Pate In: \$18 19-19:49 Ref No: Ma 14449013699124 Veh No: JMD364 D.O.A: 18 19-17:49 Jeb description SAS e-filing E-mail (within Shrs, AIC 2hrs) i-Motor Claim Form	ompleted	Don	0 33
Veh No: JMD364 E-mail (within Shrs, AIC 2hrs) D.O.A: 1 8 19-17545 i-Motor Claim Form Major 15 6 6			C 0,
Veli No: 100 364 E-mail (within Shrs, AIC 2hrs) D.O.A: 18 19-17:40 i-Motor Claim Form 100 65 66	1		
D.O.A : 18 19- 17:40 i-Motor Claim Form my 105 65 66			
	-01	T/8/19 20	7.76
i-Motor W/O (Within: OD 2hrs, TP 4hrs)			73.74
OD : TP-) Reporting Only			1000
Assessment/Survey Report			
TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ax:	
TP Particulars: Veh No: 571170 INC()/Non-INC	().	1	
Owner / Driver: (Tel:)	W. 150
Policy No: () Period: () Cover Type: (-)	
Confirmed by : (Date: Time	;)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%	F: 30-1	00%]	
Year of Registration: () Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000 ()/\$2,000 ()			
General Remarks:	W-5505.7	TATE OF THE	
The state of the s	A Charles	Con 3	!
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of	repairer.		
() Total Loss Case : to e-mail Insurer URGENTLY.		- 4	
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (1,0)
	4		COLUMN TO
Cemarks:- (INC hotline: 6788 6616) Date&Time Co	mple od	Done	thu.
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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.

- 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.	
Minn Concrete and the C	ACCIDENT STATEMENT
Date Of Report	05/08/2019 09:44
Date Of Accident	01/08/2019 17:40
Exact Location Of Accident	SIMS WAY ENTRANCE TWDS KPE (TPE)
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD36Y
Insured/Policyholder	
Name Of Registered Owner	WANG JIASHUN, JASON
NRIC No	S8612083F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83660036
Alternative Phone No	OFFICE-83660036
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 200 CGI
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	5105365898
Cover Note Number	
Driver	
Name of Driver	WANG JIASHUN, JASON
NDIC No.	S9612093E

 Name of Driver
 WANG JIASHUN, JASON

 NRIC No
 \$8612083F

 Date Of Birth
 08/05/1986

 Occupation
 INDOOR

 Date Of Driving Pass
 04/02/2010

 Driving Experience
 9 YEARS AND 5 MONTHS

 Gender
 MALE

 Mobile Number
 (LOCAL) +65-83660036

Fax Number

Contact Number OFFICE-83660036

EMail Address NOEMAIL

Address

BLK 217B SUMANG WAQLK

#15-240

Postcode

822217

NO 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

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

ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance,

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

KAMPONG UBI NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 9 EUNOS CRESCENT #01-2687, POSTCODE: 400009,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190802/2111.

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

SJT127U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

WANG JIASHUN, JASON Name

Approximate Age

BODY Injuries Sustain Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address Postcode

SMD36Y

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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>.
- 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.
- S 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)

Lunderstand, 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:
 - 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.

Phlicyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

venicle A:	MD 36 Y	>	
Vehicle B: (> Entraince of Sims Way	
E CIRCUMSTANCES OF	THE ACCIDENT		Secretary S
- Petev	to police Pepo	y+-	
			4
			ė.
	*		
TION	s are true in every respect.		
TION	s are true in every respect.		7

