Invoice Preparation Checkdist		Jcb description	Date & Time Completed	Done	p.i.
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TP   Insurer:   Assign Wksp / OW:   Tol:   Fax:	D.O.A. Flore 15-15		M11-7-56-201	Milia II	. 10
Preferred Wksp   INC Assign Wksp   OW:   Tel:   Fax:	6	i-Motor W/O (Within: OD 2)		9/1/19	0118
TP Insure:  Assessment/Survey Report  Ass't Report by Fax/Hand to Owner/Wissn  Freferred Wksp / INC Assign Wksp / OW:	OD / P Reporting Only				
Preferred Wksp / INC Assign Wksp / QW:					
Preferred Wksp / INC Assign Wksp / QW: ( Tel: Fax: TP Particulars: Veh No: PUWD: INC ( ) / Non-INC ( )  Owner / Driver: ( Tel: )  Policy No: ( ) Period: ( ) Cover Type: ( )  Confirmed by: ( Date: Time: )  Insured/Driver Liability: ( %) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 90-160%]  Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks: ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Yould Loss Case: to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( 1  Remarks: (INC hotline: 6788-6616) Date-&Tario Completed ( Date-&Tari	TP Insurer:		to Owner/Wksp		
Downer / Driver: (	Preferred Wksp / INC Assign Wksp / QW: (	JL		Fax:	)
Policy No: (	TP Particulars: Veh No: 7(2)	INC (	)/Non-INC( )		
Insured/Driver Liability: ( %) [Note-Est Status (WO): N: 0-20%, P: 21-79%, P: 80-100%]     Year of Registration: ( ) Warranty: YES ( )/NO ( )     Excess: (\$ ) Loading: \$1,000 ( )/\$2,000 ( )     General Remarks:- ( ) Walk-In: Customer: information strictly Confidential & Strictly NO refer of repairer. ( ) Walk-In: Customer: Information strictly Confidential & Strictly NO refer of repairer. ( ) Total Loss Case : to e-mail Insurer URGENTLY.     Drive-In ( )/Towed-In ( ); Invoice: YES ( )/NO ( ); Towing Co: (     Remarks:- (INC horline: 6788 6616)   Date&Time Completed   10 Done by 1) Apply for Transport Allowance ( )/Courtesy Car ( )     2) QC Check/Post Repair Inspection ( )   3) Upload Resurvey Photo [Repair Cost>\$3000] ( )     Injury:   Date&Time   Actions   Actions     Date*Time   Actions   A			Tel:	)	ele-se-
Insured/Driver Liability: ( %) [Note-Est Status (WO): N: 0-20%; P: 21-79%. F: 80-100%] Year of Registration: ( ) Warranty: YES ( ) / NO ( ) Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( ) General Remarks: ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( Remarks: (INC hotline: 6788 6616): Date/Time Completed Done by 1) Apply for Transport Allowance ( ) / Courtesy Car ( ) 2) QC Check / Post Repair Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time Actions  Date/Time Actions  1) AR: Accident Reporting (\$30); No (\$30); Apply for Transport (\$30); No	Policy No: ( ) Peri	iod: ( )	Cover Type: (	)	
Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks:- ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. ( ) Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (  Remarks; (INC hotline: 6789 6616)   Date&Thrite Compile ad   Done by 1)  Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  DateCtime   Actions    DateCtime   Actions    DateCtime   Actions    DateCtime   Actions    DateCtime   Actions    DateCtime   Actions    Action   DateCtime   Actions    DateCtime   Action   DateCtime   D	Confirmed by : (	Date:	Time:	)	
