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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Sul	5752	. INC()/Non-INC()	7	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est Status (V	VO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	000 y 7a
Year of Registration: ()	Warranty: YES ()/NO()		2
Excess: (\$) Loading: \$	1,000 ()/\$2,000	()			
General Remarks:-					
() Walk-In Customer: Customer's in	nformation strictly Cor	nfidential & St	rictly NO refer of repairer.	anne de la managaria	
() Total Loss Case : to e-mail Inst	urer URGENTLY.		The state of the s		
Drive-In ()/ Towed-In (); Invo	ice: YES () / N	TO();T	owing Co: ()
Remarks;- (INC hotline: 6788 6616)			1	Done	a
		and the second	Date&Time Completed	MANAGERO	Ly
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)			-0.00
2) QC Check / Post Repair Inspection	()				-0.0
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	\$3000]	Invoice Prepared to the state of the state o	Reporting (\$30); Assessment (\$100); INC (\$30); INC (\$30	53 510 525	

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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	02/08/2019 18:18
Date Of Accident	02/08/2019 00:05
Exact Location Of Accident	PIE TWDS ECP
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR2721B
Insured/Policyholder	
Name Of Registered Owner	YEOW BEN YAO
NRIC No	S8237810C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84842326
Alternative Phone No	OFFICE-84842326
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO 1.5X A
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 5109969838

Cover Note Number

Driver

Name of Driver YEOW BEN YAO (YAO BENYOU)

 NRIC No
 \$8237810C

 Date Of Birth
 13/11/1982

 Occupation
 OUTDOOR

 Date Of Driving Pass
 09/12/2013

Driving Experience 5 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84842326

Fax Number

Contact Number OFFICE-84842326

EMail Address NOEMAIL

BLK 381 TAMPINES STREET 32 Address

#11-109

520381

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OWNER

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)

3

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190802/7002.

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

SLL5253Z

Vehicle Make/Model/Colour

CITROEN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

98192019

Address

Postcode

Insurance Company Name

Page 2 of 22

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHB4901T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

YEOW BEN YAO (YAO BENYOU)

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJR2721B

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process. 1)
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material 3) 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.
- 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 (1) investigations relating to the claims;
 - (11) Investigations the accident and/or my claims;
 - (111) 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 nurnoses
- (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 (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

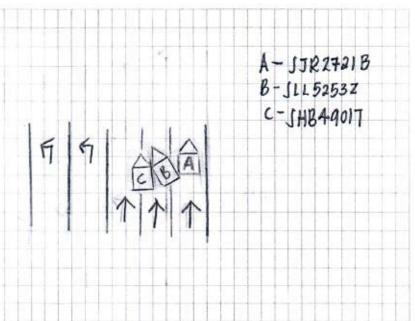
(11) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

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

reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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.:

Page 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- ٠ 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 0 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	2 August 2019	(DD/MM/YY)
Time of accident	00:05 hrs	(HH:MM)
Exact location of accident	PIE (AP) Slip Road ECP (AP)	

A CONTRACTOR OF THE PARTY OF TH	D	ETAILS OF	VEHICLE		经
Vehicle registration number Vehicle make and model	JJR272 Toyota Axi				
Type of vehicle	Saloon D	MPV □ Bus □	CRV	□ Van	Others:
Vehicle category	Private	Comme	ercial 🗆	Motorcy	cle 🗆
Purpose of using at said time	Go-Jek				
Are you claiming under your own insurance company?	Yes □ Third part c	No □	Charles and the second	ease select: ng only 🗆	

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	5109969838		
Type of policy	Comprehensive	Third party fire & theft □	TP only

Name	Yeow Ben yao	OLICY HOLDER	Male □	Female =
			Wale L	i ciliate L
NRIC / Fin / Passport number	58237810C			
Contact	84842326			
Address	BIK 381 Tampines	Street 32 #11-109	5(520381)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	Section 1
Name	Male F	emale 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address	benyao131182@ gmail.com	
Date of birth	13-11-1982	
Occupation	Indoor Outdoor	
Driving date pass	05 Jan 2011	

