Date In: 23 3/19 - 10:53	Jeb description	Date & Time Completed	Done by
Ref No: MA / INC 19305237 /24	SAS e-filing		
Veh No: 918346A	E-mail (within Shrs, AIC 21	hrs)	
D.O.A: 27/3/19-19:40	i-Motor Claim Form	m/1037118 - 001	23/3/19 11:04
3	i-Motor W/O (Within: O	D 2hrs, TP 4hrs)	
OD TP) Reporting Only	i-Photo Uploaded		
	Assessment/Survey Rep	ort i	
TP Insurer:	Ass't Report by Fax / H		-
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: 6300	Vate n	NC()/Non-INC()	
Owner / Driver: (100	Tel:)
	riod: () Cover Type: ()
Confirmed by : (Date:	Time:)
	Note-Est. Status (WO): N	l: 0-20%; P: 21-79%. P: 80)-100%]
	Warranty: YES ()/NO		
Excess: (\$) Loading: \$1,00	00()/\$2,000()		
General Remarks:			ASSERT STORY
() Walk-In Customer : Customer's infor	13 Contract	A LOS AND DESCRIPTION OF THE PARTY OF THE PA	And the second s
() Total Loss Case : to e-mail Insure			V
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Drive-In () / Towed-In (); Invoice: Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / C 2) QC Check / Post Repair Inspection); Towing Co: (Date& Lime Completed	Done by
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	Courtesy Car ()	<u> </u>	Done by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	23/03/2019 10:53
Date Of Accident	21/03/2019 19:40
Exact Location Of Accident	ANAK BUKIT TWDS UPP BUKIT TIMAH RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY8346A
Insured/Policyholder	
Name Of Registered Owner	JULLEE ANG
NRIC No	S1570962F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90299273
Alternative Phone No	OFFICE-90299273
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105932844
Cover Note Number	
Driver	
Name of Driver	JULLEE ANG
NRIC No	S1570962F
Date Of Birth	02/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	15/08/1980
Driving Experience	38 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90299273
Fax Number	

OFFICE-90299273

NOEMAIL

Address BLK 815 TAMPINES AVENUE 4

#10-239

Postcode 520815

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

verlide

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

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

YES

NO

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5871999 - FAX NO: 65871699

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190322/2162.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBD4616C

NO

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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 JULLEE ANG

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SJY8346A

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- i. Please report <u>entractly</u> the details of the accident to speed up the claims procure
- 2. This Form must be completed by the Policyholder and/or the Authorised Delver,
- Information provided must be as truthful and accurate as dossible. Any will'd misrapresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The Issue and acceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false recording may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee by made evallable 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.
- 5. Consert under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (s) 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 onpossessed 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 shall be collectively referred to as the "insurers"), the insurers' lawyers/Jaw 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 dains 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 dains. (collectively the "Purposes")
- (a) ell insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are parmitted to options, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (b) my Personal information may/ran 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 sted outside of Singaporo, for one or more of the above Purposes.
- (5) my Personal Information will also be collected and used to compile delms history for the purpose of freud detection, investigation and management in present and all future dalms.
- (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.

Folloyholder's Signature Oxfe & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Person Name:

el's Signature

NRIC/FIN No.:

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Policyholder & Signa Date & Tirdin

(If driver is not the policyholder)
Date & Time:

Name:

NRIC/FIN No.:

Date of Accident	: Z\ 103/2011 Accident Time: 19 40 (24-HR-Format)
Accident Place	: ANAK bukit toward upper bukit timon Kond
Vehicle Reg. No. (Car Plate No.)	: SJY8346A
Vehicle Make/Model	: Mitsuisishi lanear 1.6A
Insurance Company	: NTUC Policy No. 510 5932 844
Owner or Company Name /IC No.	:_5157096ZF
Owner or Company Contact No.	: 9021927> Owner's Hp 90299275 Company Tel
DRIVER'S Name / IC No.	: JULLEE ANG
DRIVER'S Date Of Birth	:02/01/1462 DRIVER'S License Pass Date 15 Aug 1 1990
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: Blk 815 TAMPINES AVENUE 4 #10-239 Singapore 520815
DRIVER'S Contact No./ Alt No.	1) 90249273 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: JULLEE ANG A Hotmail. So
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET VAFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including I	Driver): 2 1 male passings 1
Was there any video Captured by c Exact purpose for which vehicle w	ar camera: YES (NO) as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: GBD 46160	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





