/10/2018 | 21/10/2019         |  |  |  |





2 of 3

Report No. T/20190211/2173

Police Station Of Origin: Tampines North NPP 461 Tampines Street 44 #01-56 SINGAPORE 520461

Tel No: 1800-7818999

CONTINUATION OF REPORT

| Details of Perso  | n Involved        |  | The state of the state of                       |          |                                   | The same of the sa |
|-------------------|-------------------|--|---|----------|-----------------------------------|--|
| Any Pedestrian I  | nvolved: No       | ZATIF TO THE STATE OF THE STATE |   |          |                                   |  |
| No. of Pedestriar | s Injured: NIL    |  | Use of Peo                                      | destriar | Cross                             | sing: NA   |
| Driver            |                   |  | A CHEMICAL ST                                   |          |                                   | Property of the property of the party of the |
| Name              | TAN KHOON SONG    | 3  |   | ID No.   |                                   | S1590852A  |
| Related Vehicle   | SJD7015Y (Car)    | Conta  | ct No.  | 97548743 |                                   |  |
| Hospital/Clinic   | MOUNT ALVERNIA    |  | Class of<br>Driving<br>Licence &<br>Expiry Date |          | Class: 3<br>Date of Expiry: NIL   |  |
| Date Treatment    | 11/02/2019        |  | Date Discharge NIL                              |          |                                   |  |
| No. of Days gran  | ted Medical Leave | 05   | Degree of                                       | Injury   | Sligh                             | t  |
| Name              | Unknown           | OF STREET  | A CAMPAGE A LABOR                               | ID No    |                                   | NIL  |
| Related Vehicle   | SLM4370U (Car)    |  |   | Conta    | ct No.                            | NIL  |
| Hospital/Clinic   | NIL               |  | Class<br>Driving<br>Licend<br>Expiry            |          | Class: NIL<br>Date of Expiry: NIL |  |
| Date Treatment    | NIL               |  | Date Disc                                       | harge    | NIL                               |  |
| No. of Days gran  | ted Medical Leave | NIL  | Degree of                                       | Injury   | NIL                               | (6)  |

## Brief Details.

On 11/02/2019 @ around 1500hrs, I was travelling straight along Irrawaddy Road towards Thomson Road near Entrance to Tan Tock Seng Medical Centre when another car on the opposite direction turned right wanting to go into the entrance of Tan Tock Seng Medical Centre, hit the right side of my car near the driver side.

My Car sustained dents and scratches to the right side of the car.

I was given 5 days MC as I feel pain on my neck and shoulders.





3 of 3

Report No. T/20190211/2173

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 CONTINUATION OF REPORT

Tel No: 1800-7818999

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: G / Sr Staff Sgt MOHAMMAD ABDULGHANI BIN MOHD ADNAN           | Signature Of Informant:                        |
|--|--|
| Signature Of Interpreter:<br>Not applicable  | Date/Time: 11/02/2019 20:19                    |
| Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204 | Classification Of Case: SINGAPORE POLICE FORCE |
| Authentication Stamp   | SIGNATURE                                      |

