Date In: 4 14:01	Services		Date & Time C	ompleted		
Ref No: HM INCIGONOVI)24	SAS e-filing					
Veh No: GOHIOUX	E-mail (within 5hr	s, AIC 2hrs)				- 1
D.O.A: 7/1/19:00	i-Motor Claim	Form	M7/1074876	1001 9	11/19 14	N
	i-Motor W/O (Within: OD 2hrs	TP 4brs)			
OD (TP) Reporting Only	i-Photo Upload	ed	1			
	Assessment/Surv	ey Report	i			
TP Insurer:	Ass't Report by	Fax / Hand t	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Lenning		Tel:	Fax:)
TP Particulars: Veh No: 134 MG	AIC	, INC()/Non-INC	().	57	
Owner / Driver: (Tel:)	
Policy No: () Perio	d: ()	Cover Type: ()	
Confirmed by : (Date:	Time)	
Insured/Driver Liability: (%) [No	te-Est. Status (WO	D): N: 0-20)%; P: 21-79%	P: 30-100	%]	
Year of Registration: () Wa	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000	()/\$2,000()		- 315.0+1545		
General Remarks:-					A	25 24 - 25 - 24
() Walk-In Customer: Customer's inform	ation strictly Confi	dential & St	ictly NO refer o	f repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.					
Drive-In ()/ Towed-In (); Invoice: Y	YES()/NO) (); T	owing Co: ()
Remarks:- (INC hotline: 6788 6616)			Date&Time Co	mple od	Done	by
The second secon	irtesy Car ()	V-1002		4		
2) QC Check / Post Repair Inspection	()					
- , V - Ollovic i i oui teopoli iliopolitori	, ,					
	00] ()	7/2				
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()					
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	00] ()				2.00	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	00] ()	1 3 4 4 4 4 4 5 5 5		F 19(1) 92	<u> </u>	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	00] ()				Salin Car.	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	00] ()				5010-5085	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	00] ()				Manager 1e	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	2				SPECIAL SE	
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time: Actions	2	Invoice Pre	paration Check	dist	And (5)	Amt(\$)
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July 2 Actions Halanave Jualars:) AR : Accident	Reporting (\$30); Assessment (\$100)	ERARE, ST. 1129	fá Bill	the state of the s
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions HAI929294. Inimant's Particulars:) AR : Accident 2) DA : Damage) TF : Towing I i) FT : Follow-T	Reporting (\$30); Assessment (\$100) ce hrough Survey	INC (\$80) \$40/\$4	fat Bill	the state of the s
3) Upload Resurvey Photo [Repair Cost > \$300 Injury: Date/Time Actions HAI 429204. Inimant's Particulars:) AR : Accident !) DA : Damage !) TF : Towing I !) FT : Follow-T	Reporting (\$30); Assessment (\$100) ce hrough Survey hrough Survey (Resi	INC (\$80) \$40/\$4 \$17 (arvey) \$3	fat Bill	the state of the s
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July 2 Actions Haly 200 Na 1920 Na 19) AR : Accident) DA : Damage) TF : Towing I i) FT : Follow-T i) FT : Follow-T For claiming a i) TR : Re-inspe	Reporting (\$30); Assessment (\$100) The hough Survey (Results of the survey (\$100)); The survey (\$30); The s	INC (\$80) \$40/\$4 \$12 arvey) \$3 ef 10 Jan 2005)	18t Bill 1	And address of the Control of the Co
July 2 Actions Halaana Nalaana :- Date/Time Actions Halaana Nalaana :- Diver/Owner: Date Portion:		AR: Accident DA: Damage TF: Towing I FT: Follow-T For cleiming e TT: Re-inspe NT: Idac DA NTUC Additi	Reporting (\$30); Assessment (\$100) ce hrough Survey hrough Survey (Resignibulno Only (we clion + SMRT Survey onal Services.	INC (\$80) \$40/\$4 \$12 arvey) \$3 of 10 Jan 2005) \$10	18t Bill 1	And address of the Control of the Co
July 2 Actions Halaana Nalaana :- Date/Time Actions Halaana Nalaana :- Diver/Owner: Date Portion:) AR: Accident) DA: Damage) TF: Towing I) FT: Follow-T) FT: Follow-T For cleiming s) TR: Re-inspe) N1: Idac DA N TUC Additi OD: *N5: Courtes *N6: Repair C	Reporting (\$30); Assessment (\$100) ce hrough Survey hrough Survey (Resusainst UNC Only (we ction + SMRT Survey enal Services Cer / Tpt Allowand co-ordination	INC (\$80) \$40/\$4 \$12 \$12 \$17 \$17 \$17 \$17 \$17 \$17 \$17 \$17 \$17 \$17	75 660	And address of the Control of the Co
July 2 Actions Date/Time: Actions Halfon 1 Nalgon 1 Nalgon 2 Nal) AR: Accident 2) DA: Damage) TF: Towing I 3) FT: Follow-T 5) FT: Follow-T For cleiming 8 5) TR: Re-inspe 7) N1: Idac DA 3) NTUC Addition *N5: Courtes *N6: Repair C *N7: Fost Rep	Reporting (\$30); Assessment (\$100) te hrough Survey hrough Survey (Readening Survey) etion + SMRT Survey onal Services. Cor / Tpt Allowand instruction mair Inspection	INC (\$80) \$40/\$4 \$12 \$12 \$17vey) \$5 \$17 (\$10 Jan 2005) \$5 \$5 \$5 \$5	75 800 855	And the same of th
July 2 Actions Haly 200 Naly 200 Injury: Date/Time: Actions Haly 200 Naly 200 Inmant's Particulars: Inver/Owner: Intact No: Inmaged Portion: C Checked by (Engr-In-Charge): Inditors! Comments:	3 3 4 5) AR: Accident) DA: Damage) TF: Towing I) FT: Follow-T) FT: Follow-T For cleiming s) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Rep *N8: DV / Co TP (N11): TI	Reporting (\$30); Assessment (\$100) For the survey (Read through Survey (INC (\$80) \$40/\$4 \$12 \$12 \$17 (\$200) \$2005	75 55 55 20	And the same of th
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:) AR: Accident) DA: Damage) TF: Towing I) FT: Follow-T) FT: Follow-T For cleiming 8) TR: Re-inspe) N1: Idac DA 8) NTUC Additi OD.* *N5: Courtes *N6: Repair C *N7: Fost Rep *N8: DV / Co	Reporting (\$30); Assessment (\$100) Fee Arough Survey Arough Survey Readinst INC Only (we ction FMRT Survey FOR The Allowand Conordination For The Allowand For	INC (\$80) \$40/\$4 \$12 \$12 \$17 (\$200) \$2005	75 660 55 55 520 300	Activities and the

