Date In: 3/1/19-15-4	Jcb description	Date & Time Completed	Done by	
Rei No: HAINCIGONIZAIM	SAS e-filing			-
Voh No: SMKIONSE	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 7/1/19-18:15	i-Motor Claim Form	m10741K-001	71~/m 5:20	,
	i-Motor W/O (Within: OD 2hr		31 1 1 L 13	
OD (TP) Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			- 100
TP Insurer:	Ass't Report by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:	
TP Particulars: Veh No: Po	CZZIE INC (	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		-
Excess: (\$ ) Loading: \$	1,000 ( )/\$2,000 ( )	<u></u>		-
		A PROPERTY OF THE PARTY OF THE	PRO CONTRACTOR	-
			C-1000 A	
( ) Walk-In Customer: Customer's in		rictly NO refer of repairer.		_
( ) Total Loss Case : to e-mail Insu	urer URGENTLY.			
Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / NO ( ); T	owing Co: (		)
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by	
(10.53 10.1111.0700 0010)		Dracke Farto Schipe ST	New Guild Court of	
1) Apply for Transport Allowance	/ Courters Cor/			
	/ Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )	*		
	( )			_
2) QC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	( )			
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :	( ) \$3000] ( )  Invoice Prep	CONTRACTOR BUILDINGS AND STATE	SEC. 315. 35 1564	
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Actions  alimant's Particulars :-	( ) \$3000] ( )  Invoice Prep 1) AR : Accident 2) DA : Damage A 3) TF : Towing Fe	Reporting (\$30); Assessment (\$100); INC (\$8 e \$40	78 Bill Ads 0) 0)	
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Inimant's Particulars :-  river/Owner:  Ontact No:  Imaged Portion:  C Checked by (Engr-In-Charge):  Iditors! Comments :-	Invoice Prepared	Reporting (\$30); Assessment (\$100); INC (\$8 e \$40 rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) tion SMRT Survey Car / Tpt Allowanceordination ir Inspection ect Excess Coordination	7\$1.Bill Ads  0)  7545  5120  530  )  575  5160  \$55  510  \$25  55	((.(\$))
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions  Laimant's Particulars :- iver/Owner: ontact No: cmaged Portion:  C Checked by (Engr-In-Charge):	Invoice Prepared	Reporting (\$30); Assessment (\$100); INC (\$8 e \$40 rough Survey (Resurvey) ainst INC Only (wef 10 Jan 2005) tion SMRT Survey al Services:- Cor / Tpt Allowanceordination it Inspection ect Excess Coordination Non INC) against INC	7\$1.Bill Ads  0)  7\$45  \$120  \$30  )  \$75  \$160  \$55  \$10  \$25	( B)

## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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.

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

AND THE PARTY OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	03/12/2019 15:04
Date Of Accident	03/12/2019 08:25
Exact Location Of Accident	BARTLEY RD EAST TWDS TAMPINES AVE 1
Country/State of Loss	SINGAPORE
D. D. D.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK1023R
Insured/Policyholder	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	201531362N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	HONDA
Model	GRACE HYBRID 1.5LX 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	5108367796
Cover Note Number	
Driver	
Name of Driver	TANG MENG YEW
NRIC No	S1689744B
Date Of Birth	06/08/1965

06/08/1965 Date Of Birth OUTDOOR Occupation

23/08/1996 Date Of Driving Pass

23 YEARS AND 3 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-94502900 Mobile Number

Fax Number

OFFICE-94502900 Contact Number

NOEMAIL EMail Address

BLK 616 BEDOK RESERVOIR ROAD Address

#06-1102

470616 Postcode

Was driver an employee of the Insured's Company OTHER - HIRER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

ambulance?

NO Was any foreign vehicle involved in this accident?

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

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

EUNOS NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: Police Station Address

470629 , COUNTRY: SINGAPORE

TEL NO: 1800-4439999 - FAX NO: 62444376 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191203/2076.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

PC7716S Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

BUS Vehicle Category

SUAIMI BIN JELAN Name of Driver

S1674632J NRIC/Passport Number

Contact Number

Address

Postcode

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

TANG MENG YEW

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

SMK1023R

YES

.....