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1590852A



TAN KHOON SONG

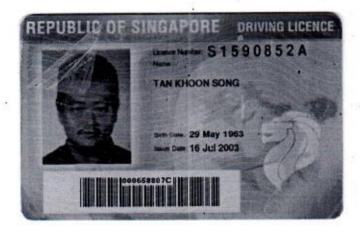


CHINESE

29-05-1963

SINGAPORE









04-05-2018

APT BLK 328 TAMPINES STREET 32 #07-364 SINGAPORE 520328

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilogram

| eBaoTech               |          |                |                       |                      |                      |          |                  |                |                   | Genera           | lClaim      |
|------------------------|----------|----------------|-----------------------|----------------------|----------------------|----------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601     |                |                       |                      |                      |          | • Change         | Language       | • Chang           | e Password       | · Log Out   |
| My Desktop             | Poli     | cy Query       |                       |                      |                      |          |                  |                |                   |                  |             |
| Notice of Loss         | Policy N | 10.            |                       |                      |                      | Date     | of Accident      | 1              | 1/02/2019 1       | 5:00             |             |
|                        | Vehicle  | No.(For Motor) | S3D701                | 5Y                   |                      | Certifi  | icate Number     |                |                   |                  |             |
|                        |          |                |                       |                      | 1                    | Search   |                  |                |                   |                  |             |
|                        | Select   | Policy No.     | Certificate<br>Number | Policyholder<br>Name | Policyholder<br>NRIC | Product  | Cover Type       | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                        | 0        | 5104858796     |                       | TAN KHOON<br>SONG    | S1590852A            | GPC      | drivo<br>CLASSIC | SJD7015Y       | SJD7015Y          | 22/10/2018       | 21/10/2019  |
|                        |          |                |                       |                      | 8                    | Continue | 1                |                |                   |                  |             |

| Policy No.                           | 5104858796  | Policyholder<br>Name                    | TAN KHOON         | SONG              | Policyholder<br>NRIC | S1590852A     |                            |  |  |  |
|--------------------------------------|---|---|-------------------|-------------------|----------------------|---------------|----------------------------|--|--|--|
| ertificate<br>lo.                    |   |   |                   |                   |                      |               |                            |  |  |  |
| Address                              | BLK 328 #07-364 TAMPINES STREET 32 SINGAPORE 520328 |   |                   |                   |                      |               |                            |  |  |  |
| Product<br>Name                      | PRIVATE CAR INSURANCE                               | Plan                                    |                   |                   | Group<br>Policy Flag | N             |                            |  |  |  |
| Policy<br>ssue<br>Date               | 21/10/2018  | Effective<br>Date                       | 22/10/2018        | 00:00             | Expiry Date          | 21/10/2019 23 | :59                        |  |  |  |
| Excess<br>Type                       |   | All Claims<br>Excess                    |                   |                   |                      |               |                            |  |  |  |
| Third<br>Party<br>Excess             | 1500  | Own<br>damage<br>Excess                 | 2000              |                   | Windscreen<br>Excess | 100           |                            |  |  |  |
| Additional<br>Excess                 | 1000  | OS<br>Premium                           | 0                 |                   |                      |               |                            |  |  |  |
| Outside<br>Singapore<br>OD<br>Excess | 2000  | Outside<br>Singapore<br>TP Excess       | 1500              |                   |                      | Young/        | Inexperience Driver Excess |  |  |  |
| Agent                                | GOLDEN PRIME INSURANCE AG                           | Agent Tel.                              | 68426788          |                   | GST Flag             | Y             |                            |  |  |  |
| Co-<br>insurance<br>Flag             | No  |   |                   |                   |                      |               |                            |  |  |  |
| Open<br>Policy<br>Info               |   |   |                   |                   |                      |               |                            |  |  |  |
| Certificate<br>Info                  |   |   |                   |                   |                      |               |                            |  |  |  |
| Policy                               | holder Mailing Address                              |   |                   |                   |                      |               |                            |  |  |  |
| Address 1                            | BLK 328 #07-364                                     | Addr                                    | ess 2             | TAMPINES STREET   | 732                  | Address 3     | SINGAPORE 520328           |  |  |  |
| Hanters T                            |   | Addr                                    | ess Type          | Singapore address |                      | Post Code     | 520328                     |  |  |  |
|                                      |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                   |                   |                      |               |                            |  |  |  |
| Address 4                            |   |   | ted Policy<br>ber | 5104858796        |                      |               |                            |  |  |  |
| Address 4<br>Unit No.                | ed Object: SJD7015Y                                 | Rela                                    |                   | 5104858796        | 100                  |               |                            |  |  |  |
| Address 4 Unit No.  Insure           | ed Object: SJD7015Y<br>sements                      | Rela                                    |                   | 5104858796        |                      |               |                            |  |  |  |