s special to

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/12/2019 14:01
Date Of Accident	07/12/2019 17:00
Exact Location Of Accident	LORNIE HWY TWDS BISHAN
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH1011X
Insured/Policyholder	
Name Of Registered Owner	KIM FASHION TRADING
Co Reg No	53291141E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3,0 5M/T ABS 2DR 2WD EURO 5
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
	OCCUPATION OF

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5105658110 Policy Number

Cover Note Number

Driver

OOI BOON KIM Name of Driver S1672092E NRIC No 30/03/1964 Date Of Birth OUTDOOR Occupation 06/07/1984 Date Of Driving Pass

35 YEARS AND 5 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98376101 Mobile Number

Fax Number

OFFICE-98376101 Contact Number

NOEMAIL EMail Address

Address BLK 90 TANGLIN HALT ROAD

#11-322

Postcode 141090

Was driver an employee of the Insured's Company YES

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

Type Of Accident SIDE SWIPE

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? 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 PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191208/2002.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJW1469K

Vehicle Make/Model/Colour TOYOTA VIOS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN WAN JIUN

Name of Driver TAN WAN JII NRIC/Passport Number S9334218F

Contact Number

96817367

Address

Postcode

Insurance Company Name Nature Of Damage No, Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
 - (i) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

KIM FASHION TRADING

Policy holder's signature Date / time: di

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: SKETCH PLAN

A - GBH | 011X

B - SJW | 469 K

The state of the state o

	DESCRIBE	CIRC	UMSTAI	ICES OF THE ACC	IDENT		
	Reter	to	Police	Report			
	11010	1.0	10.10				
-		11.5					
							2.00
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-							

DECLARATION

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

Date & time:

KIM FASHION TRADING

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder)

reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORT ANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

国	ACCIDENT DETAILS	(DD (Assa (VV))
Date of accident	Tpecember 2019	(DD/MM/YY)
Time of accident	1700 Hrs	(HH:MM)
Exact location of accident	Macritchie Viaduct	

	DETAILS OF VEHICLE
Vehicle registration number	GBHIOTIX
Vehicle make and model	
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Work Purposes
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

	INSURANCE INF	ORMATION	
Insurance company	NTUC		
Policy number	5105658110		
Type of policy	Comprehensive 2	Third party fire & theft \square	TP only 🗆

A POST AND CONFERENCES AND	INSURED / POLICY HOLDER	为一种的
Name	KIM FASHION TRADING	Male 🗆 Female 🗆
NRIC / Fin / Passport number		
Contact	98376101	
Address	BIK90 Tanglin Halt Road #11-322 S(141090)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	ooi Boon kim	Male o	Female		
NRIC / Fin / Passport number	J1672092E				
Contact	90376101				
Address	5(141090)				
Email address					
Date of birth	30/03/1964				
Occupation	Indoor Outdoor				
Driving date pass	06 July 1984				

