			MLA119 135150	-	
Date In: Introlog- 12:12	Jeb description	1	Date & Time Completed	Done	py.
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Veh No: 57621475	E-mail (within	Shrs, AIC 2hrs)			
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TD In survey	Assessment/S	urvey Report			
TP Insurer:	Ass't Report i	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW;	(Tol:	Fax:	
TP Particulars: Veh No:	Cutssyan	. INC()/Non-INC()	34	
Owner / Driver: (#	Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (9/	6) [Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () Warranty: YES ()/NO()		
Excess: (\$) Loading:	\$1,000 ()/\$2,000	()			
General Remarks:-		Medical Strange County		Carlotte.	
	101	The state of the state of		38200 517, 17	
() Walk-In Customer: Customer's	Information strictly Co	nfidential & Str	rictly NO refer of repairer.		
() Total Loss Case : to e-mail In	surer URGENTLY.		The state of		
Drive-In ()/Towed-In (); Inv	oice: YES () / I	NO(); T	owing Co: ()
(dec)				KV200086111	ng yir.
Remarks:- (INC hotline: 6788 661)			Date&Time Completed	Done	ру
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Apply for Transport Allowance (QC Check / Post Repair Inspection) / Courtesy Car ()	1		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Aligned Portion:	(1) AR: Accident 2) DA: Darriage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-inspec 7) N1: Idae DA: 8) NTUC Additio	Reporting (330); Assessment (\$100); INC (3 tee	16t Bill 1880) 40/545 \$120 \$30 \$5) \$75 \$160	COLUMN TOWNS
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Alignment's Particulars: iver/Owner: intact No: imaged Portion:	(1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-impec 7) N1: Idae DA: 8) NTUC Additio QD: *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$500); INC (\$	\$80) \$00/\$45 \$120 \$30 \$55	CONTRACTOR
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Aligned Portion:	(1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming at 6) TR: Re-impec 7) N1: Idae DA: 8) NTUC Additio OII* *N5: Courtesy *N6: Repair Co *N7: Fost Rep *N8: DV / Col TP (N11): TP	Reporting (\$30); Assessment (\$100); INC (\$30); ce	\$80) 40/\$45 \$120 \$30 25) \$75 \$160 \$5 \$10 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30	COLUMN TO SERVE
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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 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.
- 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.	
第 5日中国中国基础的公共中国的2000年17日日	ACCIDENT STATEMENT
Date Of Report	11/10/2019 17:12
Date Of Accident	10/10/2019 17:10
Exact Location Of Accident	JUNC BEDOK SOUTH AVE 2 & BEDOK SOUTH RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG2147S
Insured/Policyholder	
Name Of Registered Owner	WONG WEI YANG
NRIC No	S8923026H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92232437
Alternative Phone No	OFFICE-92232437
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5101142595-01
Cover Note Number	
Driver	
Name of Driver	WONG WEI YANG
NRIC No	S8923026H
Data Of Bidb	00/07/4000

 NAIR of Driver
 WONG WEI TANG

 NRIC No
 \$8923026H

 Date Of Birth
 06/07/1989

 Occupation
 OUTDOOR

 Date Of Driving Pass
 11/06/2009

Driving Experience 10 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92232437

Fax Number

Contact Number OFFICE-92232437

EMail Address NOEMAIL

BLK 510 BUKIT BATOK STREET 52 Address

#05-19

Postcode 650510

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

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

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE Police Station Name

ROAD: 20 CHAI CHEE DRIVE, POSTCODE: 469045, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2448999 - FAX NO: 62446558 Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191010/2184.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBH8854J Vehicle Registration Number

Vehicle Make/Model/Colour

TOYOTA HIACE

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

HASSAN MEHEDI 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

WONG WEI YANG Name

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? SJG2147S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- i. Please report extractly the details of the accident to speed up the claims process.
- 2. This form must be completed by the Pollogitalder and/or the Authorised Deliver.
- Information provided must be as puthful and accurate as possible. Any withit misrapresentation or withholding of meterial facts may allow insurance companies to repudiste policy liability.
- 4. The issue and acceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false recording may be referred to the Police for investigation.
- 5. 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 perties.
- 7. By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aloresaid.
- S. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (1) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, discluse 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/jav/ firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) Investigating the accident and/or my dolms;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (IV) administering my claims (including the meiling of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of cortain 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 dains. (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this eccident and the insurers' iswyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agests@rclusing their lawyers aw firms), which may be sited outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal information will also be collected and used to compile claims history for the purpose of freud detection, investigation and mar agament in present and all future daims.
- (e) the information so collected under (d) above may be shared / elaclosed:
 - (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
 - (8) for complying with requirements under any regulations, laws or court orders.

