NATIONAL Assessment Cer	ntre Services - puer 1 Janio	MWAI 1907891		
Date In: Myla-iyib	Jeb description	Date &Time Completed	Done by	
Res No: HA MC1600 3581 fry	SAS e-filing			
Veh No: 50 3738C	E-mail (within Shrs, AIC 2	hrs)		•
D.O.A: 27/V/19-10:05	i-Motor Claim Form	m/16236/2-02	20/1/19 1950	
	i-Motor W/O (Within: C			-
OD : TP Peporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Rep	ort		
IP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel:	Fax:	
TP Particulars: Veh No: S	7757x(x	VC( )/Non-INC( )		188 8
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: (	) Cover Type: (	)	200
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %	(WO): N	: 0-20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES ( ) / NO	( )		
Excess: (\$ ) Loading: \$	\$1,000( )/\$2,000( )			
General Remarks:		Name and Address of the Control of t	Tarongo to	-
	/ Courtesy Car ( )	Date&Time Completed	Done by	
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost >	\$3000] ( )			
Injury:				
Date/Time Actions		and the same		7.0
			(XSGR6 194, 340k.) 5.5°-2'	
870				
1880 at 2011		W1088		
NA 19 0 1449	Invoice	Preparation Checklist	Marie Control of the	il (\$)
laimant's Particulars :-	200.200000	cident Reporting (\$30);	The Bill Add	d Bill
	2) DA : Da	mage Assessment (\$100); INC (\$8	(0) (/\$45	
river/Owner:		ow-Through Survey	\$120	
ontact No:		ow-Through Survey (Resurvey) ping against INC Only (wef 10 Jan 2005	\$30	
amaged Portion:	6) TR : Re-	inspection	\$75	
		DA + SMRT Survey	\$160	
C Checked by (Engr-In-Charge):	OD.			
Charge-in-Charge).		oricsy Car / Tpt Allowance	\$5 \$10	
uditors' Comments :-	• N7: Fos	t Repair Inspection	\$25	
L1:		/ Collect Excess Coordination ): TP (N-in INC) against INC	\$20 ·	-
. 2/3;	9) N12: Ida Invoice data	c Mobile	30	
	Invoice date			J.Ashi

1 ... just 41 + 20

### 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
- 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	25/02/2019 14:30
Date Of Accident	23/02/2019 10:05
Exact Location Of Accident	CTE (AYE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU3338C
Insured/Policyholder	
Name Of Registered Owner	ANG PENG WHATT
NRIC No	S0149323Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98589001
Alternative Phone No	OFFICE-98589001
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E AUTO
Exact Purpose for which vehicle was being time of accident	used at PRIVATE USE
Are you claiming under your own insurance for repair to your vehicle?	policy 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
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102613093
Cover Note Number	
Driver	
Name of Driver	ANG PENG WHATT
NRIC No	S0149323Z
Date Of Birth	10/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2011
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98589001
Fax Number	
Contact Number	OFFICE-98589001
EMail Address	NOEMAIL

BLK 107 TOWNER ROAD Address

#11-378

321107

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

YES

Was any body injured in the Accident? 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

Number of Passengers (Including Driver)

2

YES

NAME:

Passenger 1

GENDER: : FEMALE

. .

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

EUNOS NEIGHBOURHOOD POLICE POST

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: Police Station Address 470629, COUNTRY: SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 1800-4439999 - FAX NO: 62444376

Circumstances of Accident

REFER TO POLICE REPORT - T/20190225/2097.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

SJJ5705X

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

MS TAN

NRIC/Passport Number

Contact Number

81189850

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

ANG PENG WHATT

BODY

SJU3338C

YES

NO

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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:
  - 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.

olicyholder's Signature

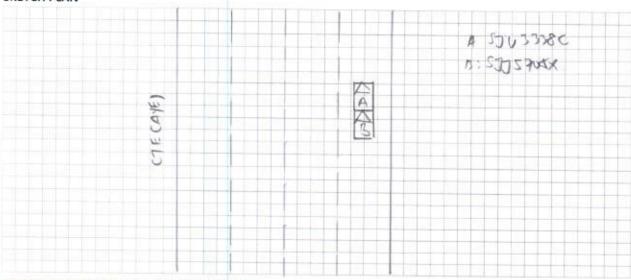
Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Relir to plice r	epit - 1/2019025   2007 .	
CLABATION		

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

Policyholder's Signature

Date & Times VytchPlanForm\_V3 Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