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3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury :  Date/Time   Actions   Ani (5)   Ani (5)   Ani (5)   Invoice Preparation Checklist   Ani (5)   Intimant's Particulars :-   1) Ar. Accident Reporting (330);   Ani (5)   Intimant's Particulars :-   2) DA: Damage Assessment (\$100);   INC (\$80)   Invoice Preparation Checklist   Ani (5)   Intimant's Particulars :-   2) DA: Damage Assessment (\$100);   INC (\$80)   Intimant's Particulars :-   3) TF: Follow-Through Survey   \$100   Intimant's Particulars :-   5) FT: Follow-Through Survey   \$100   Intimant's Particulars :-   500   Intimaticular		ourtesy Car ( )		No. of the last of	
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2 DA: Damege Assessment (\$100); INC (\$80)	Injury:	• • • • • • • • • • • • • • • • • • •		Ant (5)	Amt(3)
A) FT : Follow-Through Survey	Injury:  Date/Time Actions  ALGO838	Invoice Pro	eparation Checklist	Ant (5)	Amt (1)
Solution	Injury:  Date/Time Actions  ALGO838	Invoice: Pro	eparation Checklist at Reporting (\$30); at Assessment (\$100); INC (\$4	Anit (5)	
6 TR : Re-inspection   575     7 N1 : Idac DA + SMRT Survey   5160     8 NTUC Additional Services:	Injury:  Date/Time Actions  ALGO838*  Aumant's Particulars:-	Invoice Pro  1) AR: Accident 2) DA: Darnage 3) TF: Towing 4) FT: Follow-	eparation Checklist at Reporting (\$30); Assessment (\$100); INC (\$6) Fee \$40 Chrough Survey	Anit (5) (ii Bill 30) 0/\$45	
S) NTUC Additional Services:-   OD*	Injury:  Date/Time Actions  ALGO838*  Authorities are a second and a second are a s	Invoice Pro  1) AR: Accident 2) DA: Damege 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	eparation Checklist.  at Reporting (\$30);  Assessment (\$100); INC (\$6);  Fee \$40;  Through Survey  Through Survey (Resurvey)	Anit (5) fit Bill 80) 0/\$45 \$120 \$30	
OD*   *NS: Courtesy Car / Tpt Allowance   S5     *N6: Repair Co-ordination   S10     *N7: Post Repair Inspection   S25     *N8: DV / Collect Excess Coordination   S5     TP (N11): TP (N in INC) against INC   S20     9) N12: Idae Mobile   30     2 / 3:   Invoice dated   Fee Chargea   S5     *N8: DV / Collect Excess Coordination   S5     *N8: DV / Collect Excess Coordination   S5     *N8: DV / Collect Excess Coordination   S6     *N8: DV / Collect Excess Coordination   S7     *N8: DV / Coll	Injury:  Date/Time Actions  ALLYONS  Aumant's Particulars:  iver/Owner:	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspir	eparation Checklist at Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$40 Through Survey Through Survey (Resurvey) Against INC Only (wef 10 Jan 2003)	Anii (\$)   fit Bill   80) 0/\$45 \$120 \$30 5) \$75	
*N6: Repair Co-ordination 510  *N7: Post Repair Inspection 525  *N8: DV / Collect Excess Coordination 55  TP (N11): TP (N11 INC) against INC 520  9) N12: Idae Mobile 30  Livoice dated Fee Chargea	Injury:  Date/Time Actions  ALLY 0838*  Authority Particulars:-  iver/Owner:	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-inspir 7) N1: Idae DA	eparation Checklist at Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$40 Chrough Survey Chrough Survey (Resurvey) Against INC Only (wef 10 Jan 2003) action + SMRT Survey	Anii (\$)   fit Bill   80) 0/\$45 \$120 \$30 5) \$75	
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number 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.
- 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.

