i . p/t ct 1 .25 NATIONAL Assessment Centre Services. poet 1 Jorday. : MNA 119073428 Done by Date In: Date &Time Completed Jeb description 616119 11241 Ref No: SAS c-filling MAI INC 1900,9955/ h4 Veh No: E-mall (white this, AIC this) SJE 2277 K. LIGIA : I-Motor Claim Form 616.119 15:52 516/19 00:35. I-Motor W/O (Within: OD 2hrs, TP 4hrs) (ii) - 1P ! Reporting Inly I-Photo Uploaded Assessment/Survey Report TP Insurer. Ass't Report by Fax / Hand to Owner/Wkan Proferred Wksp / INC Assign Wksp / QW: (IP Particulars: Veh No:)/Non-INC (INC (GBF 97635 Owner / Driver: (Tcl:) Policy No: (Period: (Cover Type: (Confirmed by : (Thma: Dates Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%1 Year of Registration: (Warranty; YES ()/NO(Excess: (\$ Loading : \$1,000 ()/\$2,000 (English telihaktak kanalakan telepatan kanalak) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES () / NO (); Towing Co: (Commence String Nonview CAD DOC 15058 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Infury : MA1904224 Chimmills Particular 1) All ; Annident Reporting (330); 2) DA : Damege Assessment (5100) NC (550) \$40/\$45 3) TF : Towing Pee Driver/Owner: 4) PT : Follow-Through Survey \$120 5) PT : Pollow-Through Burvey (Resurvey) \$30 Contact No: Por ulaiming against INC Only (wef 10 Jan 200) 6) TR: Re-Imposition Damaged Portion: 7) NL : Idao DA + SMICT Survey \$160 8) NTUC Additional Services:-QC Checked by (Engr-In-Charge): N5: Courtery Car / Tpt Allowance
N6: Rapair Co-ordination 22 510 *N7; Post Repair Inspection \$23 Windstork 10 h +Na: DV / Collect Excess Coordination 33 TP (Nt1) : TP (Nan INC) against INC 2at. 1: 9) N12: Idaa Mobila AMEN'TEN 11 2/3: Fee Charged involor dated Involce dated Fee Charged

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.

Called Call College Co	ACCIDENT STATEMENT
Date Of Report	06/06/2019 11:41
Date Of Accident	05/06/2019 00:35
Exact Location Of Accident	SIMS AVE B4 TURNING INTO GEYLANG SERAI
Country/State of Loss	SINGAPORE
AND REPORT OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJE2277K
Insured/Policyholder	
Name Of Registered Owner	MANAGED PRINT SOLUTIONS PTE LTD
Co Reg No	201611716Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81233009
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5106958968
Cover Note Number	
Driver	
Name of Driver	LOH AH TEE (LUO YACHI)
NRIC No	S8038999Z
Date Of Birth	28/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94502228
av Number	(LOCAL) +65-94502228
ax Number	(LOCAL) +05-94502228
Contact Number	(LOCAL) +05-94502228

Address

BLK 360B ADMIRALTY DR #08-64

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

YES

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)

NO 3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

GBF9763S

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <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:
 - (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 .:

						2277
	I A B			(C -	lab†	9763
		sims Ave	Вų	torn	ing !	into c
IBE CIRCUMSTANCE	S OF THE ACCIDENT					Se
Please	Refer	to Police	P	Reas	-t	
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DECLARATION

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

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.:





Report No. T/20190605/2011

1 of 3

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 05/06/2019 02:43		Vide Report No.:	Station Diary No.: 15
Informa	nt's Partic	ulars		
Name of LOH AH	f Informant: TEE		Address: APT BLK 360B ADMIRALT 752360	Y DRIVE #08-64 SINGAPORE
	/ ID No.: D / S80389!	99Z	Contact No.: Home/Office:	Mobile: 94502228
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 28/11/1980	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat	ion: E HIRE DR	IVER	Driving Licence Information:	Date of Evolution

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/06/2019 00:45	Type of Location Straight Road	
SIMS AVENU GEYLANG SI					
Weather: Clear		Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collis	ion: ing Vehicles - Head T		-	Anyone conveyed by	

Details of Vehicle Involved									
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge			
GBF9763S	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	White	Slightly Damaged	1			
SJE2277K	Car	ТОУОТА	COROLLA AXIO 1.5X A	Grey	Slightly Damaged	2			





0190003/2011

Report No. T/20190605/2011

2 of 3

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

Details of Perso	The state of the s					
Any Pedestrian I						
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver					120	
Name	LOH AH TEE			ID No		S8038999Z
Related Vehicle	SJE2277K (Car)			Conta	ict No.	94502228
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 05/06/2019, at about 0045hrs, I was driving my vehicle, SJE2277K, along Sims Ave in the second lane. As I was approaching the entrance Geylang Serai, I signaled right and tried to change lanes into the first lane. Half of my vehicle managed to enter into the first lane, and it was stationary there for a few seconds due to a slight congestion along Geylang Serai.