1 of 3

Police Station Of Origin: Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Report No. T/20190225/2097

	ne Report I 019 13:56	Made:	Vide Report No.:	Station Diary No.: 15
Informa	nt's Partic	ulars	HE THE PARTY OF TH	Control of the Contro
	f Informant: NG WHAT		Address: APT BLK 107 TOWNER ROA	AD #11-378 SINGAPORE 321107
	/ ID No.: O / S01493	23Z	Contact No.: Home/Office:	Mobile: 98589001
National SINGAF	ity: ORE CITIZ	ΈN	Email:	
Sex: Male	Age: 68	Date of Birth: 10/11/1950	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2019 10:05	Type of Location Straight Road	
Location: Along Road 1 CENTRAL EX TOWARDS A	(PRESSWAY			•	
Weather: Clear		Road Surface: Dry	R	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Т	Traffic Volume:	
Type of Collis Between Mov	ion: ing Vehicles - Head	I To Rear		nyone conveyed by mbulance:	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SJJ5705X	Car					0		
SJU3338C	Car	ТОУОТА	VIOS E AUTO	Red	Seriously Damaged			

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SJU3338C	NTUC Income Insurance Co-Operative Limited	5102613093	26/07/2018	07/09/2019				





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

2 of 3 Report No. T/20190225/2097

#### CONTINUATION OF REPORT

<b>Details of Perso</b>							
Any Pedestrian I	nvolved: No						
No. of Pedestriar	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA	
Driver		CONTROL NAME OF THE PARTY OF			101000	Jing. 1471	
Name	ANG PENG WHA	TT		ID No		S0149323Z	
Related Vehicle	SJU3338C (Car)		Contact No.		98589001		
Hospital/Clinic	MOUNT ALVERN	UNT ALVERNIA HOSPITAL			of g ce & / Date	Class: 3 Date of Expiry: NIL	
Date Treatment	25/02/2019		Date Disc		-	/2019	
No. of Days granted Medical Leave		07		Degree of Injury		Serious	

### Brief Details.

On 23/02/2019 at about 1005hrs, I was driving my grab car SJU3338C along CTE towards AYE, there was a passenger in car at the point of time. As there was a traffic jam, I had stopped my car at lane one. Suddenly one car from the back had collided on to the rear of my car. I immediately went down to check, I spoke to the female driver of vehicle SJJ5705X, and she informed that she was thinking about stuffs and did not notice. She admitted that it was her fault. Her name is Ms Tan, HP: 81189850. I had went to see a doctor at Mount Alvernia Hospital, and was given 7 days Medical Certificate dated form 25/02/2019 to 03/03/2019. I suffered neck pain and headache and am feeling pain on my waist as well. My passenger informed that she is not injured. My passenger handphone number is HP: 97282490.

The female driver had told me to go over to her workshop to assess the damages and was informed that the damages is quite costly, therefore she informed me to lodge a traffic accident report.





1277.000

3 of 3

Report No. T/20190225/2097

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

# CONTINUATION OF REPORT

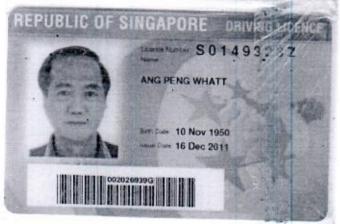
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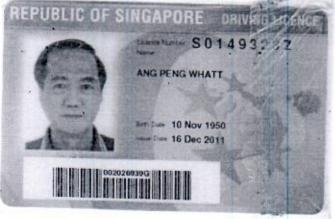
NP168

Informant is not able to provide sketch plan

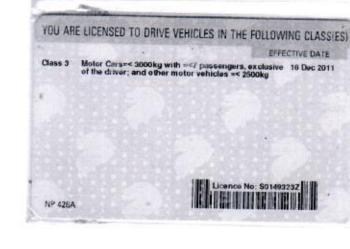
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Staff Sgt GOH SZE HAO, VALENTINE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2019 13:56
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING Contact No.: 90020518	Classification Of Case:
Authentication Stamp	









REPUBLIC OF SINGAPORE IDENTITY CARD NO. SO149323Z

ANG PENG WHATT

CHINESE Date of birth 10-11-1950 Country of birth SINGAPORE



30-11-2012

APT BLK 107 TOWNER ROAD SINGAPORE 321107

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description Issue Date 13 03 04 PRIVATE HIRE CAR VL 24/08/2018 20/05/2013 20/05/2013 BUS VL

BUS ATTENDANT



<b>eBao</b> Tech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601					→ Change	Language	• Chang	e Password	• Log Ou
My Desktop	<b>Policy Query</b>									
Notice of Loss	Policy No.				Date	of Accident	2	3/02/2019 1	0:05	
	Vehicle No.(For Motor)	SJU333	8C		Certif	icate Number				- 1
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5102613093		ANG PENG WHATT	S0149323Z	GPC	drivo CLASSIC	SJU3338C	SJU3338C	26/07/2018	07/09/2019
					Continue	1				