the second second second	ACCIDENT STATEMENT
Date Of Report	08/11/2019 15:07
Date Of Accident	07/11/2019 15:45
Exact Location Of Accident	FOCH RD OUTSIDE HOTEL 81 ELEGANCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC9796G
Insured/Policyholder	
Name Of Registered Owner	PHEY YONG SHEN, ROBIN
NRIC No	S8224924I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83226656
Alternative Phone No	OFFICE-83226656
Vehicle Particulars	
Manufacturer	CITROEN
Model	GRAND C4 PICASSO 1.6 SMT ABS EGS PSR
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107222743
Cover Note Number	
Driver	
Name of Driver	PHEY YONG SHEN, ROBIN
NRIC No	S8224924I
Date Of Birth	08/08/1982
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2013
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83226656

OFFICE-83226656

NOEMAIL

BLK 254 PASIR RIS STREET 21 Address

#04-251

Postcode 510254

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 COLLISION - CHANGE/CROSS LANE

2

NO

NO

3

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? YES

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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : MALE

Passenger 2

NAME:

: PAN DONGYA

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Contact

NO

YES

Circumstances of Accident

REFER TO POLICE REPORT - T/20191107/7022.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

PC2215D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

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**

Name PHEY YONG SHEN, ROBIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKC9796G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

# **DETAILS OF INJURED PERSON 2**

Name PAN DONGYA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKC9796G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report extractly the details of the assident to speed up the claims process
- 2. This Separation he correlated by the Polician holder and for the Authoritist Delega-
- Information ploy ded must be as truthful and eccyrate as possible. Any anily migrapresentation or withholding of material facts may allow insurance companies to repuditie only flability.
- 4. The base and acceptance of this Form by incurance companies and an admission of pulley liability on the part of the equivance companies.
- Any false recogning year be referred to the Police for investitation.
- The report will be forwarded by the insurers of the GIA records Management Control established by the Ganeral Insurance
  Association of Singapore (GIA) for archiving and that copies of this report will for a fee he made evaluable upon application by
  interest editorities.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to capies of the report being made evaluable aforesaid.
- S. Consent ender the Personal Data Protection Act (PDPA)

Lunderstand, ocknowledge, agree and consent that:

- (f) 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 (all insurer(s) who have insured whicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers lawyers/jaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, hending 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 dalms:
  - (iii) carrying out and/or dealing with my instructions or responding to any enquirles by me;
  - (iv) administering my claims (including the malting 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, francing and/or dealing with my dains. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this occident and the insurers' lawyers/law firms, may/are permitted to collect, use, dictions 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 on agents (including their lewyers/ aw firms), which may be stad outside of Singaporo, for one or more of the above Purposes.
- (a) my Personal Information will also be collected and used to contaile claims history for the purpose of freed 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 availabiling, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(2) for complying with requirements under any regulations, laws or court orders.

Potizyboločni Signature. Data Si Tima: Orlver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Ferson

NRIC/FIN No.:

l's Signature

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1		1						
LARATION								
e declarative foregoing po	ticulars are true in	every respect.						
1								
1.110		WI.					10	
WM				-			V.	
ynolder's Signature	Orline: 's Si	snature 1 'M	8239/	Pe:	porting Cont	re Persoon	e Delegano	16
& Tombs	44.4 4.4		and the same of th		TE:			

Date of Accident	Accident Time: 345pm (24-HR-Format)
Accident Place	: Foch Pet outside hotel 81 Elegance
Vehicle Reg. No. (Car Plate No.)	: 3KC 9796G
Vehicle Make/Model	Citroen 64
Insurance Company	:_NTUCPolicy No
Owner or Company Name /IC No.	: Play Young Shen Robin Sassynsyz
Owner or Company Contact No.	: 8300 6656 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Phey Yong Shen Robin 88224984I
DRIVER'S Date Of Birth	: 8-8-1982 DRIVER'S License Pass Date 32 Feb 3213
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 0 Wner
DRIVER'S Address	: 254 Pasir Ris street 21 #04-251 s (510254)
DRIVER'S Contact No./ Alt No.	:1) 83>>6656 2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@Mycar-19
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river): 3 girl Oriver and girl see aboter
Was there any video Captured by car Exact purpose for which vehicle was	r camera: YES NO s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if anv)
Vehicle Reg. No: PC 2215 D	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





