	ntre Services		4919094641		
Date In: 15/3/15/15/19	Jeb description	n	Date & Time Completed	Done	py.
Res No: Na 14C19, 12789 /24	SAS e-filing				
Veh No: NVJ372	E-mail (within	a Shrs, AIC 2hrs)			
D.O.A: 18/3/19-13:00	i-Motor Cla	im Form	M7/1054164-001	193/19/1	5229
OD (TP) Reporting Only	i-Motor W/0	O (Within: OD 2hr		124 C. L. L	
OD . Try reporting Only	i-Photo Uple	oaded			
TP Insurer:	Assessment/S	urvey Report			
Tr insurer.	Ass't Report	by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW;	(		Tel:	ax:	)
TP Particulars: Yeh No:	. TEE824	. INC(	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: (	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
	Note-Est. Status (	WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	9
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000	)( )	Y		
			Mana Pauline de la company	San San	in Pa
( ) Walk-In Customer: Customer's i		onfidential & St	ictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Ins	urer URGENTLY.				
Drive-In ( )/ Towed-In ( ); Invo	pice: YES ( ) / I	NO( );T	owing Co: (		)
	the same of the sa				0.00
Remarks: (INC hotline: 6788 6616	)	12.	Date& Time Completed	Done	by
	SCHOOLS (Charles and Leader Je SCHOOLS)	)	Date& Time Completed	Done	by
1) Apply for Transport Allowance ( )	/ Courtesy Car (	)	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection	/ Courtesy Car (	) ) )	Date&Time Completed	Done	by
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Apply for Transport Allowance ( )  QC Check / Post Repair Inspection  Dupload Resurvey Photo [Repair Cost >  Injury:  Pate/Time Actions  Limant's Particulars:-  ver/Owner:	/ Courtesy Car (	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA +	aration Checklist;  Reporting (\$30); INC (\$8   S40  Frough Survey  Frough Survey (Resurvey)  Frough Survey (Resurvey)  Frough Survey (Wef 10 Jan 2005)  From SMRT Survey	Anit (5) Tit Bill 0) 7545 5120 530	Amt (3)
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Actions  Checked by (Engr-In-Charge):	/ Courtesy Car (	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OID* *N5: Courtesy 0 *N6: Repair Co	aration Checklist.  Reporting (530); Issessment (\$100); INC (\$8 or 0.00); INC (\$100); INC	Ant (5) 7st Bill  0) 7545 5120 530 575 5160	Amt (3)
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  MAIGOXYIV  Limant's Particulars :-  Ever/Owner:  Intact No:  maged Portion:  Checked by (Engr-In-Charge):  ditors' Comments :-	/ Courtesy Car (	1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idac DA + 8) NTUC Addition OD* *N5: Courtesy 6 *N6: Repair Co *N7: Fost Repair *N8: DV / Colle	aration Checklist.  Reporting (530); ISSESSMENT (\$100); INC (\$3 to \$40 t	Anit (5) Tst Bill  0) (545 5120 530 575 5160 525 550	Amt (3)
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Figure 1 1.30

### 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.
- 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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	19/07/2019 15:14
Date Of Accident	18/07/2019 13:00
Exact Location Of Accident	BALESTIER RD TWDS THOMSON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV532Z
Insured/Policyholder	
Name Of Registered Owner	SOH AH SENG @CHUA HEE MENG
NRIC No	S0154342C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86115111
Alternative Phone No	OFFICE-86115111
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097531715-01

Policy Number 5097531715-01

Cover Note Number

Driver

 Name of Driver
 CHUA YEN SAN

 NRIC No
 \$8301739B

 Date Of Birth
 28/01/1983

 Occupation
 INDOOR

 Date Of Driving Pass
 03/11/2003

Driving Experience 15 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-86115111

Fax Number

Contact Number OFFICE-86115111

EMail Address NOEMAIL

30 AH HOOD ROAD Address

#09-02

Postcode 329976

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

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? NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

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

NO

ambulance?