Followholders Stratte

Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Kama:

KRIC/FIN No.:

Reporting Centre Personnel's Signature

ULLA: 554 21475

SKETCH PLAN		VIN 5: 48H 8854
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******	<u> </u>	
DESCRIBE CIRCUMSTANC	S OF THE ACCIDENT	
ON The Stated 7	ime and date	Debutter of the West Mark State of the State
VI I'I SINICE I		
I was travelling	my vehicle A bearing carpla	te SJG 21475 along bedok South
	7	R
1 - 4 / /	. ,	
Ave 2 towards be	luk south Road. I was t	travelling un a " Turn left & Tur
Kight lane, While	unitary the trackie jumy	altera T have at 1 1
Kight Tank, Venit	The partie young	grean. I movey slowly then
	0	
Suddenly a vehicle	bearing carpate GBH 8854	J Turn Left and collised un
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ny Ryhl. 2 Real	51 that the vehicle 13 8	on the " Turn Right only
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	Oriver's Stypicare	- July State
wholder's Strature	(If driver is not the policyholder)	Reporting Contre Personnel's Signature Nome:
	Date of The Control o	autom marca as

Date of Accident	: 10/10/2019 Accident Time: 17/0 (24-HR-Format)
Accident Place	: Bedok South Ave 2 Towards Bedok South Road
Vehicle Reg. No. (Car Plate No.)	: SJG 2147 S
Vehicle Make/Model	: Toyota wish
Insurance Company	: NTUC Policy No
Owner or Company Name /IC No.	: Wong Vei yang 58923026H
Owner or Company Contact No.	92252 437 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Wong wei yang
DRIVER'S Date Of Birth	: 06/07/1989 DRIVER'S License Pass Date 11 Jun 2009
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 13LK 510 bukit batok strut 52 \$105-19 650-510
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: ADmin@ mycar. sg
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including	Driver): 02 Nale
Was there any video Captured by a Exact purpose for which vehicle w	car camera YES \ NO ras being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: GBH 8854	J Vehicle Reg. No:
Vehicle Make Wodel: Togsta h	Vehicle Make\Model:
Vehicle Make Model: Toyota h Name Driver: Hassan Me He.	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:

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1 of 4

Report No. T/20191010/2184

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 22:33	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
Name of WONG	f Informant: WEI YANG		Address: APT BLK 510 BUKIT BATOK 650510	STREET 52 #05-19 SINGAPORE
NRIC N	/ ID No.: O / S89230:	26H	Contact No.: Home/Office:	Mobile: 92232437
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 06/07/1989	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupat GRAB D			Driving Licence Information: Class: 2B,2A,3,4,5	Date of Expire

1

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/10/2019 17:10	Type of Location
BEDOK SOUT BEDOK SOUT	H ROAD	e 2 and Bedok South R Road Surface: Dry	oad	Road Speed Limit:
raffic Flow:		Traffic Control: Traffic Light - Wo	rking	50 Km/h Traffic Volume:
One Way		The state of the s	in in in	Light

Details of V			The second second second	Maria Maria	Crisis appress	best and the second
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GBH8854J	Van	TOYOTA		70	Slightly Damaged	1
SJG2147S	Car	TOYOTA	WISH 1.8 AUTO	Blue	Slightly Damaged	1

Details of Vehicle Insurance			
Vehicle No. Insurance Company	Insurance No	Effective	Expiry Date



T/20191010/2184

2 of 4

Report No. T/20191010/2184

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

No. of Pedestria	Involved: No ans Injured: NIL		Use of Ped	estrian (Crossin	ng: NA	
Driver							
Name	HASSAN MEHEDI		ID No.		G2577136U		
Related Vehicle	GBH8854J (Van)	GBH8854J (Van)			t No.	83207089	
Hospital/Clinic	ospital/Clinic NIL					Class: NIL Date of Expiry: NIL	
Date Treatment			Date Disc		NIL		
No. of Days grai	nted Medical Leave	NIL	Degree of				
Driver			A STATE OF THE PARTY OF	**************************************	100 M		
lame	WONG WEI YANG	WONG WEI YANG				S8923026H	
Related Vehicle	SJG2147S (Car)			Contact No.		92232437	
lospital/Clinic	INTEMEDICAL 24 HR CLINIC			Class Drivin Licen Expir	g	Class: 2B,2A,3,4,5 Date of Expiry: NIL	
Date Treatment	10/10/2019		Date Dis				
	inted Medical Leave	03		of Injury		VIEU 13	

Brief Details.

On the 10/10/2019 at about 1710hrs, I was driving my vehicle with a passenger heading to Bugis Plus shopping mall. I came to a stop along Bedok South Avenue 2 before the T-Junction of Bedok South Avenue 2 and Bedok South Road. Bedok South Avenue 2 is a 2 lane road where both lanes are allowed to make a right turn and only vehicles on lane 2 can make a left turn. My vehicle was the 3rd vehicle stationary at lane 2. When the traffic light turns green, the 2 vehicles ahead of me turned left towards Bedok South Avenue 3.

