Date III. VIIII ICI	Jeb description	Date &Time Completed	Done by
Date In: 7/3/19-15:41		+	
Ref No: Hally change 1358 tu	SAS e-filing	1	
Veh No: 17 V 7802	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 1/10/19-07:73	i-Motor Claim Form	m 1065087-001	2/10/19/15:54
OD / TP-/ Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report	i	
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No:)/Non-INC()	2
Owner / Driver: (1/2	Tcl:)
Policy No: () P	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	.0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO()	
Excess: (\$) Loading: \$1,	,000()/\$2,000()		
General Remarks	ARE POST AND AND	Charles Andrews	
a serie or the and condensationers of seabilities in all had ordered shall developed a	formation strictly Confidential 8 St	deth NO safes of sanaisar	NAME OF THE OWNER
() Walk-In Customer : Customer's inf		incuy NO refer of repairer.	
() Total Loss Case : to e-mail Insur			
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO(); T	Towing Co: (.)
the state of the state of		Manuscript of the Control	VENERAL TOTAL
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Jes Maone by
1) Apply for Transport Allowance ()/	Courtesy Car ()		
	The second secon	- The second second	
2) QC Check / Post Repair Inspection	()	74	-
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$	()		
3) Upload Resurvey Photo [Repair Cost > \$	()		
	()		
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Date/Time Actions Alha 7508 Injury: Disterring Actions Actions Disterring Actions Disterring Actions	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe 7) N1: Idae DA	Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 ction + SMRT Survey	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number **EMail Address**

- 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.
- re you haraby concent to the archiving of this

Notice that the property of the same of th	ACCIDENT STATEMENT
Miles Afficial States and Aller Annual States	ACCIDENT STATEMENT
Date Of Report	02/10/2019 15:41
Date Of Accident	01/10/2019 07:30
Exact Location Of Accident	MARINE CRESCENT TWDS MARINE PARADE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV3380Z
Insured/Policyholder	
Name Of Registered Owner	CHUAH CHENG SUN
NRIC No	S1753564A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96909838
Alternative Phone No	OFFICE-96909838
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
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	REPORTING ONLY
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	5104021057-01
Cover Note Number	
Driver	
Name of Driver	TEO SHER LING (ZHANG SILING)
NRIC No	S8335720G
Date Of Birth	07/11/1983
Occupation	INDOOR
Date Of Driving Pass	04/11/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97119500
Fax Number	

OFFICE-97119500

NOEMAIL

Address BLK 74 MARINE DRIVE

#08-41

Postcode 440074

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PEDESTRIAN

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

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? NO

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

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 MARINE PARADE NEIGHBOURHOOD POLICE CENTRE

NO

YES

NO

1

Police Station Address ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4428999 - FAX NO: 62447678

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191001/2037.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO 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:
 - 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)

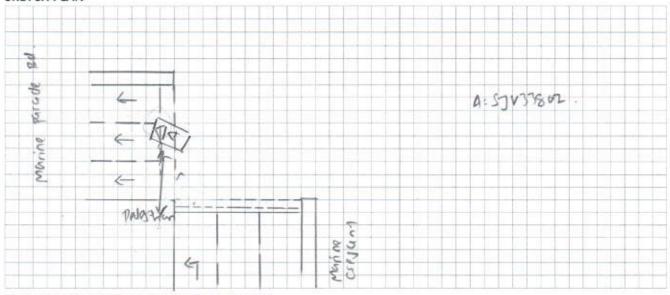
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reder to police report-7/2019/201/2007.	
went-towards	
wish to state that she actually hilest from part of my vehicle	<u></u>
e told the objector that the was jugging-	
	_

DECLARATION

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

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (/ 10 / 14)(DD/MM	(YYYY), TIME: 32 1/HH-MM
LOCATION AA-	nomine parade Rd.
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: JJV33802.	
b)INSURANCE COMPANY: HTUC	
CIPOLICY NUMBER: 510 YONO TZ-01	
d)POLICY TYPE: (COMPREMENTAL)	Eq.(2), (1), (2)
d)POLICY TYPE: (COMPREHENSIVE / THIRD e)MAKE & MODEL:	PARTY / THIRD PARTY FIRE &THEFT)
The state of the object.	
f)TYPE: (SALOON / COUPE / MPV /VAN / L	ORRY / MOTORCYCLE / OTHERS)
SI TIMEL CALEGORI, IPRIVATE / COMM	EDCIAL / MOTODOVOLE
THE STATE OF USING AT ACCIDENT TIME	1/0 / 4/1
I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/NO)
" NO, FLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)
- WOOKED / FOLIC I HOLDER	0
A)NAME: Eh nah Cheng Jun	(MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 13535644	CONTACT: 96909838.
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
The of passenge, DRIVER	
(Including driver) DINAME: Too Shar ling	(MALE / FEMALE)
CI S SINKIC/FIN/PASSPORI: JS X3337VVL	CONTACT: 97 1195 00
CIADDRESS: DIE 34 Marine Dave	W FLOW) 14-80 P
*d)DATE OF BIRTH: (1/108) (D	D/MM/YYYY)
STOCK AND A FIND THE PROPERTY OF THE PROPERTY	
f) YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE INSU	JRED'S COMPANY? (YES / NO)
- " " " LEGATION SHIP OF THE DOTVED W	TTU TAICLIBED
STATES CONDITION: (CIERR / RAINING	/ OTHERS
DINOAD SURFACE: NDRY / WFT / OTHERS	
o. WAS ANYBODY INJURED (YES / NOT)	
7. a) REPORTED TO POLICE (YES / NO)	18
IF YES, PLEASE STATE WHICH POLICE STATIO	N:
8. THIRD PARTY VEHICLE OF passenger a) VEHICLE NUMBER:	_
of passenger a) VEHICLE NUMBER:	MODEL:
Including driver) b) DRIVER'S NAME:	1)
() NRIC/FIN/PASSPORT:	CONTACT:
THE PARTY OF THE P	
No of passenger d) VEHICLE NUMBER:	MODEL:
ndudian dian diana	
f) NRIC/FIN/PASSPORT:	CONTACT:
No.	
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emod - toocher	ing @ yahoo comiss
email = 1603,10.	30 (4
fax =	Ø1
74X =	02