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 NAME:

3 2

Passenger 1

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name BOON TECK NEIGHBOURHOOD POLICE POST

ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2549999 - FAX NO: 63554310

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190718/2132.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKW5837T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 18

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name CHUA YEN SAN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLV532Z

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

## SKETCH PLAN

## **IMPORTANT NOTICE**

- Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

	Thomson RD
A; SLV 532 Z B: SKW 5837T	

		ES OF THE ACCIDENT		
	Refer to poli	u report.		
	1			
-				
		011011		

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
   Please report correctly on the details of the positions.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

	ACCIDENT DETAILS	
Date of accident	18 JWW 2019	(DD/MM/YY)
Time of accident	1:00PM	(HH:MM)
Exact location of accident	Balestic RD toward Thomson RD	

	DET	TAILS OF	VEHICLE	TOWN TO NOT	AND SERVICE AND SERVICE OF THE SERVI
Vehicle registration number	SLVh322	7.			
Vehicle make and model	Huundai	Avanto	,		
Type of vehicle	Saloon   Lorry	MPV 🗆 Bus 🗆	CRV   Motore	Van cycle 🗆	Others:
Vehicle category	Private	Comme	rcial 🗆	Motorcyc	tle 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ 1 Third part clai	No Ø	if no, pleas Reporting		

	INSURANCE IN	FORMATION	CHARLES AND THE
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

<b>被制度的数据等的影響等的數据等的</b>	INSURED / POLICY HOLDER	Section state Life Lines	A STAN STAN SHE
Name	Chua Hee Meng @ Soh Ah Seng	Male □	Female 🗆
NRIC / Fin / Passport number	S0154342C		
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE (SKI	P TO D.O.B)	
Name	chua yun san	Male 🗆	Female
NRIC / Fin / Passport number	S8301739B	200.000	
Contact	8611 5111		
Address	30 An Hood Road #09-02 S(329076)		
Email address			
Date of birth	28 Jan 1983		
Occupation	Indoor Outdoor		
Driving date pass	03 Nov 2003		

<b>基础的产生中的企业</b> 企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企业	GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of	Yes □ No pr	0/
the insured's company?	If no, relationship of the driver and insured:	Daugnter
Accident captured by camera?	Yes no a	J
Weather condition	Clear Raining Others:	
Road surface	Dry Wet a	
No of passenger	٥-	(Inclusive of driver)
	CONTRACTOR NO. AT ANY	
旅程 建油油 医甲基二氏	PASSENGER 1	
Name	Chua yin San	
Gender	Male   Female	
<b>建</b> 等的对称。	PACCENCED	
Name	PASSENGER 2	DATE (1997) DATE (1997) CHIEF (1997)
Gender	Male pr Female =	
Gender	Male P Female U	
MANUFACTURE STATE OF THE STATE	PASSENGER 3	
Name	PASSENGER'S	
Gender	^1ale □ Female □	
Gender	Tellac u	
REAL FROM PARTY OF LAND	PASSENGER 4	Large State Land Service
Name	/ ASSENSENT	
Gender	Male D Female D	
Mary New York (1997)	PASSENGER 5	
Name		
Gender	Male  Female	
/		
MINERAL REPORTS	PASSENGER 6	
Name /		
Gender	Male  Female	
<b>建</b> 工程工作。	OTHER INFORMATION	
Was anybody injured?	Yes. No 🗆	
Was other vehicle damaged?	Yes pr No a	
	DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes 🗷 No 🗆 If yes, please state which	police station.
Police station name		
<b>建筑设置是双边的影响。</b>	WITNESS 1	地方建筑的大学的特殊
Name	\/	
	X	
44. 图片的 14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	WITNESS 2	SECULE REPORT FOR THE PARTY OF
Name	/	

SELECTION TO BE A CONTROL OF	THIRD PARTY VEHICLE 1
Vehicle registration number	SKW1837T
Vehicle make model	38177103 [ 1
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	7
NRIC / Fin / Passport number	
Contact	
	THIS CARRY VEHICLE
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	·
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	THIRD PART I VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>经共享的产品从约</b> 安全公司	THIRD PARTY VEHICLE 5
Vehicle registration number	//
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE RESERVE OF THE PARTY OF THE	THIRD PARTY VEHICLE 6
Vehicle registration number	THIRD PAINT VEHICLES
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
//	
The state of the s	THIRD DARTY VEHICLE 7
Vehicle registration number	THIRD PARTY VEHICLE 7
Vehicle make model	
Name //	1
NRIC / Fin / Passport number	
Contact	