1 of 4 Report No. T/20191107/7022

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT	OF A TRAFFI	CACCIDENT			
Date/Tir 07/11/20	ne Report I 019 21:13	Made:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars			
	Informant: ONG SHE		Address: APT BLK 254 PASIR R 510254	RIS STREET 21 #04-251 SINGAPORE	
ID Type NRIC N	/ ID No.: O / S82249	241	Contact No.: Home/Office: Mobile: 83226656		
National SINGAP	ity: ORE CITIZ	EN	Email: Robinpheyys@hotmail.	com	
Sex: Male	Age: 37	Date of Birth: 08/08/1982	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: self employed			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2019 15:45	Type of Location: Straight Road
Location: FOCH ROAD				
		Road Surface:	16	
		Dry		Road Speed Limit: 40 Km/h
Weather: Clear Traffic Flow: Two Way		The state of the s	1	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
PC2215D	Van	TOYOTA	HIACE	Silver	Slightly Damaged	0
SKC9796G	Car	CITROEN	GRAND C4 PICASSO 1.6 SMT ABS EGS PSR	Brown	Seriously Damaged	2

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Details of Vehicle Insurance

2 of 4 Report No. T/20191107/7022

#### CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurar	surance No		Effective Expiry	
SKC9796G	NTUC Income Insurance Co-Operat Limited	22743		29/01/2019	19/04/2020	
Details of Pe	rson Involved					
Any Pedestria	in Involved: No			87-111		
No. of Pedest	rians Injured: NIL	destria	n Cros	sing: NA		
Passenger	LANGE BUREAU FAMILIE	FIELE MENTS	Logic	hold.		
Name	PAN DONGYA		ID No	).	G8833894X	(
Related Vehic	le SKC9796G (Car)	SKC9796G (Car)			83226656	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licen Expin	g	Class: NIL Date of Exp	iry: NIL
Date Treatme	nt 07/11/2019	Date Disc	Discharge 07/11		1/2019	
No. of Days gr	ranted Medical Leave 05	Degree of	egree of Injury   Serio		us	
Driver	The second secon	STORY NO.	7			
Name	PHEY YONG SHEN, ROBIN		ID No. S8		S82249241	
Related Vehic	le SKC9796G (Car)		Conta	ct No.	83226656	

Class of

Driving

Date Discharge

Degree of Injury

Licence & Expiry Date Class: 3

07/11/2019

Serious

Date of Expiry: NIL

#### Brief Details.

Hospital/Clinic

Date Treatment | 07/11/2019

No. of Days granted Medical Leave

ON THE STATED TIME AND DATE, I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SKC9796G ON FOCH ROAD. IT IS A TWO WAY CARRIAGE WAY WITH PARALLEL PARKING LOTS ON BOTH SIDES. I WAS TRAVELLING STRAIGHT WHEN VEHICLE B BEARING CARPLATE NUMBER PC2215D WAS STATIONARY BEHIND ANOTHER VEHICLE BEARING CARPLATE NUMBER SLX9777P. FOR AWHILE, I THEN OVERTAKE THE 2 VEHICLES AS IT IS A ONE LANE CARRIAGE WAY, AFTER I HAVE COMPLETE THE FILTERING, VEHICLE B BEARING CARPLATE NUMBER SKC9796G MOVED OUT FROM HIS POSITION AND HIT MY VEHICLE ON THE SIDE, I WISH TO STATE THAT I HAVE AN IN-CAR CAMERA THAT RECORDED THE WHOLE EVENT. IN ADDITION, ME AND MY PASSENGER ON BOARD FELT UNWELL AND CONSULTED THE DOCTOR AFTER WHICH WE WAS AWARDED WITH A 5-DAYS MC EACH.

MOUNT ALVERNIA HOSPITAL

05



T/20191107/7022

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 4 Report No. T/20191107/7022

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20191107/7022

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2019 21:13
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:

<b>eBao</b> Tech			General					alClaim			
Hello, NAC_PAYA_UBI_80	0601						· Chang	ge Langua	ge • Char	ge Password	· Log Ou
My Desktop	Policy Query										-
Notice of Loss	Policy !	No.				Date	of Accident		07/11/2019	15:45	
	Vehicle No.(For Motor)		SKC97	C9796G Certificate Number							
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107222743		PHEY YONG SHEN, ROBIN	S8224924I	GPC	drivo CLASSIC	SKC97960	SKC9796G		19/04/2020
	0	5107222743				GPC Continue		SKC97960	SKC9796G	29/01/2019	19/