| Heat Project 1 State 1  | laim Handling                           |  |  |  |  |  |
|---|---|--|--|--|--|--|
| Marie Marie   Marie Ma    | cident MT/1031750                       | III HOW PARTY WATER  | W. AND DESCRIPTION   | Authornation   | National Park Mark Mark Mark Mark Mark Mark Mark M   |  |
| Color   Mar   M     | HCV No.                                 | 5104858796   | Vehicle No.  | S3D7015Y   | GST Registration No.   |  |
| MONET CAN PROVINCE OF CHEF 1984   CHEF 19   |   |  |  |  | C10775 722   | 200000   |
| Contact   Cont    |   |  | 3643725555   | 5.77 (5.77 (5.77 )   |  |  |
| Section   Sect    |   |  |  |  | CONTRACT   |  |
| Total   |   | 97546743   |  | 0  |  | The second secon |
| Marciant     |   | S to C to  |  | @ No. () vo-   |  | Inc. 4   |
| ## Company  |   |  |  | ST. 11 (1975)  |  | -22000   |
| The fire   1,200,2013 18.2   Analose Sport Report Report Report Report Private   10.00   Control of Acodem Private   11,000,2013   Enquery Private   11,000,2013   Enquery Private   10.00   Control of Acodem Pr   |   | No   | NCD Entitlement(%)   | 0  | Private Hire   | Yes  |
| Company   Comp    |   | 130020004 18 52  | Acceptant Research Wilson Ad had   | 22   |  | 5-15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-  |
| Company   Comp    |   |  |  |  |  |  |
| March   Marc    |   | 11/02/2019   |  | 15:00  |  | Singapore  |
| Sealing   Colora       | 0.38                                    | NAME OF THE PARTY  | Orange Force   |  | ICM No.  |  |
| According   |   | JUNE STRAKAN DE TWOS TROPISON RO   |  |  |  |  |
| Part       |   | 2 000 00   | Lateral Process  | 1800   |  | 100.00   |
| Part   Part   |   |  |  |  | Wingscreen Excess  | 100.00   |
| March   Marc    |   |  |  |  |  |  |
| ST Registration Case  |   | 4,300.00   | Outside singapore IP Excess  | 1,300.00   |  |  |
| Magestration   Mage    |   | ation  |  |  |  |  |
| Map   March   Maling   Map      |   |  |  | GST Registration Date  |  |  |
| ### Process #### #### #########################   |   | 11.1675  |  |  | Yes  |  |
| ## 1  | fication History                        |  |  |  |  |  |
| ## 1  |   |  |  |  |  |  |
| Marie   Mari    |   |  | n-bookstar   | -920V00.00.000003-F1+W   | MONTH TO THE PARTY OF THE PARTY | ANNO DE SERVICIO DE LA CONTRACTOR DE LA  |
| Related Policy Number   |   | BLK 328 #07-364  |  |  |  |  |
| Main  | ress 4                                  |  | Address Type   | Singapore address  | Post Code  | 520328   |
| ## Assert   | No.                                     |  | Related Policy Number  | \$104858796  |  |  |
| State California   Direct Name   Direct Name   State California   Direct Name   Dire    |   |  |  |  |  |  |
| Section of Driver Licins   18,09,2000   Driver Age   SE   |   | TAN KHODN SONG   |  |  | 100000000000000000000000000000000000000  |  |
| Control No. (Motice)   97481743   |   | Toranama   |  |  |  |  |
| March   Marc    |   |  |  |  |  |  |
| Address Type  |   |  | A STATE OF THE PARTY OF THE PAR |  |  |  |
| The sear is Singspore   1900    |   | BLK 328  |  |  |  |  |
| aration  aration  aration  fication Fisterry  laim 001 New  Type * Op-MX  |   | ***  | Address Type   | Singapore address  | Post Code  | 520328   |
| Street Co. 2    Street Co. 2   Street Co. 3   Stre   |   |  |  |  |  |  |
| Any injury?  Any injury?  Any injury?  PYES O No  Insured Nation  Insured Nati  | stered car?                             | U Yes (a) No   | Driver Venicle No.   |  | Driver Insurer Company   |  |