1 of 3

Report No. T/20190322/2162

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 22/03/201	9 18:03	fade: .	Vide Report No.:	Station Diary No.: 145			
Informan	t's Particu	ulars					
Name of I JULLEE A	nformant: ANG		Address: APT BLK 815 TAMPINES AVENUE 4 #10-239 SINGAF 520815				
ID Type / NRIC NO	ID No.: / S157096	62F	Contact No.: Home/Office: Mobile: 90299273				
Nationality SINGAPO	y: ORE CITIZ	EN .	Email:				
Sex: Female	Age:	Date of Birth: 02/02/1962	Type of Informant: Driver				
Race: Chinese		100 miles	Language: Institution / School N				
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:				

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/03/2019 19:40	Type of Location:
	ROAD N-ISLAND EXPRESS			4
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision Between Moving	n: g Vehicles - Head To	Rear	g 12	Anyone conveyed by ambulance:

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
GBD4616C	Van	NISSAN		White		0		
SJY8346A	Car	MITSUBISHI	LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR	Grey		1 200000		





2 of 3

Report No. T/20190322/2162

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SJY8346A	NTUC Income Insurance Co-Operative Limited	5105932844	29/11/2018	28/11/2019			

Details of Perso	n Involved			NO DESCRIPTION OF THE PARTY OF		Mary Control of the C	
Any Pedestrian II	nvolved: No				*		
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA	
Driver .							
Name	JULLEE ANG			ID No		S1570962F	
Related Vehicle	SJY8346A (Car)			Contact No.		90299273	
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	21/03/2019		Date Disc	-	21/03	3/2019	
No. of Days gran	ted Medical Leave	03	Degree of				

Brief Details.

On 21/03/2019, at about 7:40pm, I was driving my car (SJY8346A) along Bukit Timah Road towards Pan -Island Expressway (PIE) on the left lane of the slip road. It is a two lane slip road and I have a passenger on board.

As I was driving on the slip road towards PIE, I had noticed that the traffic was congested as such I had came to a complete stop behind a car. After a few seconds, I had felt an impact from the rear and realised that a Van (GBD4616C) had collided onto the rear of my car. I had alighted to take a look of the damages but I was not feeling well. As such , I had went to seek medical consultation immediately and did not manage to exchange particulars. There is no in-car camera recording my car. No traffic police or ambulance attended to us.

After seeking medical consultation, I was given three days medical certificate.





3 of 3

Report No. T/20190322/2162

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

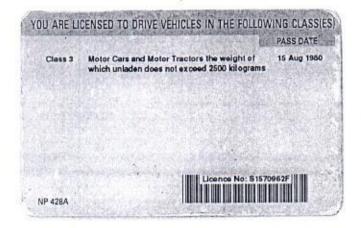
300-5871999 CONTINUATION OF REPORT

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 Red G / Staff Sgt CHAN DE MIN		Signature Of Informant:
Signature Of Interpreter Not applicable	: 1	Date/Time: 22/03/2019 18:03
Officer In Charge Of Ca TP / AEIT / Sgt 2 SHARIFAH NOR MOHD SAID		Classification Of Case:
Contact No.: 65476172 Authentication Stamp	SINGAPORE POLICE FORCE	









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Hello, NAC_PAYA_UB1_80	0601						• Change	Language	• Chang	e Password	→ Log Out
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	Vehicle	No.(For Motor)	SJY834	6A		Certifi	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105932844		JULLEE ANG	S1570962F	GPC	drivo CLASSIC	SJY8346A	SJY8346A	29/11/2018	28/11/2019
						Continue]				