加工程程的作为企业的 加工的企业上的分子。	GENERAL	INFORMATION	OF THE ACCIDENT	高品牌的一张的一张的一个
Was driver an employee of	Yes 🗆	No 🗷		
the insured's company?	If no, rel	ationship of the	driver and insured: _	Owner
Accident captured by camera?	Yes 🗆	No 🗆		
Weather condition	Clear 🗹	Raining	Others:	
Road surface	Dryv	Wet □		
No of passenger	one			(Inclusive of driver)
	Market Market	PASSENGE	R1	NAME OF THE PROPERTY.
Name				
Gender	Male 🗆	Female		
	60/15/146	PASSENGE	R 2	
Name				
Gender	Male 🗆	Female a		
	4			
国际 基本结合发生的企业的企业设计的	66.04.05.00	PASSENGE	R3	NAME OF THE PARTY OF THE PARTY.
Name				
Gender	Male 🗆	Female		
THE STATE OF THE S	(2) TEE	PASSENGE	R4	
Name	A STATE OF STATE OF			
Gender	Male 🗆	Female		
Gender	Wide a	remaie B		
Water Barrier Barrier Barrier	de la companya de la	PASSENGE	R 5	
Name	MANGEMENT OF THE PARTY OF THE P	PASSENGE		
Gender	Male 🗆	Female		
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Selection of the select	Combined in	PASSENGE	PE	Contract Spanners
Name	A STATE OF THE STATE OF	PASSENGE		
Gender	Male 🗆	Female 🗆		
Gender	IVIAIC L	Temale D		
Market Market Control of the Control	ALL CHANNE	OTHER INFORM	AATION	
Was and adviniumd3	Yes	No a	MATION	
Was anybody injured? Was other vehicle damaged?	Yes	No 🗆		
was other vehicle damaged:	1636	140 🗆		
	DETAI	LS OF POLICE ST	ATION ACTION	
Reported to police?	Yes 🗆	NAME AND ADDRESS OF TAXABLE PARTY.	es, please state whic	h nolice station
Police station name	162 [NO D II Y	es, piease state will	ii police station.
Tonce station name				
	De Maria Control	A LAURANCE OF		
AND THE STATE OF T		WITNESS	上海类的运动。	(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1
Name				
	- 10 mm		PROPERTY OF THE PERSON OF	
	AL CALLED	WITNESS	2	SCHOOL SECTION AND ADDRESS.
Name				

THIRD PARTY VEHICLE 1		
Vehicle registration number	JLL 5253Z	
Vehicle make model	citroen	
Name		
NRIC / Fin / Passport number		
Contact	98192019	

THIRD PARTY VEHICLE 2		
Vehicle registration number	SHB4401T	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

A PROPERTY OF THE PERSON OF TH	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5					
Vehicle registration number					
Vehicle make model					
Name					
NRIC / Fin / Passport number					
Contact					

	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

建	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1				
Name	Yeon Ben Yao			
Injuries sustained	Neck and back			
Which vehicle person in?	JJR2721B			
Were seat belts worn?	Yes No 🗆			
Was injured conveyed to hospital by ambulance?	Yes D No D			

	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes No

		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

INJURED PERSON 4				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes No			
Was injured conveyed to hospital by ambulance?	Yes No			

	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes No

Market State of the State of th	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to hospital by ambulance?	Yes No No





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190802/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/08/2019 03:53		Made:	Vide Report No.: E/20190802/0002	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: YEOW BEN YAO			Address: APT BLK 381 TAMPINES STREET 32 #11-109 SINGAPORE 520381		
ID Type / ID No.; NRIC NO / S8237810C			Contact No.: Home/Office:	Mobile: 84842326	
Nationality: SINGAPORE CITIZEN			Email; benyao131182@gmail.com		
Sex: Male	Age:	Date of Birth: 13/11/1982	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Go-Jek driver			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/08/2019 00:05	Type of Location: Straight Road
Location:			T WZTOOZO TS WO.UD	
PAN ISLAND	EXPRESSWAY			
Weather:		Road Surface:	R	oad Speed Limit:
CHEAL	Traffic Flow: One Way			
		Traffic Control:		affic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB4901T	Car				Seriously Damaged	
SJR2721B	Car	TOYOTA	COROLLA AXIO 1.5X A	Brown	Seriously Damaged	0
SLL5253Z	Car	CITROEN		White	Slightly Damaged	1