| Any injury?  Any injury?  Any injury?  PYES O No  Insured Nation  Insured Nati  | laration                                |  |  |  |  |  |
| Interest Name  Intere  | athalyser or Blood Test                 | 0.000  | Anviology?   | ® Vec ○ No   |  |  |
| Insured Natic  If Type * DO-MX  | ding?                                   | A TOTAL  | and admits   | 0.000  |  |  |
| Insured Name  TAN KHOON SONG  Insured NRIC  \$1990652A  Contact No. (Hobits)  97548743  Contact No. (Hobits)  17 yee of Benefit *  Please Select  Type of Benefit *  Please Select  Type of Benefit *  Please Select  Insured Workshop  Name of Preferred Works |   |  |  |  |  |  |
| In Type * DO-MX   | Efication History                       |  |  |  |  |  |
| In Type * DO-MX   | laim 001 New                            |  |  |  |  |  |
| Act No. (Mobile) 97549743 Confact No. (Home) 8788022T Confact No. (Office)  A Address OI Vehicle Number SID2016Y TP Vehicle Numbe  | 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |  |  |  |  |
| act No. (Mobile) 97548743 Confact No. (Home) 6788022T Confact No. (Office)  Address OI Vehicle Number SID2016Y Type of Benefit * Please Select  Type of Benefit *   |   |  |  |  | 77   |  |
| A Address OI Vehicle Number SID79157. TP Vehicle Number SID4370U man Type * Rease Scient V Type of Benefit * Scient Scient No. MT/1031750 Claim No. DOI Typicad Date 12/02/2019 18-55  Doc. Received * Yes O No Upload Date 12/02/2019 18-55  Browse Cear Please Scient V Typ V Normal V Type of Benefit * Rease Scient V Type of Normal V     | m Type *                                | A CONTRACTOR OF THE CONTRACTOR | Insured Name   |  | Insured NRIC   | \$1590852A   |
| Type of Benefit * Please Select   | tact No.(Mobile)                        | 97548743   | Contact No. (Home)   |  |  |  |
| Train Name *  |   |  |  |  | TP Vehicle Number  | SLM4370U   |
| And Address In Description Si07015Y / SLM4370U CN 11 Feb 2019 Insured Liability * Not at Fault  Preferend Workshop, Correct Insured Liability * Not at Fault  Preferend Workshop, Name unknown V GIA report Received V  Preferend Repair Option Preferend Workshop, Name unknown V GIA report Received V  Park Received V  Preferend Repair Option Preferend Workshop, Name unknown V GIA report Received V  Park Received V  Park Received V  Save Submit  Save Submit   Save Submit   Save Submit   Save Submit   Save Submit   |   | Please Select ✓  |  | Please Select  |  |  |
| Signatured Signature Signatured Signature Si  |   | 32   | Claimant NRIC *  |  |  |  |
| Insured Liability * Not at Fault v  preferred Workshop, Name unknown v Registeres  12/02/2019 18:54  Claim Close Date  Claim Close Date  Save Submit  Save Submit  Centified No. MT/L031750  Claim No. Upload Date  Category * Confidential Urgancy * Description *  Browse Cast Please Select v No. Normal v   |   |  |  |  | - Market Company   |  |
| Preferered Repair Option Preferred Workshop, Name unknown V GIA report Received V GIA re  |   | S307015Y / SLM4370U GN 11 Feb 2019   | WORK SUPPLIES  |  | Name of Preferred Workshop   |  |
| Registered   12/02/2019 18:54   Claim Close Date   Date Received   12/02/2019 00:00   | erred workshop Coreact                  |  | Insured Liability *  | Not at Fault   |  |  |
| Print AK lettler  Save Submit    | ure Finalisation                        | Yes  | Preferered Repair Option   | Preferred Workshop, Name unknown   | GIA report   |  |
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