olicy No.	5105932844	Policyholder Name	JULLEE ANG		Policyholder NRIC	S1570962F	
Certificate lo.							
Address	BLK 815 #10-239 TAMPINES AV	ENUE 4 SING	APORE 52081	5			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	29/11/2018	Effective Date	29/11/2018	00:00	Expiry Date	28/11/2019 23:5	9
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/Ir	nexperience Driver Excess
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 815 #10-239	Addr	ess 2	TAMPINES AVENUE	4	Address 3	SINGAPORE 520815
Address 4		Addr	ess Type	Singapore address		Post Code	520815
Unit No.		Rela Num	ed Policy ber	5105932844			
	ed Object: SJY8346A	13-34-60	2006F				
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Hotele No Sylfolder Name SULEE ANG Policyfolder NRJC \$1970962F Suct Code PRINATE CAR INSURANCE Cover Type drivo CLASSIC Loading O Contact No. (Home) O Special Remark ® No ○Yes TCA ® No ○Yes Recode Reason	aim Handling					
MASE AND	ilcy No.	5105932844	Vehicle No.	SJY8346A	GST Registration No.	
MASE AND						
March Marc		3 STEE ANG			Policyholder NR3C	51570962F
Sealer S			Cover Type	Grive CLASSIC		0
Second						
Companies Comp	(act No.(Mobile)	90299273		0		
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Accorded Facility Colorans - March 19 Facility Colorans -		® No ○ Yes	TCA	® No ○Yes		
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The Control of March Scale of Accessed No. 1999 Service of A	Accident Details					
Mark 10000 10000 1000 10000 10000 10000 1000 1000 10	ort Date	23/03/2019 11:03	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
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	damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
### Approved Information	armed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
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## Assisted Procy Number* ## Assisted Number*			Address Time		Post Code	520815
## VALUE ANG					200000000000000000000000000000000000000	
MULE ANG Diver Type Many Diver Diver Note			Related Policy Number	3103932844		
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Act No. [Models) 90299277	amed driver Name		Driver NRIC	S1570962F	Driver DOB	02/02/1962
But 615	ster Date of Driver License	15/08/1980	Driver Age	57	Driving Experience	38
Address Type	tact No.(Mobile)	90299273	Contact No.(Office)	0	Contact No.(Home)	0
Address Type No. 10-239 Driver Vehicle No. Driver		B K 815	Address 2	TAMPINES AVENUE 4	Address 3	SINGAPORE 520815
Since one is Singapore Orient Vehicle No.		DLA 913				
She dam S Engagere Ores			Address Type	Singapore adoress	Post Code	950913
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## Yes One of Test One of Tes	es he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
Insured Name In	aration .					
Insured Name Insured Name DULEE ANG Insured Name DULEE ANG Insured Name DULEE ANG Insured Nation Sep394808 Contact No. (Office) G2973773	athalyser or Blood Test ding?	0 mg	Any injury?	® Yes ○ No		
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Aladres Superior Society Socie	laim 001 New					
Attact No. (Mosile) S0299273 Contact No. (Home) S7854B06 Contact No. (Office) G2972773 all Address LULLEANGSHOTMAIL.SG	m Type +	OD-MX	Insured Name	JULLEE ANG	Insured NRIC	S1570962F
Bit Address DULEANGEPHOTMAIL SG DI Vehicle Number SIV8346A TP Vehicle Number GBD4616C					Contact No. (Office)	
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mark Address m Description Syr8146A / GBD4616C CN 21 Mar 2019 larred Workshop Contact Jiroured Listority * Not at Fault Jiroured Repair Option Received 23/03/2019 11:04 Claim Close Date Claim Close Date Claim Close Date Save Submit Attachment Attachment Attachment Print AK letter Browse Path * Category * Confidential Urgency * Description * Browse Description * Browse Description * Preserved Workshop, Name unknown * GIA report * Received * 23/03/2019 00:00 * Received * 23/03/2019 11:04 Claim Close Date Claim No. O01 Cloc. Received * Path * Category * Confidential Urgency * Description * Browse Description * Browse Description * Browse Description * Praise Select * Name of Preferred Workshop Name of Preferred Workshop Received * 23/03/2019 00:00 Description * Description * Description * Browse Description * Presses Select * Name of Preferred Workshop Received * 23/03/2019 11:05 Category * Confidential Urgency * Name of Preferred Workshop Name of Preferred Workshop Received * 23/03/2019 00:00 Description * Des	mant Type Claimant Type *	Please Select		Please Select		
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