Policy No.	5102613093	Policyholder Name	ANG PENG	WHATT	Policyholder NRIC	S0149323Z	
Certificate No.							
Address	BLK 107 #11-378 TOWNER RO	AD SINGAPORE	321107				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	25/07/2018	Effective Date	26/07/201	8 00:00	Expiry Date	07/09/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Agent	INSURE LINK PTE LTD	Agent Tel.	64444644		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
<ul><li>Policyl</li></ul>	nolder Mailing Address						
Address 1	BLK 107 #11-378	Addre	ss 2	TOWNER ROAD		Address 3	SINGAPORE 321107
Address 4		Addre	ss Type	Singapore address		Post Code	321107
Jnit No.	11-378	Relate Numb	d Policy	5102613093			
	d Object: SJU3338C						
	e-managed						

ast Doc. Received	Path •	Browse.	Category •	Confidential Urgen	y • Description •
ast Doc. Received			A second district the second s	Confidential Urgen	by * Description *
est Doc. Received					
	● Yes ○ No	Upload Date	25/02/2019 19:51		
ccident No.	MT/1033610	Claim No.	001		
9					
Attachment			Save Submit		
			Care C. Sant		
Print AK letter	CONDUCTO				
port Taken By	Dackson	AL SHEDWAY & PROPERTY		SAME AND ADDRESS OF THE PARTY O	The second secon
te Registered	25/02/2019 19:50	Claim Close Date	To the state of th	Date Received	25/02/2019 00:00
guire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ferred Workshop Contact		Insured Liability *	Not at Fault		-
siment Address sim Description	SJU3338C / SJ35705X ON 23 Peb 2019			Name of Preferred Workshop	
simant Name *	25	Claiment NR3C *			
smant Type Claimant Type *		Type of Benefit *	Please Select		
ail Address	Physics Retail	Of Vehicle Number	S3U3338C	TP Vehicle Number	S315705K
stact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	64444644
ит Туре •	00-MX	Insured Name	ANG PENG WHATT	Insured NRIC	S0149323Z
	Approximate the second	To be proper to the page.	The state of the s		200000000000000000000000000000000000000
Claim 001 New					
NE N					
dification History					
ading?	NC 00445	respective to	5705077570		
mathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
claration					
gstered car?	○ Yek ® No	Driver Vehicle No.		Driver Insurer Company	
t No. es he own a Singapore	11-378	OF THE STATE		Sec. 19.	
freak 4	11,378	Address Type	Singapore address	Post Code	321107
iress 1	BLK 107	Address 2	TOWNER ROAD	Address 3	SINGAPORE 321107
stact No.(Mobile)	98589001	Contact No.(Office)	0	Contact No.(Home)	0
pister Date of Driver License	16/12/2011	Driver Age	68	Driving Experience	7
named driver Name		Driver NRIC	S0149323Z	Driver DOB	10/11/1950
ver Name	ANG PENG WHATT	Driver Type	Main Driver		
OI Driver Info	44.479	-cerco roscy number	anned publish		
ress 4 : No.	11-378	Address Type Related Policy Number	Singapore address 5102613093	Post Code	321107
ress 1	8LK 107 #11-378	Address 2	TOWNER ROAD	Address 3	SINGAPORE 321107
Policyholder Mailing Ad		Address N	*******	was a second	
	100				
Efication History					
T Registration No.			GST Status Venfied	Yes	
T Registered	No		GST Registration Date		
GST Registered Informa	ution				
Benefits	1977		2,000,00		
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
named Driver Excess	2,000.00	Additional Excess  Outside Singapore OD Excess	2,000.00	Windscreen Excess	100.00
Excess n damage Excess	2.000.00	Additional Parents		Windows E	100.00
ident Location	CTE (AYE)				
porting Centre		Orange Force		ICM No.	
te of Accident	23/02/2019	Time of Accident Nh:mm	10:05	Country of Accident	Singapore
port Date	25/02/2019 19:48	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Accident Details					
D Protection	No	NCD Enoblement(%)	0	Private Here	Yes
(	® No ○Yes	TCA	® No ⊜Yes	eCode Reason	(
er Address	- Accounts	Special Remark		eCode	- V
vact No.(Mobile)	98589001	Contact No.(Office)	0	Contact No.(Home)	0
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
rtificate No. Icyholder Name	ANG PENG WHATT			Policyholder NR3C	50149323Z
icy No.	5102613093	Vehicle No.	51U3338C	GST Registration No.	
ident MT/1033610	F102612002	Calcabina No.	EU (3550E	COT Reviewed to the	
laim Handling					