Details of V	ehicle Insurance			THE PROPERTY.
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190802/7002

CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			TOUR SHAN
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR2721B	NTUC Income Insurance Co-Operative Limited	5109969838	29/05/2019	15/06/2020

Details of Perso	n Involved	DESCRIPTION OF THE PERSON OF T	THE WHO	T3000	REDUCE	SECOND PROPERTY.	
Any Pedestrian I	nvolved: No		- w				
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA				
Driver		To provide the same of	STATE WAS	TO SERVICE	No. of London	CHECKS SECTION	
Name	YEOW BEN YAO					S8237810C	
Related Vehicle	SJR2721B (Car)				ct No.	81801980	
Hospital/Clinic	NIL				of g ce & Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	05	Degree of		Slight		

Brief Details.

On 2 August 2019 at about 0005 hrs , I was driving my vehicle SJR2721B on lane 1. The vehicle infront of me slow down and came to a stopped due to a break down vehicle infront and I follow suit. Suddenly I felt an impact coming from the rear . I got down my vehicle and realised that vehicle B SLL5253Z had collided onto the left rear of my vehicle and vehicle B also collided onto SHB4901T.

I sustained injuries from the above mentioned accident and was given 5 days of MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190802/7002

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2019 03:53
Officer In Charge Of Case: TP / TPHQ / MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp	

0158881



- S8237810C

For LKK/NAC Use





姚 本

CHINESE 13-11-1982

SINGAPORE

Land Transport Authority

882370 00

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8237810C

APT BLK 361 TAMPINES STREET 32 SINGAPORE 520381

14-11-2007

This card is not transferable and is the property of the Land Transport Authority (LTA), it must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore \$76701.

Type Description 02

611-109

TAXI VL

14/07/2015

VOCATIONAL LICENCE Spance No. 88237810C

Name : YEOW BEN YAO

Issue Date > 14/7/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE

YEOW BEN YAO (YAO BENYOU)

Please visit www.lta.gov.sg to check the status of this vocational licence

Literica Naviber S8237810C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 20 Milescyclus == 200 CC

Class EA

Sheltercycles between 201 CC and 400 CC

Class J

Meter care we 2010 kg using or 7 passing ear, eschaltes of the fictor, and master feet/orde/whicks we 1500 kg.

EFFECTIVE DATE (7 Oil 2013

22 Aug 2006 19 Dec 2012

Birt Date: 13 Nov 1982 Isour Date: 05 Jan 2011

SHIBTRIDE

S / No. 9000189358

NP 428A

License No. Sa237610C

eBao Tech										Genera	Claim
Hello, NAC_PAYA_UBI_800	0601			And the same of the same			+ Change	Language	> Chang	e Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident	0:	2/08/2019 0	0:05	
	Vehicle	No.(Far Mator)	SJR272	18		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109969838		YEOW BEN YAO	S8237810C	GPC	drivo CLASSIC	SJR2721B	SJR2721B	29/05/2019	15/06/2020
						Continue	1				

Policy No.	5109969838	Policyholder Name	YEOW BEN	YAO	Policyholder NRIC	S8237810C	
Certificate No.		name			MAIC		
Address	BLK 381 #11-109 TAMPINES ST	REET 32 SING	SAPORE 520	381			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	29/05/2019	Effective Date	29/05/201	9 00:00	Expiry Date	15/06/2020 23	:59
Excess Type	Per Accident	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	/Inexperience Driver Excess
Agent	ONE STOP INSURANCE AGENCY	Agent Tel.	67475667		GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 381 #11-109	Addre	ess 2	TAMPINES STREET	32	Address 3	SINGAPORE 520381
252400000000000000000000000000000000000		Addre	ss Type	Singapore address		Post Code	520381
Address 4			ed Policy	5109969838			
Address 4 Unit No.		Numb					
Unit No.	d Object: SJR2721B	Numt					
Jnit No.	ON NEW YORK ON THE PROPERTY OF	Numi					