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

1 of 3 Report No. T/20191001/2037

Tel No: 1800-4428999

REPORT OF A TRAFFIC ACCIDENT

General Information of the Accident

Date/Tim 01/10/20	e Report M 19 10:57	/lade:	Vide Report No.:	Station Diary No.:		
Informan	t's Partic	ulars		A CONTRACTOR OF THE PARTY OF TH		
Name of TEO SHE	Informant: R LING		Address: APT BLK 74 MARINE DRI	VE #08-41 SINGAPORE 440074		
ID Type / ID No.: NRIC NO / S8335720G			Contact No.: Home/Office: Mobile: 97119500			
Nationalit SINGAPO	y: ORE CITIZ	EN	Email:			
Sex: Female	Age:	Date of Birth: 07/11/1983	Type of Informant:			
Race: Chinese	***************************************		Language: Institution / School Na English			
Occupation HOMEMA			Driving Licence Information Class: 3A	Date of Expiry:		

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 01/10/2019 07:30	Type of Location X-Junction
Location: Junction of Ro MARINE CRE MARINE PAR				
Weather: Clear	28	Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo		Traffic Volume: Heavy
Type of Collis Moving Vehic	ion: le Against - Pedestrian			Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJV3380Z	Car	NISSAN	SYLPHY	Blue		0

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

2 of 3 Report No. T/20191001/2037

CONTINUATION OF REPORT

Driver							
Name	TEO SHER LING			ID No.		S8335720G	
Related Vehicle	SJV3380Z (Car)			Conta	ct No.	97119500	
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: 3A Date of Expiry: NIL		
Date Treatment	NIL	Date Disc	harge	NIL			
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		
Pedestrian							
Name	WANG SHUNYING		ID No.		G1088679T		
Related Vehicle	NIL			Contact No.		NIL	
Hospital/Clinic	PARKWAY EAST H	NY.	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	-	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

On 01/10/2019 at about 0730hrs, I was going home from Marine Terrace Hawker Center. I was driving from Marine Terrace to Marine Crescent. Upon reaching the junction of Marine Crescent and Marine Parade Road, mine intention is to turn left to Marine Parade Road. There was a few cars in front of me that was already turning left. I have also saw the traffic light indicating that I am allow to turn left. The traffic light was in my favor.

Out of a sudden, a pedestrian came from the left and my vehicle collided into her. I did not see the Pedestrian until my vehicle collided into her. Immediately, I apply brake and my vehicle came to a stop. It was a slight impact as my vehicle was not traveling at a fast speed. I alighted the vehicle to check on the pedestrian. There were 2 other passer by that came to assist me as well. The pedestrian did not sustain any serious injury. However, she complain of pain and holding on to her right ribs. Therefore, I volunteer to send her to the nearest hospital (Parkway East Hospital). The pedestrian have complain headache at the hospital. However, the doctor have made a check but did not find any injuries. I have also paid medical fee for the pedestrian. The medical fee is SGD\$332.14.

I would like to state that there were no ambulance or traffic police came to scene. I have a In car camera in my vehicle.





Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999

3 of 3 Report No. T/20191001/2037

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 Recordin G / Sgt 2 MICHAEL LEE CHOON		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 01/10/2019 10:57
Officer In Charge Of Case: TP / AEIT /		Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151	SINGAPORE POLICE FORCE	1
Authentication Stamp	SIGN	ATURE

eBao Tech										Gener	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Chang	e Languag	e · Char	nge Password	
My Desktop	Poli	cy Query								TRUS STORAGES	0 1000 11
Notice of Loss	Policy I	No.	1			Date o	of Accident	-	01/10/2019	07:30	
	Vehicle	No.(For Motor)	SJV338	0Z		Certifi	cate Number	Ī			
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104021057- 01		CHUAH CHENG SUN	S1753564A	GPC	drivo CLASSIC	SJV3380Z	SJV3380Z	22/09/2019	21/09/2020
					C	ontinue					-