	GENERALI	INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes	No 🗆
the insured's company?		lationship of the driver and insured:
Accident captured by camera?	Yes	No 🗆
Weather condition	Clear	Raining Others:
Road surface	Dry p	Wet 🗆
No of passenger	1	(Inclusive of driver)
no or passenge.		
STATE OF THE STATE		PASSENGER 1
Name	A CONTRACTOR OF THE PARTY OF TH	
Gender	Male 🗆	Female
	A. C.	
建设计划设计区域	SE STEEL	PASSENGER 2
Name	Constitution of the Party of th	
Gender	Male 🗆	Female
Service of the servic		PASSENGER 3
Name		
Gender	Male 🗆	Female
Gender	111010	
THE RESERVE OF THE PROPERTY OF THE PARTY OF		PASSENGER 4
	MARKET STATE OF THE STATE OF TH	PASSENGER
Name	Male 🗆	Female
Gender	iviale 🗆	remale b
THE RESERVE OF THE PROPERTY OF	A DISTRICT OF STREET	PASSENGER 5
		PASSENGER 5
Name	Male 🗆	Female
Gender	Iviale 🗆	remale u
	THE PERSON	PASSENGER 6
Name		
Gender	Male 🗆	Female
	See Brook and	
A STATE OF THE STA	Ver -	OTHER INFORMATION No Ø
Was anybody injured?	Yes 🗆	
Was other vehicle damaged?	Yes	No 🗆
Tade units and a contract of		U.S. OF POLICE STATION ACTION
	Co. Printer and Printers and Personal Printe	ILS OF POLICE STATION ACTION
Reported to police?	Yes	No If yes, please state which police station.
Police station name		
发展的影响的影响。		WITNESS 1
Name		
企作成为1960年的基本企	第47 0年度	WITNESS 2

	THIRD PARTY VEHICLE 1
Vehicle registration number	JW1469K
Vehicle make model	Toyota Yios
Name	Tay Wan Jiun
NRIC / Fin / Passport number	19334218F
Contact	96817367
MARCH AND AND AND ASSESSMEN	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	Time as any virtue Ea
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
STATE OF THE PROPERTY OF THE P	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
大型的现在分词	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
ALCO TO THE PERSON AND A SECOND	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
MAN THE STATE OF T	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Countries	

Contact

THE RESERVE OF THE PARTY OF THE		INVUIDED DEDCOMA	
		INJURED PERSON 1	是對於
Name			
Injuries sustained			-/
Which vehicle person in?		7930556	-
Were seat belts worn?	Yes 🗆	No o	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
THE LANGUE OF THE PARTY OF THE		INJURED PERSON 2	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes□	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
	enie de Eniales		
		INJURED PERSON 3	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
24. 法 位于2014年11日 11日	NESS SE	INJURED PERSON 4	24
Name			
Injuries sustained			
Which vehicle person in?		/	
Were seat belts worn?	Yes 🗆 /	No 🗆	
Was injured conveyed to	Yes 🗷	No 🗆	
hospital by ambulance?			
The state of the s		INJURED PERSON 5	
Name	/		
Injuries sustained	2		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes □	No 🗆	
hospital by ambulance?			
	A STANDARD	WHITE DEDCOME	
STATE OF THE STATE OF THE STATE OF	有是这种企业	INJURED PERSON 6	PRIVE IN
Name			
Injuries sustained			
Which vehicle person in?		N.	
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			





Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20191208/2002

1 of 3

DEDODT OF	AT	RAF	FIC A	CCID	ENT

	ne Report M 19 01:04	lade:	Vide Report No.: E/20191207/0122	Station Diary No.: 10
Informa	nt's Partice	ulars		
A THE RESIDENCE AND ADDRESS OF THE PARTY OF	Informant:		Address: APT BLK 90 TANGLIN HALT 141090	ROAD #11-322 SINGAPORE
	/ ID No.:) / S16720	92E	Contact No.: Home/Office:	Mobile: 98376101
National SINGAP	ity: ORE CITIZ	EN	Email:	THE SHETTING HER SHEET STATE OF THE SHEET
Sex: Male	Age: 55	Date of Birth: 30/03/1964	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat	ion: MPLOYED		Driving Licence Information: Class: 3,4	Date of Expiry:

General Intor	mation of the Accident	SPECIAL SPECIA	T	Tune of Location
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/12/2019 17:00	Type of Location Y-Junction
LORNIE ROA	Traveling Toward Road 2 AD Highway and MacRitchie			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis	sion: ving vehicles- Rear to head	d.		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH1011X	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I				Seriously Damaged	1000
SJW1469K	Car				Seriously Damaged	

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





2 of 3

Report No. T/20191208/2002

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Driver		A PART OF THE PART	and the second second		200	
Name	OOI BOON KIM			ID No		S1672092E
Related Vehicle	GBH1011X (Lorry)			Conta	ct No.	98376101
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver		THE RESERVE	Amaging 2000年7	建造现		
Name	TAY WAN JIAN			ID No		S9334218F
Related Vehicle	SJW1469K (Car)			Conta	ct No.	96817367
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 07/12/19 at about 1700hrs, I was driving my lorry bearing the plate number GBH1011X along Lorine Highway towards Bishan. I was travelling along the middle lane of Lornie Highway and there was a vehicle bearing the plate number SJW1469K that was filtering to the left. SJW1469K then hit onto the divider of Lornie Highway and MacRitchie viaduct. After SJW1469K hit onto the divider, the vehicle bounced backwards and hit onto the left side of my lorry. I then came out of my vehicle and made a check. Both drivers were not injured. Later on, traffic police came and the traffic police took my SD card that contain the in car camera footage. I was then told to lodge a police report for the accident. My vehicle was also towed away later on.





3 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Report No. T/20191208/2002

Tel No: 1800-5852999

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 Rep G / Sgt 2 JEREMY CHUNG	Signature of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/12/2019 01:04
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:
Authentication Stamp NP108	INGAPORE DLICE FORCE SEGNATURE



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5105658110

Cover : Comprehensive

Index mark and Registration Number of Vehicle

: GBH1011X

Chassis Number

: JN15C2F24Z0861090

KIM FASHION TRADING

2. Name of Policyholder

3. Effective Date of Insurance

: 19 Nov 2018

4. Expiry Date of Insurance

: 28 Dec 2019

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any

enactment or regulation in that behalf from driving the Motor Vehicle,

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

headings.

EXCESS (SECTION 1)

: \$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY SUM INSURED

: THINK ONE CREDIT PTE LTD : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue

: 19 Nov 2018 17:12 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Think One Authorised Workshop Accident No.: 9128 8488 / 6844 3300

18 Defu Avenue 2 8(539522)

Renawai No.: 6555 3300 20 Ubl Road 4, #02-03 S(408622)

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	Vehicle	No.(For Motor)	G8H10	11X		Certi	ficate Number	200			
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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Policy No.	5105658110	Policyholder Name	KIM FASHIO	ON TRADING	Policyholder NRIC	53291141E	
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ddress	BLK 90 #11-322 TANGLIN HALT	ROAD SINGA	PORE 141090				
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Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
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Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	older Mailing Address						
Address 1	BLK 90 #11-322	Addre	ess 2	TANGLIN HALT RO	AD	Address 3	SINGAPORE 141090
Address 4		Addre	ss Type	Singapore address		Post Code	141090
Address 4	597223	Relati	ed Policy er	5105658110			
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Variable state - war	O Yes @ No.		Driver Vehicle No.				Driver Insurer Cor	mpany		
Unit No.	11-322									
Address 4	SINGAPORE 141090		Address Type	Singapore	address		Post Code		141090	
Address 3	8LX 90		Address 2	TANGLIN	HALT ROAD		Address 3		COMMONA	REALTH VIEW
Contact No.(Mobile)	98376101		Contact No.(Office)	0			Contact No.(Home	0	٥	
Register Date of Driver License			Driver Age	55			Driving Experience		35	
Urtnamed driver Name	OOT BOOM KIM		Driver NRIC	51672092	0		Driver DDB		30/03/196	4
Driver Name	Unnamed Driver		Driver Type	Unnames						
⇒ OI Driver Info	AMOREO E TOTAL		VOIDE DE S							
Unit No.	11-322		Related Policy Number	\$1056581	10					
Address 4	TO MAKE		Address Type	Singapore			Post Code		141090	
Address (BPK 80 %11-355		Address 2		HALT ROAD		Address 3		SINGAPOR	E 141090
Policyholder Mailing Ad										
Medification History				45	. Johns Verned		Yes			
DST Registration No.	(80				T Registration Date T Status Verified		Yes.			
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GST Registered Informa	ition									
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Reporting Centre	10 ACCONTO		Orange Force	-a-c1995			Country of Accide	art	Singapore	
Date of Accident	07/12/2019		Time of Accident Phirms	17:00			Accident Type Course of Accide	ar.	Side Swipe	
Report Date	09/12/2019 14:19		Accident Report Water 24 hrs	Yes			Accordant Tues		5444	2
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