I was about to make a right turn towards Bedok South Avenue 1 when I noticed a van, GBH8854J on lane 1 with a left signal switched on. I proceeded to make a right turn when the said van suddenly swerve left resulting in both our vehicles collided sideway. I exited from the front left passenger door and spoke to the driver of the van whom was with a friend. As there were no visible injuries on all parties, we proceeded to exchange our particulars and left the location.

Subsequently, as I felt soreness on my neck, I went to Intermedical 24 Hr Clinic located at 525 Ang Mo Kio Ave 10 to see a doctor. The doctor gave me 3 days of MC. That's all.





T/20191010/2184

3 of 4

Report No. T/20191010/2184

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

4 of 4 Report No. T/20191010/2184

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.

(4/1)
Date/Time: 10/10/2019 22:33
Classification Of Case:
To the state of th

	alClaim
800601	Log Ou
Policy Que	3
Policy No.	
Vehicle No.(For	
Select Policy	Expiry Date
O 510114	24/06/2020

Sequen	ce Date of Endorsemen	nt E	Endorsemer	nt Type	Endorsement	Status	Endorsement Content
▼ Endors	ements						
) Insure	d Object: SJG2147S	10000000					
Jnit No.		Relate Numb	d Policy er	5101142595-01			
Address 4		Addre	ss Type	Singapore address		Post Code	650510
Address 1	BLK 510 #05-19	Addres	ss 2	BUKIT BATOK STR	EET 52	Address 3	SINGAPORE 650510
Policyh	nolder Mailing Address						
Certificate Info							
Open Policy Info							
Flag							
Co- nsurance	No						
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203		GST Flag	Υ	
Singapore OD Excess	2000	Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Outside		Premium Outside					
Additional	0	os	0				
Third Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Туре	Per Accident	Excess Own					
issue Date Excess		All Claims	-0,00,20		Expiry Date	£-1/00/2020 23	
Policy	07/05/2019	Effective	25/06/201	9.00:00	Expiry Date	24/06/2020 23	-50
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 510 #05-19 BUKIT BATOK	STREET 52 SI	NGAPORE 6	50510			
Certificate No.							
Policy No.	5101142595-01	Policyholder Name	WONG WE	EI YANG	Policyholder NRIC	S8923026H	

March Marc	Claim Handling						
MICHIGAN STATE OF MICHIES AND	occident MT/1066526						
Montane	olicy No.	5101142595-01	Vehicle No.	53021475		GST Registration No.	
MICHINE DEL MICH	Certificate No.						
Content Cont	folicyholder Name						
Special Person Spec					SIC		
March Mar		92232437		0			personne
Marchane		00	98	00			Is: v
## Control 1001 11050039 17-22				1			
March Marc		No	NCD Entitlement(%)	0		Private Hire	Yes
The Michael School 10/10/2019 The Michael National 10/10 County of Accident National 10/10 Count		1/1/2012-200	THE PROPERTY OF THE PARTY OF TH	109400		A SA	THE RESERVE OF THE PERSON OF T
Control Cont							
Part		10/10/2019		17:10			Singapore
## Autor Strate Note Note			SOUTH THE PROPERTY I			ICM No.	
March Marc			RD				
200 Colored							
100 Deliver	cess Type	Per Accident	Windscreen Excess		100.00		
## 150 On Excess ## 5.00 ## 150 Ones	D Standard Evress	2,000,00	TP Standard Excess		1.500.00		
March Marc						Driver is Covered?	Covered
March Marc			WHO WOULDES		13970		
## Case			Total TP Excess Applicable		1,500.00		
Tapperson No. GST Septimien Case Tapperson Case	P Benefits						
## Springerious No.	GST Registered Informa	ation					
P. Palicyholder Malling Address	T Registered	No		GST	Registration Date		
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## STATE FRANCE ## STATE FRANCE ## STATE #				DOM: N		Post Code	650510
None			Related Policy Number	510114259	5-01		
Direct Malic Sep223026m Sep2		CHANGE OF STREET	TECKOOMIO				
## Desire of Enviro License 11/06/2009		Wong Wei Yang				23.23	
March Nat. (Mobile) 923734377 Curriact No. (Officia) 0 Contact No. (Home) 0							
### STOCK Address 2 BLKS 10 Address 2 BLKST DATOK STREET \$2 Address 3 STINGAPORE 69/510							
Address Type Singapore address Pool Code 650510 05-19 05-19 07							
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Comman Spragoure grade of Sever Seve		40.4	Address Type	Singapore a	DOTERN	Post Code	650510
clamation reclamation reclamat							
Any injury? One of the property of the order of the property		○ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
Any injury? Pres No	ariamerio s						
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