Date In: 16 (1)19-5:31			JANGIYWII		
	Jeb descriptio	n	Date & Time Complete	ed De	nie py.
Ref No: HALINCIGO190374	SAS e-filing		1		
Veh No: Sex Yrym	E-mail (within	a Shrs, AIC 2hrs)			
D.O.A: 76/19/19-11:00	i-Motor Cla	im Form	M7/1068716-001	126/12/16	47:TP
OD : TP) Peporung Only	i-Motor W/	O (Within: OD 2hr:			1-1
OB : 117 reporting Only	i-Photo Upl	oaded	1		
TP Insurer:	Assessment/S	urvey Report		Control Del Allamonto	
	Ass't Report	by <u>Fax / Hand</u> t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Dell'IIIACE III.		Tel:	Fax:)
TP Particulars: Veh No: Ju	8vam.	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Po	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 30	0-100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000()/\$2,000)()	-		
General Remarks:			NAME OF STREET	Constitution of the Consti	
() Walk-In Customer: Customer's info	ormation strictly Co	onfidential & Str	Mark the same of t	distance to the second state of the second	
() Total Loss Case : to e-mail Insur	The second section is a second section of the se	, and the same of	iony 110 Total of Tepano		
Drive-In ()/ Towed-In (); Invoice		NO () ; To	owing Co: (
		10();10	owing co. (/
Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Do	ne by
1) Apply for Transport Allowance ()/(Courtesy Car ()			Annaha sasta
2) QC Check / Post Repair Inspection	()			
 Upload Resurvey Photo [Repair Cost > \$3 	3000] ()			
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Date/Time Actions National Actions Ac		Invoice Prep 1) AR: Accident I 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming ag 6) TR: Re-inspect 7) N1: Idae DA + 8) NTUC Addition OD.* *N5: Courtesy (*N6: Repair Co *N7: Fost Repair *N8: DV / Colle	aration Checklist; Reporting (\$30); ISSESSMENT (\$100); INC Frough Survey Frough Survey (Resurvey) Frough Survey (Resurvey) Frough Survey Frough Surve	(\$80) \$40/\$45 \$120 \$30 \$25 \$160 \$5 \$160 \$5	Amt(\$)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	26/10/2019 15:31
Date Of Accident	26/10/2019 11:20
Exact Location Of Accident	AYE (MCE) BEFORE CLEMENTI AVE 6
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKX4241M
Insured/Policyholder	
Name Of Registered Owner	LIEN HUI SUNG
NRIC No	S7022701J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94875453
Alternative Phone No	OFFICE-94875453
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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	5105595243
Cover Note Number	
Driver	
Name of Driver	LIEN HUI SUNG
NRIC No	S7022701J
Date Of Birth	13/07/1970
Occupation	INDOOR
Date Of Driving Pass	25/07/1997
The state of the s	

22 YEARS AND 3 MONTHS

(LOCAL) +65-94875453

OFFICE-94875453

FEMALE

NOEMAIL

Address

BLK 138D YUAN CHING ROAD

#09-149

Postcode

614138

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

CHAIN COLLISION

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

4

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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

KAMPONG UBI NEIGHBOURHOOD POLICE POST

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

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20191026/2094.

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

SKT8200M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJJ279S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER:

Passenger 2

NAME: GENDER:

Passenger 3

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SML5034C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

:

Name LIEN HUI SUNG

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SKX4241M

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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 A: SEX4241M B: SK18200M B: SK18200M C: SIJ 2795 D: SML 5034C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ESCRIBE CIRCOMSTANCES OF THE ACCIDENT	
7ele to police report - 7/20191026/20094.	
59	

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 .:





1 of 3

Report No. T/20191026/2094

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

Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

26/10/201	THE RESERVE OF THE PARTY OF THE	Made:	Station Diary No.: 25		
Informan	t's Partic	ulars			
Name of I LIEN HUI		8	Address: APT BLK 138D YUAN CHIN 614138	IG ROAD #09-149 SINGAPORE	
ID Type / NRIC NO		01J	Contact No.: Home/Office:	Mobile: 94875453	
Nationalit SINGAPO	AND DESCRIPTION OF THE PARTY OF	EN	Email:		
Sex: Female	Age: 49	Date of Birth: 13/07/1970	Type of Informant: Driver		
Race: Chinese	11(5)		Language:	Institution / School Name:	
Occupation: Beautician			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/10/2019 11:20	Type of Location Straight Road	
Location: Along Road 1 AYER RAJAN Towards MC	HEXPRESSWAY		10		
Weather: Clear		Road Surface: Dry	F	Road Speed Limit:	
Traffic Flow: Traffic Control:				Traffic Volume: Heavy	
Traffic Flow: One Way		Not Controlled		leavy	

Details of V	Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SJJ279S	Car	VOLVO	V60 T4 1.6 AUTO ABS D/AB 2WD 5DR TURBO	Black	Slightly Damaged	0		
SKT8200B	Car	ТОУОТА	LEXUS GS250 LUXURY AUTO	Black	Slightly Damaged	0		
SKX4241M	Car	HONDA	VEZEL 1.5X CVT	Black	Slightly Damaged	0		





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

Tel No: 1800-7479999

2 of 3

Report No. T/20191026/2094

CONTINUATION OF REPORT

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SML5034C	Car	PORSCHE	911 CARRERA COUPE PDK	Black	Slightly Damaged	0	

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SKX4241M	NTUC Income Insurance Co-Operative Limited	5105595243	11/12/2018	10/12/2019			

Details of Perso	n Involved					
Any Pedestrian In	nvolved: No					The state of the s
No. of Pedestrians Injured: NIL Use of Pe					Cross	ing: NA
Driver						
Name	LIEN HUI SUNG			ID No		S7022701J
Related Vehicle	SKX4241M (Car)			Contact No.		94875453
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of		Sligh	

Brief Details.

On 26/10/2019 at about 1123hrs, I was driving along AYE heading towards MCE at lane number 1 however traffic was very heavy at that point of time. As such, vehicles are driving very slowly and I came to a stop as in front of me vehicle number 1 (SJJ279S) came to a stop. Suddenly, I felt a collision from the rear of my vehicle and shortly another collision shortly after the first one. Due to the collision from the third car(SKT8200B), it cause my car to knock onto vehicle number 1(SJJ279S). I then went down to make a check and realized that it was a chain collision between 4 vehicles. The first car (SJJ279S) follow by my vehicle(SKX4241M) then vehicle(SKT8200B) and lastly vehicle(SML5034C).

Traffic police officers and ambulance arrived shortly after the accident, and vehicle owner(SKX4241M) was conveyed to the hospital. I did not exchange particulars with them. I will be seeking medical treating due to neck pain. I do not have any in car camera inside my vehicle but I believed the other 3 cars have it.





3 of 3

Report No. T/20191026/2094

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

Tel No: 1800-7479999

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 Recording The Report: G / Sgt 2 MELSON CHEW WEI JIE	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 26/10/2019 14:35
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	
Authentication Stamp NP168	ine

eBao Tech			197				Ber State of the			Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						· Chang	e Languag	e Chan	ge Password	· Log Ou
My Desktop	Polic	cy Query									1
Notice of Loss	Policy N	io.				Date	of Accident		26/10/2019 1	11:20	
	Vehicle	No.(For Motor)	SKX424	11M		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	5105595243		LIEN HU1 SUNG	57022701)	GPC	drivo CLASSIC	SKX4241M	SKX4241M	11/12/2018	10/12/2019