ACCIDENT STATEMENT

ACC	IDENT DATE: OL/	08/20	19/(DD/MA	//YYYY),	TIME: 17:	40 HHH:MM)
	ATION: LIMS	Way	entrance	to k	PE LTPE)	
1	DETAILS OF VEHIC	BER:	SMD36Y NTU	C		
2.	b)INSURANCE CO c)POLICY NUMBE d)POLICY TYPE: (4 e)MAKE & MODE f)TYPE: (SALOON) g)VEHICLE CATEO h)PURPOSE OF US i) ARE YOU CLAIM IF NO, PLEASE ST INSURED / POLICY A)NAME: WA!	COMPREDION COUPE / COU	MENSIVE / THIF MEVCEDES BE MPV /VAN / VATE / COM CCIDENT TIM TRYOUR OWN PARTY CLA	RD PARTY NZ CO LORRY MERCIAL E: P N INSUR/ IM / REP	MOTORCYCL / MOTORCYC /	LE / OTHERS) CLE)
14 No of personger (Including driver)	CONTINUE TO 3. DRIVER a) NAME: b) NRIC/FIN/PASSP	JITB d IF DRIVE	R ALSO POLI		DER	/ FEMALE)
c <u>0</u> 0	*d)DATE OF BIRTH:	(_06/_ INDOOR	ONIDOOR			
4. 5.	WAS DRIVER AN IF NO, RELATION	EMPLOYE SHIP OF OTION: (C	THE DRIVER	NG / OT	THOURED.	(YES / (NO)
6. 7.	b)ROAD SURFACE: WAS ANYBODY IN.	URED (YE	2/NO)		kampong	Ubi NPP
8. No of passenger	THIRD PARTY VEHIC	LE	NECITES		MODEL:	
(Induding driver)	b) DRIVER'S NAM c) NRIC/FIN/PASS	E:	-		CONTACT:	
	THIRD PARTY VEHIC	LE			MODEL:	
(Including driver)	el DRIVER'S NAM	E:			CONTACT:	
(_)	8 8	22			9	60

email =

fax =



T/20190802/2111

Date of Expiry:

1 of 3

Report No. T/20190802/2111

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

Occupation:

Interior designer

REPORT OF A TRAFFIC ACCIDENT	REPORT	OF A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 02/08/2019 15:57		Vide Report No.:	Station Diary No.:	
Informa	its andie	llars - Translation	AND AND DESCRIPTION OF THE PARTY OF THE PART	
Charles State of the State of t	Informant: IASHUN, J	ASON	Address: APT BLK 217B SUMAN 822217	NG WALK #15-240 SINGAPORE
ID Type / ID No.: NRIC NO / S8612083F Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office:	Mobile: 83660036	
		EN	Email:	
Sex: Male	Age:	Date of Birth: 08/05/1986	Type of Informant: Driver	Orling Date of Expery, Mil.
Race: Chinese		Language: English	Institution / School Name:	

Driving Licence Information:

Class: 2B,3

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/08/2019 17:40	Type of Location: Straight Road
Location: Along Road 1 SIMS WAY		SK Degr		
Weather:	pefore merging	Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way	mattoliem 1 15	Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis	sion: ving Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

CARIC NO.	Transfer of the	Make	Model	Color	Condition	No of Passengi
SJT127U	Car		ATTEMORPHONES			0
SMD36Y	Car	MERCEDES	C 200 CGI	White	Seriously Damaged	0

The Control of the Co	Prince Incurrence			
7	In Irance Company	Insurance No.	I He cave	Expry Date
SMD36Y	NTUC Income Insurance Co-Operative	5105365898	09/11/2018	26/04/2020





2 of 3

Report No. T/20190802/2111

Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

CONTINUATION OF REPORT

No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Name	WANG JIASHUN, JA	NOON		ID No	1	S8612083F
Name	WANG JIASHON, JA	13014		10 140		500 120001
Related Vehicle	SMD36Y (Car)	1010	Paramoti .	Conta	ct No.	83660036
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.			Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/08/2019	Water and a second	Date Disc	charge	02/08	3/2019
No. of Days gran	ted Medical Leave	03	Degree o	f Injury	Slight	Augusta de la companya del companya del companya de la companya de
Driver		OLIOL AC		ID No	No.	S8002431B
Name	QUAH SOON HAI D	OUGLAS		ID No		S8002431B
Related Vehicle	NIL	NIL		Contact No.		93389174
Hospital/Clinic	NIL		Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL :	and the same	Date Disc			1 MAS SEALS
No of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 01/08/2019 at about 1740hrs, I was driving my car, SMD36Y along Sims Way toward KPE before merging into the expressway. As the traffic was heavy, all the cars were moving on slow speed. Suddenly I felt an impact from the back, I came out and discovered a white car, SJT127U had collided onto the rear of my car. Due to the impact, my car rear portion and the seat head rest were damaged. We exchange particulars, took pictures and left the location. At about 11pm, I felt pain of my back and went to Sengkang General hospital for check. I was subsequently given 3 days of medical leave.