Accident MT/1056254						
olicy No.	5109969838		Vehicle No.	53R2721B	GST Registration No.	
ertificate No.						
olicyholder Name	YEOW BEN YAO				Policyholder NR3C	58237810C
roduct Code	PRIVATE CAR INSUR	ANCE	Cover Type	drive CLASSIC	Loading	o
ontact No.(Mobile)	84842326		Contact No. (Office)	0	Contact No.(Home)	0
mail Address			Special Remark		eCode	The V
X.	® No ○Yes		TCA	® No ○ Yes	eCode Reason	110.77
CO Protection	No		NCD Entitlement(%)	0	Private Hire	Yes
Accident Details				50 N	50 CT 10 CT	
			A Walter well to a develop of the original			
port Date	02/08/2019 19:25		Accident Report Within 24 hrs.	177	Accident Type	Collision - Head to Rear
ite of Accident	02/08/2019		Time of Accident hhimm	90:05	Country of Accident	Singapore
porting Centre			Orange Force		ICM No.	
cident Location	PIE TWOS ECP					
Total Excess Applicable	i.					
cess Type	Per Accident		Windscreen Excess	100.00		
Standard Bacess		2,000.00	TP Standard Excess	1,500.00		
ED DO Excess		0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess		0				
tel OD Excess Applicable		2000.00	Total TP Excess Applicable	1,500.00		
Benefits						
GST Registered Informa	ition					
T Registered	No			GST Registration Date		
T Registration No.				GST Status Venfied	Yes	
dification History						
Policyholder Mailing Ad	dress					
dress 1	BLK 381 #11-109		Address 2	TAMPINES STREET 32	Address 3	SINGAPORE \$20381
dress 4			Address Type	Singapore address	Post Code	520381
it No.			Related Policy Number	5109969838		550.007
OI Driver Info			Translate Cores Intelligen	210900030		
ver Name	YEOW BEN YAO		Driver Type	Main Driver		
named driver Name			Driver NRIC	S8237810C	Driver DOB	13/11/1982
pater Date of Driver License	09/12/2013		Driver Age	36	Driving Experience	5
flact No.(Mobile)	84842326		Contact No.(Office)	0	Contact No.(Home)	9
dress 1	BUK 381		Address 2			-
	001 301			TAMPINES STREET 32	Address 3	SINGAPORE 520381
dress 4			Address Type	Singapore address	Post Code	520381
es he own a Singapore	11-109					
gistered car?	○ Yes No		Driver Vehicle No.		Driver Insurer Company	
claration						
			Any injury?	® Yes ○ No		
eatharyser or Blood Test	0 mg		cred admit			
eatharyser or Blood Test	0 mg			7/ 3		
eatharyser or Blood Test ading?	0 mg			30.00		
eatharyser or Blood Test ading?	0 mg					
athlayser or Blood Test ading? thication History	0 mg					
athlaryser or Blood Test ding? Mcatson History	0 mg					
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athleyser or Blood Test ding? ch Canion History laim 001 Mew.		¥	Insured Name Contact No.(Home)		Insured NRIC Contact No. (Office)	58237610C
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attialyser or thood Test ding? #Cation History Islam 001 New Type * fact No. (Mobile) If Address	[аа-мх	Ŋ D	Contact No.(Home)	YEOW BEN YAQ	Contact No. (Office)	
attravser or Brood Test ding? #Catton History laim 001 New Type * tact No. (Mobile) If Address ment Type Calmant Type *	GG-MX 83840291		Contact No.(Home) OI Vehicle Number	YEOW BEN YAQ SJR27218	Contact No. (Office)	
attialyser or Blood Test ding? Acation History laim 001 New Type * tact No.(Mobile) of Address ment Type Calmant Type * mant Name *	GG-MX 83840291	V	Contact No.(Home) OI Vehicle Number Type of Benefit *	YEOW BEN YAQ SJR27218	Contact No. (Office)	
attravser or Brood Test ding? Academ History laim 001 New Type * tact No. (Mobile) If Address more Type Claimant Type * mant Name * mant Address	DO-MX D3840291 Please Select	>>	Contact No.(Home) OI Vehicle Number Type of Benefit *	YEOW BEN YAQ SJR27218	Contact No. (Office) TP Vehicle Number	
athlaiser or Blood Test ding? Incates Hatory Italim 001 Mew In Type * tact No. (Mobile) all Address mare Type Claimant Type * mart Name * mart Address in Description	GG-MX 83840291	>>	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	YEOW BEN YAO SIR27218 Please Select	Contact No. (Office)	
