	0	HA119096956	N 1/2/5/ 20
Date In: W/7 16: Vb	Job description	Date & Time Completed	Done by
Ref No: NA JULIA 0 13513/24	SAS e-filing	i	
Veh No: 50079368	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 23/2/19-16:50	i-Motor Claim Form	100-86840011M	24/3/19 18:
OD / TP Reporting Only	i-Motor W/O (Within: OD 2h		
OD Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
ir insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars: Veh No: JX	480H INC (	)/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( ) Pe	eriod: (	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: ( %) [	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-	100%]
<del></del>	Warranty: YES ( )/NO (	)	
	000 ( )/\$2,000 ( )		
General Remarks	7,52,000(	A THE PARTY OF THE	788777
comments or a construct season of the season of the State of the season	The state of the s	TOTAL PROPERTY AND ADDRESS OF A CO.	16.000 Pro- 1
( ) Walk-In Customer: Customer's info	ormation strictly Confidential & St	rictly NO refer of repairer.	ũ.
( ) Total Loss Case : to e-mail Insur-	er URGENTLY.	*	
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( ) / NO( ); T	'owing Co: (	
			V17 7 0 0 0 7 7 10 10 10
Remarks:- (INC horline: 6788 6616)		Date&Time Completed "	Done by
1) Apply for Transport Allowance ( )/C	Courtesy Car ( )		
Apply for Transport Allowance ( )/C     QC Check / Post Repair Inspection	Courtesy Car ( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3  Injury:	( )		
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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.
- 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

ACC	DEN	SIA	IEM	ENI
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Date Of Report 24/07/2019 16:26 Date Of Accident 23/07/2019 16:50

Exact Location Of Accident MARINA LINK TWDS MCE (AYE)

Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU7936B

Insured/Policyholder

Name Of Registered Owner **VOULEZ CARS** Co Reg No 53350846X Email Address NOEMAIL

Mobile Phone No. (LOCAL) +65-91449265 Alternative Phone No. OFFICE-91449265

Vehicle Particulars

Manufacturer HONDA

Model FREED 1.5G HYBRID A

Exact Purpose for which vehicle was being used at

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 PRIVATE HIRE

Vehicle Category

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5097296239-01

Cover Note Number

Driver

Name of Driver YANG WEIWEN NRIC No S8341310G Date Of Birth 22/12/1983 Occupation OUTDOOR Date Of Driving Pass 26/03/2007

Driving Experience 12 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97772411

Fax Number

Contact Number OFFICE-97772411

EMail Address NOEMAIL

BLK 54 PIPIT ROAD Address

#02-68 370054

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

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

Postcode

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

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

### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name MACPHERSON NEIGHBOURHOOD POLICE POST

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given? NO

If Yes, against whom?

# Circumstances of Accident

REFER TO POLICE REPORT - T/20190723/2154.

### 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 SJX1485H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver DAPHNE

NRIC/Passport Number

Contact Number 88081458

Address Postcode

Insurance Company Name

# **DETAILS OF INJURED PERSON 1**

Name YANG WEIWEN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SLU7936B

YES

NO

### 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 saigrature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

CRIBE CIRCUMSTANCES OF THE ACCIDENT  Let 12 place 17 px 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A: \$LU79368 B: SDX N87A
CRIBE CIRCUMSTANCES OF THE ACCIDENT	
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Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:





T/20190723/2154

1 of 3

Report No. T/20190723/2154

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

PEPORT	OF A	TRAFFIC	ACCIDENT
REFUNI		I I I I I I I I I I I I I I I I I I I	MODIE

Date/Tim 23/07/20	e Report M 19 20:08	lade:	Vide Report No.:	Station Diary No. 25	
Informa	nt's Particu	ılars			
Name of YANG W	Informant: /EIWEN	W.	Address: APT BLK 54 PIPIT ROAD	#02-68 SINGAPORE 370054	
ID Type		10G .	Contact No.: Home/Office:	Mobile: 97772411	
National	ty: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 22/12/1983	Type of Informant: Driver	8	
Race: Chinese			Language:	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3A Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2019 16:50	Type of Location X-Junction
Location: Along Road 1 MARINA BOU MARINA LINI Weather:	JLEVARD	) BEFORE X-JUNCTIO	DN	Road Speed Limit:
500		Dry		Mark to A
Clear				Traffic Volume:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	orking	Light