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

Tel No: 1800-7479999

CONTINUATION OF REPORT

Report No. T/20190802/2111

3 of 3

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	V 0	701		-	201	n

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 2 ANG KAH LUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time 02/08/2019 15:57
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SIGNATURE

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8612083F





Name

WANG JIASHUN, JASON

王 家

順

Race

For LKK/NAC Use Only

CHINESE

Date of birth

Sex

08-05-1986

M

13

Country/Place of birth

SINGAPORE

\$8612083F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 8 6 1 2 0 8 3 F

Name:

WANG JIASHUN, JASON

For LKK/NAC Use Only

Birth Date: 08 May 1986

Issue Date: 08 Mar 2011





NRIC No. S8612083F



For LKK/NAC Use Only

Date of issue 28-07-2017

Address

APT BLK 217B SUMANG WALK #15-240 SINGAPORE 822217

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

ass 3 M

Motorcycles =< 200 cc Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

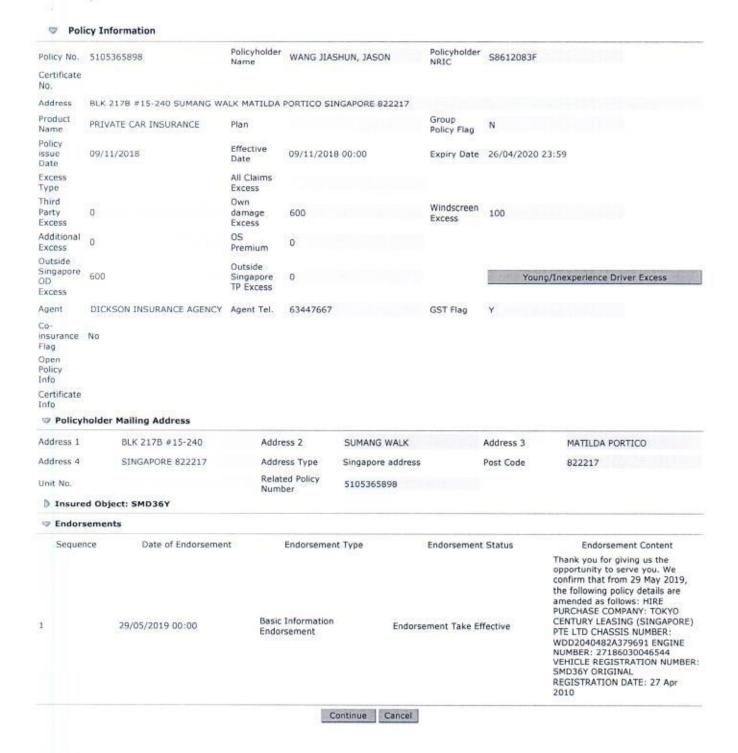
09 Dec 2006 04 Feb 2010

For LKK/NAC Use Only





eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601						• Change	Languag	e + Chan	ge Password	+ Log Out
My Desktop Notice of Loss	Polic	y Query									
	Policy No	o.				Date of Accident			01/08/2019 17:40		
	Vehicle f	No.(For Motor)	SMD36	SMD36Y			Certificate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105365898		WANG JIASHUN, JASON	S8612083F	GPC	drivo CLASSIC	SMD36Y	SMD36Y	09/11/2018	26/04/2020
						Continue	I				