Sequen	ce Date of Endorseme	nt E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
□ Endorse	ements						
) Insured	Object: SKX4241M						
Jnit No.		Relate Numbe	d Policy er	5105595243-01			
Address 4			s Type	Singapore address	9	Post Code	614138
Address 1	BLK 138D #09-149	Addres	ss 2	YUAN CHING ROAD		Address 3	SINGAPORE 614138
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Υ	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type		All Claims Excess					
Policy issue Date	21/11/2018	Effective Date	11/12/201	8 00:00	Expiry Date	10/12/2019 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 138D #09-149 YUAN CHI	NG ROAD SING	PORE 6141	38			
Certificate No.					00000		
Policy No.	5105595243	Policyholder Name	LIEN HUI	SUNG	Policyholder NRIC	57022701)	

ccident MT/1068716								
olicy No.	5105595243	mana w	0.52525.000	2	522508			
ertificate Np.	5105595243	Vehicle No.	SKX4241	м	GST Re	gistration No.		
	10000000							
olicyhalder Name raduct Code	LIEN HUT SUNG	0.2595200			Policyts	older NRIC	57	0227013
	PRIVATE CAR INSURANCE	Cover Type	drive CLA	SSIC	Loading)	ū	
ontact No.(Mobile)	94875453	Consact No.(Office)	0		Contact	No.(Home)	O	
mail Address		Special Remark			eCode		14	
×	® No ○ Yes	TCA	® No ○	Ves	eCode 8	Reason		
20 Protection	Yes	NCD Entitlement(%)	50		Private	Hire	No	
Accident Details								
eport Date	26/10/2019 15:57	Accident Report Within 24 hrs	Yes		Acciden	п Туре	Ch	ain Collision
ate of Accident	26/10/2019	Time of Accident hindren	11:20		Country	of Accident	Se	gapore
eporting Centre		Orange Force			ICM No.			2000 (2007)
codent Location	AYE (NCE) BEFORE CLEMENTI AVE 6							
P Excess								
vn damage Excess	600.00	Additional Excess	0		Windson	reen Excess	10	0.00
mamed Driver Excess	0,00	Outside Singapore OD Excess		600.00	2000000	The state of the s	-	2.00
ird Party Excess	0.00	Outside Singapore TP Excess						
Benefits		Ourside Singapore 19 cacess		0.00				
	Calaboratic Co.							
GST Registered Inform								
T Registered T Registration No.	No			T Registration Date		2027		
dification History			GS	T Status Ventied		Yes		
Company of the Company								
Policyholder Hailing Ac	ldress							
		02200020	Gunna -	Marian				
dress 1	BLK 138D #09-149	Address 2	YUMN CHI		Address		SI	VGAPORE 614138
dress 4		Address Type	Singapore	address	Post Cor	de	61	4138
it No.		Related Policy Number	51055952	43-01				
OI Driver Info								
iver Name	LIEN HUI SUNG	Driver Type	Main Drive	r.				
named driver Name		Driver NKIC	57022701	3	Driver D	OB	13	/07/1970
gister Date of Driver License	25/07/1997	Onver Age	49		Driving	Experience	22	
ntact No.(Mobile)	94875453	Contact No.(Office)	0		Contact	No.(Home)	0	
dress 1	BLK 138D	Address 2	YUAN CHI	NC BOAD	Address			C10000 414100
	3.533464.6	(1000 FEE B)	CHARLE PARTY	The Property of	ALGG: 455	100	20	NGAPORE 614138
dress 4		Address Type	Sugaran	address	No. of the last	**	4	
	00.140	Address Type	Singapore	address	Post Cod	de .	61-	1138
nit No.	09-149	Address Type	Singapore	address	Post Cod	se	61-	41.78
nit No. oks he own a Singapore	09-149 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore	address		se naurer Company	61-	1128
nit No. des he dwn a Singapore ogsstered car?			Singapore	address			61-	4128
nit No. bes he dwn a Singapore opstered car? claration			Singapore ® Yes ○				61-	4138
ddress 4 nit No. ses he own a Singapore egistered car? cdaraben restnayser or Blood Test eading?	○ Yes ® No	Driver Vehicle No.					61-	41.26
nit No. des he dann a Singapore ogsstered car? sclaration	○ Yes ® No	Driver Vehicle No.					61-	41.26
nit No. bes he own a Singapore optioned car? deration eathers or Blood Test adding?	○ Yes ® No	Driver Vehicle No.					61-	41.26
nit No. ses he own a Singapore gistlered dar? daration estholyser or Blood Test aiding? dification History	○ Yes ® No	Driver Vehicle No.					61-	41.26
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