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D.O.A: 14/8/19-19:00	٥	i-Motor Claim Form	M1057867-001	15 8 19 16:43
OD : TP Reporting On	ily	i-Motor W/O (Within: OD 2hr:	s, TP 4hrs)	
		i-Photo Uploaded		
TP Insurer:		Assessment/Survey Report		
		Ass't Report by Fax / Hand to	Owner/Wksp	
Preferred Wksp / INC Assign	n Wksp / QW: (The same of the sa	ax:
TP Particulars:	Veh No: JUA78	ib . INC(
Owner / Driver: (10	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Tel:	1
Policy No: () Perio	d: ()	Cover Type: (
Confirmed by: (- AMURI	Date:	Time:	
Insured/Driver Liability:	(%) [No	te-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-10	00%1
Year of Registration: (rranty: YES ()/NO ()	
Excess: (\$	Loading: \$1,000	()/\$2,000()		
General Remarks;-			MARKET STATE	Con Silvin
() Walk-In Customer :	Customer's informa	ation strictly Confidential & Stric	ctly NO refer of repairer	
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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,
- Information provided must be as <u>truthful and accurate</u> 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	15/08/2019 13:53
Date Of Accident	14/08/2019 23:00
Exact Location Of Accident	BLK 66 BEDOK SOUTH AVE 3 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ6322C
Insured/Policyholder	
Name Of Registered Owner	TAY LAY LEONG
NRIC No	S2537719B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90038498
Alternative Phone No	OFFICE-90038498
Vehicle Particulars	
Manufacturer	HONDA
Model	CRV 1.5 TURBO CVT 5SEATER
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
Float Palicy	NO

Fleet Policy NO

Policy Number 5109285300

Cover Note Number

Driver

 Name of Driver
 TAY LAY LEONG

 NRIC No
 \$2537719B

 Date Of Birth
 21/05/1960

 Occupation
 INDOOR

 Date Of Driving Pass
 07/07/1981

Driving Experience 38 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90038498

Fax Number

Contact Number OFFICE-90038498

EMail Address NOEMAIL

BLK 66 BEDOK SOUTH AVENUE 3 Address

#11-508

460066

Was driver an employee of the Insured's Company NO

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JQA7810 (COMMERCIAL VEHICLE)

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 0

YES

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TANAH MERAH NEIGHBOURHOOD POLICE POST

ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE: Police Station Address

461051, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4499999 - FAX NO: 62447251

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190815/2100.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

JQA7810

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Refer to plice report Tholgosts/nos

DECLARATION

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

Policyholder's Signature

acy

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 14 8 19 10D/M	M/YYY	C. TIM	F-1 2	3)))(HH:MM
LOCATION: BIC 66 BPADIC Linth				Jina	
DETAILS OF VEHICLE a) VEHICLE NUMBER: JUZGONC b) INSURANCE COMPANY: NTUC			40	ujad	(41)4ric
d)POLICY NUMBER: 5 100010000000000000000000000000000000					
f)TYPE: (SALOON / COUPE / MPV /V AN / g) VEHICLE CATEGORY: (PRIVATE / COM. h) PURPOSE OF USING AT ACCIDENT TIMI i) ARE YOU CLAIMING UNDER YOUR OWN IF NO, PLEASE STATE (THIRD PARTY CKAI	E: P	104	OTOR	CYCLE	OTHERS)
AINAME: Jan ly bong	IW / KEH	PORTIN			
CIADDRESS: BIK 66 Beyla Janth		_CON	TACT # //	1 08	EMALE) (460066)
* CONTINUE TO 3.d IF DRIVER ALSO POLICE	CY HOLI	DER			
(Including driver) a)NAME: b)NRIC/FIN/PASSPORT: c)ADDRESS:		_CON	(MA		EMALE)
# d)DATE OF BIRTH: (1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/ 1/		M/YYY	Y)		20
IF NO, RELATIONSHIP OF THE DRIVER	SURED'	S CO	MPAN	Y? (YE	S / NO)
DIROAD SURFACE: (DRY / WET / OTHERS	G / OTH	IERS_		Varie	
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATE	ION:				
No of passenger a) VEHICLE NUMBER. TO A DOLL		MODEL			
() DRIVER'S NAME: Amirul Rachid Bin () NRIC/FIN/PASSPORT: 451018127. 9. THIRD PARTY VEHICLE	Mohod	Horn	190	9071	88 -
No of passanger d) VEHICLE NUMBER:	м	ODEL			
Including driver) f) DRIVER'S NAME: () NRIC/FIN/PASSPORT:	c	ONTA	CT: <u>··</u>		*
THE STATE OF THE S					