Policy No.	5107222743	Policyholder Name	PHEY YONG	S SHEN, ROBIN	Policyholder NRIC	582249241	
Certificate		Name			WRIC		
ddress	BLK 254 #04-251 PASIR RIS 5	STREET 21 SING	GAPORE 510	254			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
olicy ssue Date	30/01/2019	Effective Date	29/01/2019	9 00:00	Expiry Date	19/04/2020	23:59
xcess ype	Per Accident	All Claims Excess					
hird Party excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Your	ng/Inexperience Driver Excess
Agent	ASSURE (SINGAPORE) PTE. LT		68038751		GST Flag	Y	
Co- nsurance Flag Open Policy Info Certificate	No						
	nolder Mailing Address						
ddress 1	BLK 254 #04-251	Addre	ss 2	PASIR RIS STREET	ET 21	Address 3	SINGAPORE 510254
ddress 4		Addre	ss Type	Singapore addres	is 7	Post Code	510254
Init No.		Relate Numb	ed Policy er	5107222743			
Insure     In	d Object: SKC9796G						
	ements						
Sequen	nce Date of Endorseme	nt	Endorsement	Туре	Endorsement	Status	Endorsement Content
i.	29/01/2019 00:00	NCD E	ndorsement	Endor	sement Take Eff	fective	Thank you for giving us the opportunity to serve you. We would like to inform you that from 29 Jan 2019, you are entitled to 20% NCD under your policy. After the NCD adjustment, the revised premium is \$1,458.82(inclusive of GST). Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches b cash, credit card or NETS.
						ective	Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD OF