Sequenc	e Date of Endorsemen	t En	dorsement	Tyme	Endorsement S	SOCIONI STATE	Endorsement Content
Endorse	ments						
Insured	Object: SJV3380Z						
nit No.	05-180	Related Number		5104021057-01			440014
ddress 4	SINGAPORE 440014	Address	Туре	Singapore address		ost Code	440014
ddress 1	BLK 14 #05-180	Address	2	MARINE TERRACE	A	ddress 3	MARINE TERRACE BREEZE
▽ Policyh	older Mailing Address						
ertificate nfo							
pen olicy Info							
lag							
o- nsurance	No				GST Flag	Υ	
lgent	ABWIN PTE LTD	190000000000000000000000000000000000000	68423301		CET Flan		LACES
Singapore OD Excess	600		0			Your	g/Inexperience Driver Excess
Outside	7.775	Premium Outside	0				
Additional Excess	1000	Excess			Excess	100	
Excess	0.	damage	600		Windscreen	100	
Type Third Party		Excess					
Excess	Per Accident	Date All Claims	22/09/20	19 00:00	Expiry Date	21/09/2020	23:59
Policy Issue Date	23/07/2019	Effective	22/00/20	10.00.00	Policy Flag	N	
Product Name	PRIVATE CAR INSURANCE	Plan			Group		
Address	BLK 14 #05-180 MARINE TER	RACE MARINE T	ERRACE B	REEZE SINGAPORE 4	40014		
Certificate No.		,,,,,,,,			NRIC	31/33364A	
	5104021057-01	Policyholder Name	CHUAH (CHENG SUN	Policyholder	S1753564A	

Policy No.	5104021057-01	Vehicle No.	SJV3380Z	GST Registration No.	
Certificate No.				user Registration No.	
Policyholder Name	CHUAH CHENG SUN			Policyholder NR3C	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading MidC	\$1753564A
Contact No.(Mobile)	96909838	Contact No. (DMice)	0		0
Email Address		Special Remark		Contact No.(Home)	0
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode	W. V
NCD Protection	No	NCD Entitlement(%)	10	eCode Reason	
S Accident Details		0.0000000000000000000000000000000000000	27	Private Hire	No
Report Date	02/10/2019 15:52	Accident Report Within 24	Marin Page 200		
Date of Acodem	01/10/2019			Accident Type	Collided into Pedestrian
Reporting Centre		Time of Accident hh:mm	07:30	Country of Accident	Singapore
Accident Location	***************************************	Orange Force		TOM No.	The state of the s
Total Excess Applica	MARINE CRESCENT TWDS MARINE PA	RADE RD			
Excess Type	Per Accident				
	Per Accident	Windscreen Excess	100,00		
OO Standard Excess	800.00	VI 0011 0 10			
YIED OD Excess	500.00	TP Standard Excess	0.00		
Additional Excess	1000	YIED TP Excess		Driver is Covered?	
Total DD Excess Applicable		449723394339530000			
♥ Benefits	2100.00	Total TP Excess Applicable			
♥ GST Registered Infor	mation				
GST Registered	No				
GST Registration No.	140		GST Registration Date	100	
Modification History			GST Status Verified	Yes	
▽ Policyholder Mailing A	ddress				
Address 1	BLK 14 #05-180	1.0			
Address 4	SINGAPORE 440014	Address 2	MARINE TERRACE	Address 3	MARINE TERRACE BREEZE
Unit No.		Address Type	Singapore address	Post Code	440014
9 OI Driver Info	05-180	Related Policy Number	5104021057-01	1 I Maryanta and I	710024
Driver Name	Unnamed Driver				
Unnamed driver Name	TEO SHER LING (ZHANG SILIN)	Driver Type	Unnamed Driver		
Register Date of Driver License		Driver NRJC	58335720G	Driver DDB	07/11/1983
Contact No. (Mobile)		Driver Age	35	Driving Experience	10
Address 2	97119500	Contact No.(Office)	0	Contact No.(Home)	0
	BLK 74	Address 2	MARINE DRIVE	Address 3	
Address 4		Address Type	Singapore address		SINGAPORE 440074
Init No.	AMPLE AND ADDRESS OF THE PARTY				
0	08-41			Post Code	440074
Does he own a Singapore Registered car?	00-41 ○ Yes ® No	Driver Vehicle No.			440074
Does he own a Singapore Registered car?		Onver Vehicle No.		Post Code Driver Insurer Company	440074
eclaration		Driver Vehicle No.			440074
eclaration reathalyser or Blood Text	○ Yes ® No	***************************************	Section 50/100-2001s		440074
eclaration		Onver Vehicle No. Ans injury?	○ Yes ® No		440074
Registered car? eclaration treathalyser or Blood Test leading?	○ Yes ® No	***************************************	○ Yes ® No		440074
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eclaration restratyser or Blood Test reading? Claim 001 New	○ Yes ® No 0 mg	***************************************	○ Yes ® No CHUAH CHENG SUN	Driver Insurer Company	
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