	INJURED PERSON 1	
Name		4
100 F	chua yin san	
Injuries sustained	NUF and Back	
Which vehicle person in? Were seat belts worn?	SLV5322	
	Yes No a	
Was injured conveyed to hospital by ambulance?	Yes D No D	
nospital by ambulance:		
AND SECOND STREET, SE	INITIDED DEDCOM 2	-
Name	INJURED PERSON 2	
Injuffies sustained		_
Which vehicle person in?		_
Were seat belts worn?	V N	_
Was injured conveyed to	Yes D No D	-
hospital by ambulance?	Yes  No	
nospital of ambalance:		- 23
	INIU INCO DEDCON 3	
Name	INJURED PERSON 3	
Injuries sustained	1	1
Which vehicle person in?		
Were seat belts worn?	Yes D No D	-
Was injured conveyed to		_
hospital by ambulance?	Yes D No D	
nospital by ambulance:	<del></del>	
	INJURED PERSON 4	në:
Name	INJURED PERSON 4	No.
	INJURED PERSON 4	400
Injuries sustained	INJURED PERSON 4	2002
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D	
Injuries sustained Which vehicle person in?		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   No   Yes   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes   No   Yes   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes   No   Yes   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   No   Yes   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   No   Yes   No   INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   No   No   Yes   Yes   No   Yes   Y	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes   No   No   Yes   Yes   No   Yes   Y	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes   No   No   Yes   Yes   No   Yes   Y	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   No   No   Yes   Yes   No   Yes   Y	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes   No   No   No   No   No   No   No   N	





Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207

Report No. Tr20190718/2132

Tel No: 1800-2549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 16:35 Vide Report No.: Station Diary No.: Informant's Particulars Name of Informant: Address: CHUA YEN SAN 30 AH HOOD ROAD #09-02 SINGAPORE 329976 ID Type / ID No. Contact No.: NRIC NO / S8301739B Mobile: 86115111 Home/Office: Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Female 36 28/01/1983 Driver Race: Institution / School Name: Language: Chinese English Occupation: Driving Licence Information: Home Maker Class: 3 Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/07/2019 13:00	Type of Location: Straight Road	
Control of the Contro	OAD ng right from Balestie	r Road along lane 3		Road Speed Limit	
Weather: Clear		Dry		Troad Opera Limit	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
One Way				Anyone conveyed by	

Details of V	enicle invo	ived				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKW5837T	Car	HONDA	VEZEL	White		0
SLV532Z	Car	HYUNDAI	AVANTE	Grey	Slightly Damaged	1

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



Police Station Of Origin.
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

CONTINUATION OF REPORT



2 of 3 Report No. 1/20190/18/2132

Name	CHUA YEN SAN SLV532Z (Car) NIL			ID No. Contact No.		\$8301739B 86115111	
Related Vehicle							
Hospital/Clinic				Class of Driving Licence & Expiry Da		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harne	NIL	Mill the second second	
No. of Days granted Medical Leave NIL		NIL	Degree o		NIL		

#### Brief Details.

On 18/07/2019 at around 1300hrs, I was driving my car - a Hyundai Avante grey in color bearing registration plate number SLV532Z and had turned right from Balestier Rd into Thomson Road and was on lane 3 of a 4 lane road.

Suddenly, a white colored Honda Vezel car bearing registration plate number SKW5837T which was along lane 2 encroach into my lane as such the front left bumper of the said car had hit onto the front right bumper of my car. I had horned at the said car however the said car subsequently drove off without stopping.

There were scratches observed to the front right bumper of my car. No one was injured. I have the footage of the incident which was captured by my in-car built in camera.



Police Station Of Origin Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207 Tel No: 1800-2549999 THE THE PROPERTY OF A STATE OF THE PARTY OF

Report to 1/20/1982/1922 (2)

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:
E /
Sr Staff Sgt JAMADIL BIN DOL MAT

Signature Of Interpreter. Not applicable

Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No. 65476902

Authentication Stamp

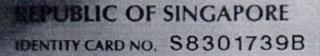
/ SN 062

SIGNATURE

Signature Of Informant:

Date/Time: 18/07/2019 16:35

Classification Of Case:





Name



CHUA YEN SAN

or LKR/NAC Use Only

Date of Bath

28-01-1983

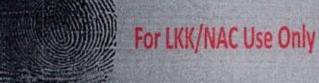
Country of Birth

SINGAPORE

3356988



NRIC No. S8301739B



Blood Group Date of issue

07-04-2003

30 AH HOOD ROAD #09-02 SINGAPORE 329976 NRIC No: 1883017398

Date: 20/05/2011

No: 6790613







Policy No.	5097531715-01	Policyholder	COU AN CE	NG @CHUA HEE MEN	Policyholder	201543435	
	509/531/15-01	Name	SUH AH SE	NG @CHUA HEE MEN	NRIC	S0154342C	
Certificate No.							
Address	BLK 206 #01-1211 TOA PAYOR	NORTH SING	PORE 31020	06			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	06/06/2019	Effective Date	21/06/2019	9 00:00	Expiry Date	20/06/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Agent	KOMOCO TRADING PTE LTD	Agent Tel.	96312463		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 206 #01-1211	Addre	ss 2	TOA PAYOH NORTH	3	Address 3	SINGAPORE 310206
Address 4		Addre	ss Type	Singapore address		Post Code	310206
Jnit No.		Relate Numb	ed Policy er	5097531715-01			
D Insure	d Object: SLV532Z						
	ements						
	ements						