Claim Handling						
olicy No.	5107222743	Vehicle No.	SKC9796G			
Certificate No.	310/222743	Variable No.	26/73/36/2		GST Registration No.	
	Carana and a caran					
Policyholder Name Product Code	PHEY YONG SHEN, ROBIN	9.5			Patryhalder NRIC	582249241
	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading	0
Contact No. (Mobile)	03220656	Contact No.(Office)	٥		Contact No.(Home)	0
mail Address	1.250423	Special Remark			eCode	- V
PK	® No ○ Yes	TCA	® No ○ Yes		eCode Reason	
CO Protection	No	NCD Entitlement(%)	20		Private Hire	No
<ul> <li>Accident Details</li> </ul>						
eport Date	08/11/2019 16:13	Accident Report Within 24 hrs	Yes		Acodent Type	Collision - Change / Cross land
wite of Accident	07/11/2019	Time of Accident hh:mm	15:45		Country of Accident	Singapore
eporting Centre		Orange Force			JCM No.	
codent Location	FOCH RD OUTSIDE HOTEL B1 ELEGANCE					
Total Excess Applicable						
ксеза Туре	Per Accident	Windscreen Excess		100.00		
D Standard Excess	800.00	TP Standard Excess		0.00		
ED OD Excess	0.00	YIEO TP Excess		0.00	Driver is Covered?	Covered
dottional Excess	0					
ital OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
7 Benefits						
GST Registered Inform	ation					
T Registered	No.		GST Registratio	n Date		
ET Registration No.	5783	GST Status Venified			Yes	
odification History						
Policyholder Mailing Ad	Idress					
dress 1	BLK 254 #04-251	Address 2	PASIR RIS STREET 21		Address 3	SINGAPORE S10254
ddress 4		Address Type	Singapore address		Post Code	510254
nit No.		Related Policy Number	5107222743			
OI Driver Info			0.000			
river Name	PHEY YONG SHEN, ROBIN	Driver Type	Main Downs			
nnamed driver Name	THE THE STATE STATE	Driver Type Driver NRIC	Main Driver		Date of the last o	000000000000000000000000000000000000000
	22/07/2012		582249241		Driver DDS	08/08/1982
egister Date of Driver License		Driver Age	37		Driving Experience	6
ontact No.(Mobile)	83226656	Contact No.(Office)	0		Contact No.(Home)	0
Mress 1	BLK 254	Address 2	PASIR RIS STREET 21		Address 3	SINGAPORE 510254
Idress 4		Address Type	Singapore address		Post Code	510254
nit No.	04-251					
oes he own a Singapore egistered car?	© Yes ® No	Driver Vehicle No.			Driver Insurer Company	
200000000000000000000000000000000000000						
eclaration						
reathalyser or Blood Test eading?	0 mg	Any injury?	® Yes ○No			
odification History						
odincation restory						
Claim 001 New						
192200-00						1200000000
sim Type *	OD-MX	Insured Name	PHEY YONG SHEN, ROS	SIN	Insured NRIC	582249241
ntact No.(Mobile)	83226656	Contact No.(Home)	65832577		Contact No.(Office)	
nail Address		Of Vehicle Number	SKC9796G		TP Vehicle Number	PC2215D
siment Type Claimant Type •	Please Select	Type of Benefit *	Please Select	U		
ement Name +	22	Claimant NRIC +				
ment Address					1	
im Description	SKC9796G / PC2215D ON 7 Nov 2019				Name of Preferred Worksh	00
ferred Workshop Comact		Insured Liability *	Not at Fault	V		KWa
guire Finalisation	Yes V		_		P14	Taranta and the same and the sa
	A STATE OF THE PARTY OF THE PAR	Preferered Repair Option	Preferred Workshop, No	eme unknown	GIA report	Received
te Registered	08/11/2019 16:16	Claim Close Date			Date Received	08/11/2019 00:00
port Taken By	Jackson					
Print AK letter						
			Save Submit			
Attachment						
cident No.	MT/1070566	Claim No.	001			
z Doc. Received	● Yes ○ No	Upload Date	08/11/	2019 16:19		
	Path *			Category *	Confidencial Un	gency * Description
		Browse.	Clear Please Sele	ORDER ROLL OF	V Norm	
			The second secon			100 pp. 1
		El response			V INOTH	at v
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Attachment	5507/A 17 08:55			-			(2002)
Actachment © 1/8	Uplos	eded By/Date	Category	1	Urgency	Description	Msg Sert? (CO)
#2 U	NAC_PAYA_UB1_800601( NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:19	NRIC/ Onving License	Υ.	Normal	NRIC/ Driving License 2019-11-8	
1	NAC_PAYA_UB1_800601( NA: CES) on 0	TIONAL ASSESSMENT CENTRE SERVI B Nov 2019 16:19	SAS		Normal	SAS 2019-11-8	
3	NAC_PAYA_UB1_800601( NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Photos		Nontral	Photos 2019-11-8	
S.		TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Photos		Normal	Photos 2019:11:8	
	NAC_PAYA_UBI_800601( NA CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Photos		Normal	Photos 2019-11-8	
		TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Phones		Normal	Photos 2019-11-8	
	NAC_PAYA_UB1_800601( NA' CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Photos		Normal	Photos 2019-11-8	
*	NAC_RAYA_UBI_B00601[ NA CES) on 0	TIONAL, ABSESSMENT CENTRE SERVE 8 Nov 2019 16:18	Photos		Normal	Printes 2019-11-8	
3	NAC_PAYA_UBI_800601( NA CES) on O	FIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Priotos		Normal	Photos 2019-11-8	
	NAC_PAYA_UBI_800601( NAT CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Photos		Normal	Photos 2019-11-5	
No.		TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UB1_800601( NA1 CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Photos		Normal	Photos 2019-11-8	
	NAC_PAYA_UB1_800601( NAT CES) on 0	TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Photos		Normal	Photos 2019-11-8	
G		TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Photos		Normal	Photos 2019-11-6	
0		FIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Photos		Normal	Photos 2019-11-8	
		TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 15:18	Photos		Normal	Photos 2019-11-8	
0	NAC_PAYA_UBI_800601( NAT CES) on Di	TIONAL ASSESSMENT CENTRE SERVI 8 Nov 2019 16:18	Friotos		Normal	Photos 2019-11-8	
Video List							