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SJX1485H	Car					0		
SLU7936B	Car			+	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: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

2 of 3 Report No. T/20190723/2154

### CONTINUATION OF REPORT

Driver						
Name	Daphne		ID No	).	NIL	
Related Vehicle	SJX1485H (Car)				act No.	88081458
Hospital/Clinic	NIL	<u> </u>	Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL	
Date Treatment	Date D	ischarge	NIL			
	ted Medical Leave	NIL		of Injury	NIL	
Driver						
Name	YANG WEIWEN			ID No		S8341310G
Related Vehicle	SLU7936B (Car)			Conta	ct No.	97772411
Hospital/Clinic	ACCESS MEDICAL (CIRCUIT ROAD)			Class Driving Licend Expiry	g e &	Class: 3A Date of Expiry: NIL
Date Treatment	23/07/2019		Date Di	ischarge	23/07	/2019
No. of Days grant	ed Medical Leave	03		of Injury	Slight	

### Brief Details.

I am currently working as a Private Hire Driver for Grab.

On 23/7/2019 at about 1650hrs while travelling in my vehicle, SLU7936B along Marina Link towards MCE(AYE) with 1 passenger from grab, I stopped behind a few vehicles from the traffic light as the light was red. When the traffic light turned green in my favor I started to move off slowly and I felt a impact from the rear. During the impact my head hit onto the right window. I then noticed that a vehicle, SJX1485H had collided into my rear. I then called grab to get another vehicle for my passenger, I then came out and took photos of the accident and exchanged contact numbers with the other driver of the said vehicle.

My vehicle's rear portion, bumper and boot was damaged with major dents and scratches due to the impact.

My vehicle was then towed away and I then proceeded to Access Medical(Circuit Rd) to seek medical attention and was given 3 days mc from 23/07/2019 - 25/07/2019 inclusive.





3 of 3

Report No. T/20190723/2154

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

CONTINUATION OF REPORT

# Sketch Plan

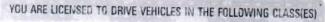
NP168

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 / Sgt 1 SHAUN CHUA YONG QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/07/2019 20:08
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	





PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

26 Mar 2007

For LKX NAC Use Only

20-08-2014

APT BLK 54 PIPIT ROAD #02-58 SINGAPORE 370054

5342319



NP.428A





Policy No.	5097296239-01	Policyholder Name	VOULEZ	CARS	Policyholder NRIC	53350846X	
Zertificate No.					MAC		
ddress	BLK 102 #09-908 SIMEI STREE	T 1 SINGAPOR	E 520102				
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	30/08/2018	Effective Date	25/09/20	18 00:00	Expiry Date	24/09/2019	23:59
xcess		All Claims Excess					
hird arty xcess	1500	Own damage Excess	1500		Windscreen Excess	100	
Additional xcess	0	OS Premium	3140.07				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSU	Agent Tel.	6672998	8	GST Flag	Υ	
Co- nsurance Flag Open Policy Info Certificate	No						
Info Policyt	nolder Mailing Address						
Address 1	BLK 102 #09-908	Addre	ess 2	SIMEI STREET 1	9	Address 3	SINGAPORE 520102
ddress 4		Addre	ess Type	Singapore address		Post Code	520102
Jnit No.	09-908		ed Policy	5097296239-01		rost code	520102
D Insure	d Object: SLU7936B	140111					
	ements						
Sequen		el solocoro		Terror Control	20020000	manusan amer	gorgoso una mongressonia
ı	25/09/2018 00:00	Endorseme Basic Informa Endorsement	tion	Endorsement Number	Endorseme Effective	ent Take	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJQ7952Z 25-09-2018 \$1,156.18 In view of this amendment, an additional premium of \$1,156.18 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
							Thank you for giving us the opportunity to serve you. We