Claim Handling						
Accident MT/1054164						
Policy No.	5097531715-01	Vehicle No.	SLV5322	GST Registration No.		
Certificate No.	NAME OF THE PARTY					
Policyholder Name	SOH AH SENG @CHUA HEE MENG			Policyholder NRIC	S0154342C	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0	
Correct No. (Mobile) Emel Address	aw114111	Contact No.(Office)	0	Contact No.(Home)	0	
KFK	8×0***	Special Remark	and the second	eCode	Nr 💙	
	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason		
NCD Protection  Accident Details	Yes	NCD Entitlement(%)	50	Private Hire	No	
Report Date	19/07/2019 15:27	2024/02/07/07/07/07/07				
		Acadent Report Within 24 hrs	Yes	Acodent Type	Collision - Change / Cross lane	
Date of Acodent	18/07/2019	Time of Accident hh:mm	13:00	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	BALESTIER RD TWDS THOMSON RD					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	100.00			
DD Standard Excess	600.00	TP Standard Excess				
YIED OD Excess	0.00	VIED TP Excess	0.00	Protection Protection	*********	
Additional Excess	Ö	A CONTRACTOR OF THE PARTY OF TH	0.00	Driver is Covered?	Covered	
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
♥ Benefits	7,000000000	Committee and the same	0.00			
□ GST Registered Inform	ation					
GST Registered	No		GST Registration Date			
SST Registration No.			GST Status Verified	Yes		
Modification History						
→ Policyholder Mailing Ad						
Address 1	BLK 206 #01-1211	Address 2	TOA PAYOH NORTH	Address 3	SINGAPORE 310206	
Address 4		Address Type	Singapore address	Post Code	310206	
init No.		Related Policy Number	5097531715-01			
○ OI Driver Info		77 WALLOW THE TOTAL TOTA	Proposition and the second			
Priver Name Innamed driver Name	OHUA YEN SAN	Driver Type Driver NRIC	Named Driver	20009920		
Register Date of Driver License	03/11/2001	Driver Age	593017398 36	Driver DOB	28/01/1983	
Contact No (Mobile)	86115111	Contact No. (Office)	0	Driving Experience	15	
Address 1	30 AH HOOD ROAD	Address 2	NADIA MANSIONS	Contact No.(Home)	0	
Address 4		Address Type	Singapore address	Address 3 Post Code	SINGAPORE 329976	
MILL NO.	09-02	State of the state	Jingapore address	PISK CODE	329976	
Dows he own a Singapore	○ Yes ® No	Driver Vehicle No.		A CONTRACTOR OF THE CONTRACTOR		
Registered car?		Diffe Female No.		Driver Insurer Company		
eclaration						
reathelyser or Blood Test	0 mg	Any injury?	® Yes ○ No			
Reading?		and adold	S. ser O vo			
fedification History						
Claim 001 New						
100						
Darm Type +	00-MX	The count has a		Thursday and Color		
ontact No. (Mobile)	90752769	Insured Name	SOH AH SENG GOHUA HEE MEN	Insured NRIC	S0154342C	
meil Address	797.047.00	Contact No.(Home)	62552815	Contact No.(Office)		
	Please Select	Of Vehicle Number Type of Benefit •	SLV532Z	TP Vehicle Number	SKW5837T	
lamant Name +	22	Clamant NR3C •	Please Select			
aimant Address	z.c			1		
aim Description	SLV5322 / SKWSB37T ON 18 Jul 2019			Hama of State and State an		
referred Workshop Contact	0.0000	Insured Dabsity *	Not at Card	Name of Preferred Workshop		
o. equire Finalisation	Yes		Not at Fault	211	1-000	
ate Registeres	19/07/2019 15:29	Preferend Regain Option	Preferred Workshop, Name unknown	GIA report	Received	
eport Taken By		Claim Close Date		Date Received	19/07/2019 00:00	
	Jackson					
Print AK letter						
		1	Save Submit			
Attachment		-	and the latest and th			
Silven et al.						
ccident No.	MT/1054164	Cleim No.	001			
tor codent No. est Doc. Received	MT/1054164  © Yes ○ No	Celm No. Upload Date	001 19/07/2019 15:30			