When I moved forward to fully enter into the first lane, I saw that the van behind me, GBF9763S, started moving closer towards me. I quickly honk at the driver, but the driver still continued moving forward and its front left area collided into my vehicle's right side. As there was a slight congestion already, we did not want to cause further congestion by stopping there. The other driver told me to drive forward and thus I did so and waited for him there. I waited for the other driver for about a few minutes but he did not drive over. I came down and took some photos and left as I had a passenger in my vehicle.

There are no injuries. There are multiple scratches and a dent above the front right mud guard area. There are also scratches to my front right wheel cap. My bumper is also loose. The right side of my bonnet is also dented. I also wish to inform that when I stepped on the vehicle's breaks, there is a weird sound. I do not have any in-car camera.





3 of 3 Report No. T/20190605/2011

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

CONTINUATION OF REPORT

Sketch Plan

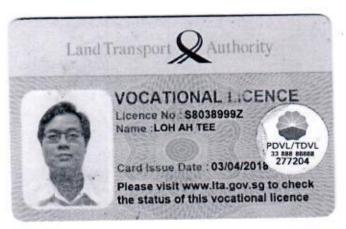
Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report: L / Sgt 2 TAN YU KAI, MARCUS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/06/2019 02:43
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE	Classification Of Case:
Contact No.: 65476079	SN 055
Authentication Stamp	March











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

12

PRIVATE HIRE CAR VL

03/04/2018



eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 05/06/2019 11:39 Vehicle No.(For Motor) SJE2277K Certificate Number Search Certificate Number Policyholder NRIC Policyholder Name Vehicle Insured Object Select Policy No. Commence Date Product Cover Type Expiry Date MANAGED PRINT SOLUTIONS drivo CLASSIC 5106958968 201611716Z SJE2277K SJE2277K 11/01/2019 16/04/2020 GPC PTE LTD Continue

Claim Handling

Accident MT/1047825						
Policy No.	5106958968	Vehicle Np.	53E2277K		GST Registration No.	
Certificate No.						
Policyholder Name	MANAGED PRINT SOLUTIONS PTE LTD	5			Policyholder NRIC	20161
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile) Email Address	81233009	Contact No.(Office)			Contact No.(Home)	
KFK	No. Yes	Special Remark			eCode	No *
NCD Protection	* No Yes	TCA	- No Yes		eCode Reason	
→ Accident Details	No.	NCD Entitlement(%)	0		Private Hire	Yes
Report Date	06/06/2019 15:47	Accident Report Within 24 hrs	Yes		Annidant Total	-
Date of Accident	05/06/2019	Time of Accident hh:mm	00:35		Accident Type	Collisi
Reporting Centre		Orange Force	00.33		Country of Accident	Singa
Accident Location	51MS AVE 84 TURNING INTO GEYLAN	ALCOHOLD STREET			ICM No.	
⇒ fxcess						
Own damage Excess	2,000.00	Additional Excess	0		Windscreen Excess	12222
Unnamed Driver Excess		Outside Singapore OD Excess		2,000.00	Windscreen excess	100.0
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00		
				3,000		
♥ GST Registered Informa	tion					
GST Registered	Yes		GST Regist	tration Date	08/08/2016	
GST Registration No.	2016117162		GST Status	s Verified	Yes	
Modification History	06/06/2019 15:50:3	81 System changed GST Registered from No to 81 System changed GST Registration No. from r	to History State and the State of the			
Policyholder Mailing Ade	06/06/2019 15:50:3	11 System changed GST Registration Date from	null to 08/08/2016			
Address 1	BLK 360B #08-64	Address 2	Harriel of Electronic		0.000000000	
Address 4	SINGAPORE 752360		ADMIRALTY DRIVE		Address 3	SUN B
Unit No.	08-64	Address Type Related Policy Number	Singapore address		Post Code	75236
OI Driver Info	E-F	Nemied Policy Number	5106958968			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	LOH AH TEE (LUO YACHI)	Driver NRIC	58038999Z		Driver DOB	NAMES OF STREET
Register Date of Driver License	26/12/2003	Driver Age	38		Driving Experience	28/11
Contact No.(Mobile)	94502228	Contact No.(Office)			Contact No.(Home)	15
Address 1	BLK 360B #08-64	Address 2	ADMIRALTY DRIVE		Address 3	SUN B
Address 4	SINGAPORE 752360	Address Type	Singapore address		Post Code	75236
Unit No.	08-64					W 70-27
Does he own a Singapore Registered car?	Yes a No.	Driver Vehicle No.			Driver Insurer Company	
Declaration						
Breathelyser or Blood Test						
Reading?	0 mg	Any injury?	Yes . No			
Modification History						
Claim 001 New						
Claim Type *				OD-MX T	Insured MANAGED PRIN	SOLUTIONS P
Contact No.(Mobile)				81233009	Contact No.	
Email Address					(Home)	
email Adoress					Vehicle SJE2277K Number	
Claim Description				SJE2277K / GBF9763S ON 5 Jun	00017-01000	
Preferred				23.00 P. V. O. D. S. 103.2 CM 2.30	12019	
Workshop o		tially at Fault				
rinalisation	Repair Preferred Works Option	shop, Name unknown v report Received	•		, Claim	
Date Registered				06/06/2019 15:51	Close	
Report Taken By				LIEW SHAN HUI	Date	
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Accident No.	MT/1047825	Claim No.	00	01		

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• Yes No

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