athlayser or Blood Test ding? Incation History Italian 001 New In Type * Eact No. (Mobile) af Address Imane Type Calmant Type * Imane Address Im Description Interest Workshop Contact	00-MX 93840291 Please Select SIR27218 / SIL52532	>> >> >> >> >> >> >> >> >> >> >> >> >>	Contact No.(Ptome) OI Vehicle Number Type of Benefit * Claimant NRIC *	YEOW BEN YAO SIR27218 Please Select Mot at Fault	Contact No. (Office) TP Vehicle Number	
attraver or Blood Test ding? Academ History laim 001 New Type * tact No. (Mobile) of Address mane Type Calmant Type * mant Name * mant Address m Description errod Workshop Contact uire Finalisation	00-MX 93840291 Please Select SJR27218 / SLL52512 Yes	>>	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	YEOW BEN YAO SIR27218 Please Select Mot at Fault	Contact No. (Office) TP Vehicle Number	
attraver or Blood Test ding? Academ History laim 001 New Type * tact No. (Mobile) of Address mane Type Calmant Type * mant Name * mant Address m Description errod Workshop Contact uire Finalisation	00-MX 93840291 Please Select SIR27218 / SIL52532	>> >> >> >> >> >> >> >> >> >> >> >> >>	Contact No.(Ptome) OI Vehicle Number Type of Benefit * Claimant NRIC *	YEOW BEN YAO SIR27218 Please Select Mot at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop	S44.5253.Z
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attialiser or Blood Test ding? Incation History Ialim 001 New In Type * tact No. (Mobile) all Address Imant Type Calmant Type * Imant Address Im Description Ierros Workshop Contact buire Finalisation & Registered ont Taken By	00-MX 93840291 Please Select 53827238 / SLL52532 Yes 02/08/2019 19:27	>> >> >> >> >> >> >> >> >> >> >> >> >>	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option	YEOW BEN YAO SIR27218 Please Select Mot at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLL5253Z Received
catharyser or thood Test oding? Claim 001 Mass Im Type = react No.(Mobile) all Address Immer Type Claimant Type = Immark Address Im Description ferred Workshop Contact paire Finalisation e Registered port Taken By	00-MX 93840291 Please Select 53827238 / SLL52532 Yes 02/08/2019 19:27	>> >> >> >> >> >> >> >> >> >> >> >> >>	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Claise Date	YEOW BEN YAO SIR27218 Please Select Mot at Fault	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLL5253Z Received
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catharyser or thood Test oding? Thication Fistory Claim 001 Masw Im Type * Finact No. (Mobile) alf Address Immer Type Claimant Type * Immart Address Immer Address Immer Mart Address Immer Swortston ferros Workshop Contact puire Finalisation te Registered port Taken By Print AK Jetter Attachment	00-MX 93840291 Please Select 53827238 / SLL52532 Yes 02/08/2019 19:27	>> >> >> >> >> >> >> >> >> >> >> >> >>	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Claise Date	VEOW BEN YAQ SIR27218 Please Select Phot at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLL5253Z Received
catharyser or thood Tast ading? Claim 001 Maw Inflact No. (Mobile) Nat Address Inmant Type Claimant Type * Inmant Address Inmant Address	00-MX 93840291 Please Select 53827238 / SLL52532 Yes 02/08/2019 19:27	>> >> >> >> >> >> >> >> >> >> >> >> >>	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Rapair Option Claim Clase Date	YEOW BEN YAQ SIR27219 Flease Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLL5253Z Received
eatharyser or blood fest ading? diffication History	00-MX 93840291 Please Select SJR27238 / SLL52532 Yes 02/08/2019 19:27 Jackson	>> >> >> >> >> >> >> >> >> >> >> >> >>	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Claise Date	VEOW BEN YAQ SIR27218 Please Select Phot at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	SLL5253Z Received