NO

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.:

TCH PLAN					
	Bactley Ad East.		A B B B B B B B B B B B B B B B B B B B	A: SMK 1023 B: PC77165	R.
elec 12			13/2076.		
		-			
				ur-	

DECLARATIONORIA

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:





Date of Expiry:

1 of 3

Report No. T/20191203/2076

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999

**GRAB DRIVER** 

REPORT OF A TRAFFIC ACCIDENT

	ne Report ly 119 14:09	1ąde:	Vide Report No.:	Station Diary No.:
Informa	nt's Partice	ulars		
	Informant: IENG YEW		Address: APT BLK 616 BEDOK RESER SINGAPORE 470616	RVOIR ROAD #06-1102
	/ ID No.: O / S16897	44B	Contact No.: Home/Office:	Mobile: 94502900
National SINGAP	ity:	EN	Email:	
Sex: Male	Age: 54	Date of Birth: 06/08/1965	Type of Informant: Driver	2
Race: Chinese	S. S.	r.	Language:	Institution / School Name:
Occupa		95	Driving Licence Information:	Date of Francisco

Class: 3

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/12/2019 08:25	Type of Location Straight Road
BARTLEY RO TAMPINES AV near to the tra		Road 2		Road Speed Limit:
Weather: Clear	* .	Dry		
Traffic Flow: One Way	, :	Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate
Type of Collis	ion: hicle from the rea	r		Anyone conveyed by ambulance: No

Vehicle No.	Type .	Make	Model	Color	Condition	No of Passenger
PC7716S	Bus/Coach/Mi		HIACE	White	Slightly Damaged	0
SMK1023R	nibus Car * •	HONDA	GRACE	Black	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	- 90
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20191203/2076

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

#### CONTINUATION OF REPORT

Driver						
Name	SUAIMI BIN JELAN			ID No		S1674632J
Related Vehicle	PC7716S (Bus/Coach/Minibus)			716S (Bus/Coach/Minibus) Contact N		NIL :
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	90	Date Disc	harge	NIL	*
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	TANG MENG YEW			ID No.		S1689744B
Related Vehicle	SMK1023R (Car)			Contact No.		94502900
Hospital/Clinic	ALLIANCE CLINIC 8	R PARTNE	RS PTE LTD	Class Drivin Licend Expiry	g ·	Class: 3 Date of Expiry: NIL
Date Treatment	03/12/2019	00-	Date Disc	harge	03/12	2/2019
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Sligh	t

## Brief Details.

On 03 December 2019 at about 0825hrs, while i was driving my vehicle (SMK1023R) traveling along Bartley Road East towards Tampines Ave 1. My vehicle came to a complete stop as the traffic light was red and out of a sudden one vehicle (PC7716S) hit onto my rear portion of my vehicle. After the accident I alighted my vehicle to check on the condition of the other driver and thereafter we exchange particular and left the location at that moment non of us suffer any injury. I wish to state that due to the accident i felt sharp pain at my neck area thus i went to Alliance Clinic and Partners Pte Ltd to seek for medical treatment. I was given 5 days of MC from 03 December 2019 till 07 December 2019.





3 of 3

Report No. T/20191203/2076

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

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-	N. CO				anı

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Office Recording The Report: G / Sr Staff Sgt SIM CHENG SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2019 14:09
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Contact No.:	

eBaoTech										Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601						· Chang	e Languag	e • Chan	ge Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident		03/12/2019 0	8:25	
	Vehicle	No.(For Motor)	SMK10	23R		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder ERIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108367796		BLAZE MOTORING PTE LTD	201531362N	GPC	drivo CLASSIC	SMK1023F	SMK1023R	28/03/2019	27/03/2020
					- 0	Continue					

Policy No.	5108367796	Policyholder Name	BLAZE MOT	ORING PTE LTD	Policyholder NRIC	201531362N	
ertificate lo.							
Address	53 UBI AVENUE 1 #05-44 PAYA	JBI INDUSTR	IAL PARK SIN	IGAPORE 408934			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	22/03/2019	Effective Date	28/03/2019	00:00	Expiry Date	27/03/2020	23:59
excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Your	ng/Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	53 UBI AVENUE 1	Addre	ss 2	#05-44 PAYA UBI	INDUSTRIAL	Address 3	SINGAPORE 408934
Address 4		Addre	ss Type	Singapore address		Post Code	408934
Unit No.	17-204	Relati Numb	ed Policy er	5113072884			
Insure	d Object: SMK1023R						
♥ Endors	sements						
<ul> <li>Endors</li> <li>Sequer</li> </ul>		t	Endorsement	Туре	Endorsement	Status	Endorsement Content
		Basic	Endorsement Information sement		Endorsement		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 28 Mar 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: THINK ON CREDIT PTE LTD CHASSIS NUMBER: GM41207676 ENGINE NUMBER: LEB6447701 VEHICLE REGISTRATION NUMBER: SMK1023R ORIGINAL REGISTRATION DATE: 28 Mar 2019 PERIOD OF INSURANCE: 21 Mar 2019 TO 27 Mar 2020