Claim Handling The premium on this policy has	not been collected.					
Accident HT/1054878	1000000000000		Control of the	13.022800		
Folicy No. Certificate No.	5097296239-01		Vehicle No.	SLU79366	GST Registration No.	
	LOVERS CARE					
Policyholder Name	VOULEZ CARS		9200000	117.200	Policyholder NR3C	53350846X
roduct Code Contact No. (Mobile)	FLEET INSURANCE		Cover Type	drivo CLASSIC	Loading	0
mail Address	91449265		Contact No.(Office)	0	Contact No.(Home)	0
	0.0		Special Remark	9 3	eCode	tic 🗸
KFK	® No ○ Yes		TCA	® No ○ Yes	eCode Reason	
NCD Protection	No		NCD Entitlement(%)	0	Private hire	Yes
<ul> <li>Accident Details</li> </ul>						
laport Date	24/07/2019 18:25		Academ Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Take of Acodem	23/07/2019		Time of Accident hh:mm	16:50	Country of Accident	Singapore
Reporting Centre			Orange Force		ICM No.	
Accident Location	MARINA LINK TWO	S MCE (AVE)				
T Excess						
Own damage Excess		1,500.00	Additional Excess	0	Windscreen Excess	100.00
Innamed Driver Excess			Outside Singapore OD Excess	1,500.00		
hird Party Excess		1,500.00	Outside Singapore TP Excess	1,500.00		
□ Benefits						
GST Registered Inform						
ST Registered ST Registration No.	No			GST Registration Date	220	
lodification History				GST Status Verified	Yes	
	idress					
ddress 1	BLK 102 #09-908		Address 2	SIME: STREET 1	Address 3	S1NGAPORE 520102
ddress 4			Address Type	Singapore address	Post Code	520102
nit No.	19-908		Related Policy Number	5097296239-01	5.500.00000	
OI Oriver Info						
river Name	Unnamed Driver		Driver Type	Unnamed Driver		
named driver Name.	YANG WEIWEN		Driver NR3C	S8341310G	Driver DOB	22/12/1983
igister Date of Driver License	26/03/2007		Driver Age	35	Driving Experience	12
ontact No.(Mobile)	97772411		Contact No.(Office)	0	Contact No.(Home)	0
idress 1	BLK 54		Address 2	PIPIT ROAD	Address 3	SINGAPORE 370054
ddress 4			Address Type	Singapore address	Post Code	370054
ne No.	02-68				H-2018/03/04/14	27.0025
oes he own a Singapore	○ Yes ® No		Driver Vehicle No.		Driver Insurer Company	
egistered car?					Oliver tradies Company	
Claration						
reathalyser or Blood Test eading?	0 mg		Any injury?	® Yes ○ No		
coungr			(2007)	- Table 1		
odification History						
and the same of the same						
Claim 001 New						
elm Type :*	OD-MX	~	Insured Name	VOULEZ CARS	Participana	Ferrance Co.
ntact No.(Mobile)	91449265	123			Insured NRIC	53350846X
nef Address	7117203	60	Contact No.(Home)	NIL SUIZONER	Contact No.(Office)	*
simant Type Claimant Type *	Disass Scient	V	Of Vehicle Number	SLU79368	TP Vehicle Number	53X1485H
smant Name *	Printed Address		Type of Benefit *	Please Select		
ilment Name *		22	Claimant NRIC +		1.	
	er commence of the commence				1	0
im Description eferred Workshop Contact	SLU79366 / S3X148	DH ON 23 36 2019		-	Name of Preferred Workshop	
			Insured Liability +	Not at Fault		
quire Finelisation	Yes	V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
to Registered	24/07/2019 18:26		Claim Close Date		Date Received	24/07/2019 00:00
port Taken By	Jackson					
Print AK letter						
				WOOD INCOME.		
Attachment				Save Submit		
and Manager M.						
,						
cident No.	MT/1054B78		Claim No.	001		
st Doc. Received	● Yes ○ No		Upload Date	24/07/2019 18:28		
	100	Path *	operand state			6. 89.50
		raill.	The second secon	Category *	Confidential Urgeni	drugge social control of
			Browse		Normal V Normal	9
			Browse.	Cear Please Select	NG V Normal	· ·