email =

fax =

VIDEO =/





1 of 4 Report No. T/20190815/2100

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2019 15:59			Vide Report No.:	Station Diary No.: 16		
Informa	nt's Partice	ulars				
Name of	Informant:		Address:	SHARE AN IN THE OWNER PROPERTY AND		
TAN LA	Y LEONG		APT BLK 66 BEDOK SOU' SINGAPORE 460066	TH AVENUE 3 #11-508		
ID Type	/ ID No.:		Contact No.:			
	O / S25377	19B	Home/Office: Mobile: 90038498			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 59	Date of Birth: 21/05/1960	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupat	ion:		Driving Licence Information	n:		
Retiree			Class: Date of Expiry:			

Seneral Infor	mation of the Accident			
Type of Accident:	Foreign Venicle		Date/Time of Accident: 14/08/2019 23:10	Type of Location OPEN SPACE CARPARK
	TH AVENUE 3 E CARPARK IN FRONT	OF BLK 66 BEDOK Road Surface: Dry	SOUTH AVENUE 3	Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis	sion: ele Against - Parked Veh	nicle		Anyone conveyed by ambulance: No

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
JQA7810		OTHERS		White		0	
SLZ6322C	Car	HONDA	CRV 1.5 TURBO CVT 5SEATER	Grey		0	

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





2 of 4

Report No. T/20190815/2100

Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

CONTINUATION OF REPORT

Name	Unknown			ID No.		UNKNOWN
Related Vehicle	JQA7810			Conta	ct No.	90071188
Hospital/Clinic	NIL			10 C C C C C C C C C C C C C C C C C C C		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	scharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	
Vehicle Owner		THE RESERVE OF				A LINE AND THE STA
Name	TAN LAY LEONG			ID No	8	S2537719B
Related Vehicle	SLZ6322C (Car)			Contact No.		90038498
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

On 15/08/2019 at about 0640Hrs, I discovered that my vehicle SLZ6322C front top bonnet was dented and scratch marks at the front grail. My vehicle was parked in front of Block 66 Bedok South Avenue 3. I noticed there was a note placed at my car windscreen which states "Call me Andy HP: 90071188".

I called Mr Andy who informed that on 14/08/2019 at about 2311Hrs, his brother-in-law drove his lorry (JQA7810, Malaysian vehicle) and parked the lorry at the said carpark and the engine died off. His brother-in-law then attempted to check the engine and suddenly the lorry rolled backwards. His brother-in-law then tried to pull the handbrake however. While he was trying to reach out for the handbrake, the driver's door hit onto my vehicle front bonnet. Mr Andy was informed about the matter and he came down and placed a note on my windscreen.

After viewing the In-car- camera installed in my vehicle, it showed that at about 2300Hrs. The driver drove pass my parked vehicle and parked in front of my vehicle. A few minutes later, the driver was seen to be pushing the lorry backwards, leaving the driver's door wide open. While the lorry was moving backwards, the lower edge of the driver's door hit onto my vehicle front bonnet. This caused visible scratch marks at the front grail and the bonnet was badly scratched and dented. I wish to inform that the footage showed that the lorry belongs to 'MAXCO FOOD INDUSTRIES SDN. BHD'

On 15/08/2019 I went to IDEC at Ubi and I was told to lodge a traffic accident report as it involves a foreign vehicle.





Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999

3 of 4 Report No. T/20190815/2100

CONTINUATION OF REPORT





Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999 4 of 4 Report No. T/20190815/2100

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 CHENG YI SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/08/2019 15:59
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	
Authentication Stamp	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2537719B



TAN LAY LEQNG

CHINESE

PAHANG

Date of Both 21-05-1960 For LKK/NAC U

S2537719B TAN LAY LEONG

> 21 May 1960 Date 06 Sep 2003

APT BLK 66 BEDOK SOUTH AVENUE 3 #11-508 SINGAPORE 460066

NRIC No: \$2537719B

Date: 15/10/2018

TOU ARE LICENSED TO DRIVE VEHICLES IN THE . "LUWING CLASS(ES)

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilogram

07 Jul 1981 07 Jul 1981

07 Jul 1981

For LKK/NAC Use Only

NP 428A

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			The second			+ Change	Language	• Chang	e Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	1	4/08/2019 2	3:00	
	Vehicle	No (For Motor)	SLZ632	22C		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109285300		TAN LAY	S2537719B	GPC	drivo CLASSIC	SLZ6322C	SLZ6322C	02/05/2019	10/05/2020
	0	5109285300				GPC Continue		SLZ63220	SLZ6322C	02/05/2019	10/0



ccident MT/1057867						
	F-10010F100					
olicy No.	5109285300		Vehicle No.	SL26322C	GST Registration No.	
ertificate No. Nicyholder Name	TAN LAY LEONG				190000000000000000000000000000000000000	
	PRIVATE CAR INSURA	****	Court Trans		Policyholder NR3C	S2537719B
oduct Code incact No. (Mobile).	90038498	MALE	Cover Type	drive CLASSIC	Loading	0
nail Address	00010400		Contact No.(Office) Special Remark	0	Contact No.(Home)	0
ж	® No ○ Yes		TCA	® No ⊜ Yes	wCode wCode Reason	Tro. V
D Protection	Yes		NCD Entitlement(%)	50	Private Hire	24.7
Accident Details	163		NCO Endoement(N)	50	Private rine	No
port Date	15/08/2019 16:41			Marco Control of the	. A	
			Accident Report Within 24 hrs	Yes	Acadent Type	Damaged whitst parked
te of Accident	14/08/2019		Time of Accident hh:mm	23:00	Country of Accident	Singapore
parting Centre			Orange Force		ICM No.	
ident Location		HAVE 3 OPEN SPACE	CARPARK			
Total Excess Applicable	E)					
cess Type	Per Accident		Windscreen Excess	100.00		
4000004000		V 2000	0.0000000000000000000000000000000000000	900		
Standard Excess		00.00	TP Standard Excess	0.00		
D OD Excess		0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Stional Excess		6		333		
al OD Excess Applicable		600.00	Total TP Excess Applicable	0.00		
Benefits	Mine					
GST Registered Informa						
F Registered F Registration No.	No			GST Registration Date GST Status Venfied	200	
diffication History				man avenue vermen	Yes	
A110000.500						
Policyholder Halling Ad	Mires					
iress 1	BLK 66 #11-508		Address 2	BEDOK SOUTH AVENUE 3	Address 3	SINGAPORE 460066
iress 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Address Type	Singapore address	Post Code	
t No.			Related Policy Number		Post Code	460066
OI Driver Info			Related Policy Number	5109285300		
ver Name	TAN LAY LEONG		Driver Type	Main Driver		
named driver Name	P1000 a 27 e=334a7		Driver NRIC	525377198	Driver DDB	21/05/1960
pater Date of Driver License	07/07/1981		Driver Age	39	Driving Experience	38
rtact No.(Mobile)	90038498		Contact No. (Office)	0	Contact No.(Home)	0
fress 1	BLK 66		Address 2	BEDOK SOUTH AVENUE 3	Address 3	SINGAPORE 460066
dress 4			Address Type	Singapore address	Post Code	460066
t No.	11-508		1130 033 1130	Singapore bosiness	- Folia Code	400000
es he own a Singapore	○ Yes ® No		Driver Vehicle No.			
gistered car?	C resigno		briver venicle no.		Driver Insurer Company	
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