laim Handling								. 6
ccident MT/1056556								
ORCY NO.	5105365898	Veh	icle No.	SMD36Y		GST Registration No.		
ersificate No.						Policyholder NRIC	58612083F	
olicynoider Name	WANG JIASHUN, JASON		00 m 10 m 11	**** (7) ****	-	Loading	0	
oduct Code	PRIVATE CAR INSURANCE		er Type	drive CLASS		Contact No.(Home)	0	
ontact No (Mobile)	83650036		tact No.(Office)	0		eCode	THE SECOND	
nai Address			cial Remark	® No ○Yes		eCode Reason		
κ.	® No ○Yes	TCA			5	Private Hire	No	
CD Protection	No	MCI	D Entitlement(%)	40		Private Pire	₹ <u>₹</u>	
Accident Details						Decree Control		
port Date	05/08/2019 20:25	Acc	ident Report Within 24 hrs	Yes		Accident Type	Collision - Head to Resr	
ite of Accident	01/08/2019	Tim	w of Accident No.mm	17:40		Country of Accident	Singapore	
porting Centre		Ora	inge Force			ICM No.		
cident Location	SIMS WAY ENTRANCE TWDS H	PE (TPE)						
Excess								
in damage Excess	600.0	iO Add	Stional Excess	0		Windschien Excess	100.00	
named Driver Excess	0.0	io Ou	tside Singapore OD Excess		600.00			
ind Party Excess	0.0	io Qu	tside Singapore TP Excess		0.00			
- Benefits								
GST Registered Informa	ition							
T Registered	No			GST	Registration Date			
T Registration No.				GST	Status Verified	Yes		
odification History								
Policyholder Mailing Ad	dress		CMINI-					
ddress 1	BLK 2178 #15-240	Ad	dress 2	SUMANG W		Address 3	MATILDA PORTICO	
ddress 4	SINGAPORE B22217	Ad	dress Type	Singapore a		Post Code	822217	
nit No.		Re	lated Policy Number	510536589				
OI Driver Info								
rver Name	WANG MASHUN, MASON		wer Type	Main Driver		1 Technologies		
named driver Name		Dri	wer NRIC	\$8612083#		Driver DOS	08/05/1986	
egister Date of Driver License	04/02/2010	Dr	wer Age	13		Driving Experience	9	
intact No.(Mobile)	83650036	Co	ntact No.(Office)	0		Contact No.(Home)	0	
idress 1	BLK 2178	Ad	dress 2	SUMANG W	ALK	Address 3	MATILDA PORTICO	
ddress 4	SINGAPORE 822217.	Ad	dress Type	Singapore a	doress	Post Code	822217	
Init No.	15-240							
oes he own a Singapore egistered car?	☐ Yes ® No	Dr	iver Vehicle No.			Driver Insurer Company	y	
eclaration								
reathalyser or Blood Test		10	0.0	® Yes O N				
eading?	0 mg		y injury?	8,60				
todification History								
Claim 001 New								
			11 CONT. AND CO.			7.5.7.95.00	(20000000000000000000000000000000000000	
laim Type. *	ор-их	▼ In	sured Name	WANG IIAS	HUW, JASON	Insured NKIC	58612083F	
Contact No.(Mobile)	91158981	Co	intact No.(Home)			Consact No. (Office)		
mail Address	1ASONWANG)IASHUN #GMAI	Le OI	Vehicle Number	SMD36Y	CONTRACTOR OF THE	TP Vehicle Number	SJT127U	
sament Type Claimant Type •	Please Select	<u> </u>	ge of Benefit +	Please Sele	et 🔻			
laimant Name +		22 0	amant NR3C *					
laiment Address							V	
laim Description	SMO36Y / SJT127U ON 1 Aug	2019				Name of Preferred Wor	rkshop	
referred Workshop Contact			sured Liability *	Not at Fau	t v			
lo. legure Finalisation	Yes		referered Repair Option	Preferred to	Vorkshop, Name unknown	GIA report	Received	
ate Registered	05/08/2019 20:26		aim Close Date			Date Received	05/08/2019 00:00	
						A. ASSESSMENT SPECIAL PROPERTY OF THE PROPERTY		
eport Taken By	Jackson							
Print AK letter								
				Save Sub	mit			
Attachment								
•								
Accident No.	MT/1056556		Claim No.		001			
ase Doc. Received	● Yes ○ No		Upload Date		05/08/2019 20:27			
	Path *				Category *	Confidential	Urgency * Description	•
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	The state of the state of		Brows	clear	Please Select	V NO V N	iorma) V	
			Brows		Please Select	V No V N	iormal V	
			Gioni		Blassa Salact		iormai VI	

