NATION'II. Assessment Centre	services :	2 1 2 A				
Date In 2 4 /12 /19	Job description		Date & Time Com	pleted ;	Don	e by
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DOA 24/12/19 0930	i-Motor Claim		M7/10773	37-00	01	
OD (P) Reporting Only	i-Motor W/O o		the second of the second second		= -	
TP Insurer	Assessment/Surv Ass't Report by J	ey Report	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		-
TP Particulars: Veh No: 5	F528284	INC ()/Non-INC ()		
Owner / Driver: (The state of the s		Tel:)	
Policy No: () Peri	od. ()	Cover Type ()	
Confirmed by : (Date:	Times)	an arthra
Insured/Driver Liability (%) [N	ote-Est. Status (WC)): N: 0-20	0%; P 21-79%. 1	F: 80-100%	6]	
Year of Registration: () W	arranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000	0 ()/\$2,000 ()	- State I			
General Remarks;-	e o porte					
() Walk-In Customer: Customer's inform	nation strictly Confid	dential & Str	rictly NO refer of rep	pairer.		
() Total Loss Case : to e-mail Insurer						
Drive-In ()/ Towed-In (); Invoice:	YES () / NO	(); T	owing Co. ()
		7 / /				
Remarks:- (INC horline: 6788 6616)	Accession to the second		Date&Time Comp	leted	Done	by
	urtesy Car ()					
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()					
Injury :						10-1
Date/Time Actions						
1,100	A TOTAL STORES	0.4 (Bah) 2 (B) (B) (A)	410 2000 100 100 100			
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NA1909629		AR : Accident			1st Bill	Add Bill
laimant's Particulars :-	NOT THE SOCIETY OF THE STREET OF THE STREET STREET BY STREET BY STREET		Assessment (\$100);	INC (\$80)		
Priver/Owner:		TF : Towing For		\$40/\$45 \$120	-	
Contact No:		FT : Follow-Ti	hrough Survey (Resurvey	\$30		
	6)	For claiming at TR: Re-inspec	rainst INC Only (wef 10 stion	Jan 2005) \$75		
Damaged Portion:	7)	N1 : Idac DA	+ SMRT Survey	\$160		
Charled by Warm L. Charles	8)	NTUC Additio	mai Services.			
C Checked by (Engr-In-Charge):		*N5: Courtesy *N6: Repair Co	Car / Tpt Allowance	\$5 510		
Auditorel Company		*No. Repair Co *N7: Post Repa	AND ADDRESS OF PERSONS AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADD	\$25		
Auditors' Comments :-			lect Excess Coordination	\$5 \$20		
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at 2/3:	1	voice date !		hargei		
	1.5	witnes dat tel	Kiew T	Terminal	WHEN STREET	6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful</u> and <u>accurate</u> 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

Market Street	ACCIDENT STATEMENT	
Date Of Report	24/12/2019 14:18	
Date Of Accident	24/12/2019 09:30	
Exact Location Of Accident	JLN BUKIT MERAH TURN INTO HOY FATT RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJW1853J	
Insured/Policyholder		

Name Of Registered Owner CHUA CHEE TIONG

NRIC No. SXXXX518B

Email Address CCUUAA@HOTMAIL.COM Mobile Phone No (LOCAL) +65-93667761 Alternative Phone No OTHERS-93667761

Vehicle Particulars

Manufacturer BMW Model 5201

Exact Purpose for which vehicle was being used at PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle?

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 5105328895

Cover Note Number

Driver

Name of Driver CHUA CHEE TIONG

NRIC No SXXXX518B Date Of Birth 01/02/1971 Occupation INDOOR Date Of Driving Pass 08/05/1996

Driving Experience 23 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93667761

Fax Number

Contact Number OTHERS-93667761

EMail Address CCUUAA@HOTMAIL.COM

BLK 120 BUKIT MERAH VIEW Address

#16-16

152120

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

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name BUKIT MERAH WEST NPC

ROAD: 500 BUKIT MERAH VIEW #01-01, POSTCODE: 159682, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20191224/2056

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: SD CARD WITH TRAFFIC POLICE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFS2828U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 26

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SFF4166B

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SHA9730S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(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.:

A-51W185	-		
B-SF528284	,		
- SFF4166B	1	I	
- SHA9730S			
	111	NA	
		EXAL	
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT	V	
	7 7 7	7 (*	
P/s repr to	the police	report: 7/2019	1224/205
13	117 /0011 @	-/	- 1
			W.
<u></u>			
CLARATION			
CLARATION	rs are true in every respect.		
CLARATION /e declare the bregoing particula	rs are true in every respect.	Lym	24/12/19

Date & Time:

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Report No. T/20191224/2056

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 12:42	Made:	Vide Report No.: D/20191224/0050	Station Diary No. 54	
Informa	nt's Partic	ulars			
Name of Informant: CHUA CHEE TIONG			Address: APT BLK 120 BUKIT MERAH VIEW #16-16 SINGAPORI		
ID Type / ID No.: NRIC NO / S7103518B		Contact No.: Home/Office: Mobile: 93667761			
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 48	Date of Birth: 01/02/1971	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupat Sales an profession	d related a	ssociate	Driving Licence Informati Class: 2B,2A,2,3,4,5	ion: Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambu	lance [Orink Orive: No	Date/Time of Accident: 24/12/2019 09:30)	Type of Location Straight Road
Location: Along Road 1 JALAN BUKIT	NAME WAS NOT TO SE	aring to tur	rn into H	ov Fatt Road		
		Road Su Dry		y i dit i todd	Road Speed Limit:	
Traffic Flow: Traffic			ffic Control: ffic Light - Working		Traffic Volume: Moderate	
One Way			COMP.		Anyo	

Details of Vo	ehicle Involved	d				ENTER DESIGNATION
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFS2828U	Station Wagon With 10 Years Lifespan					0

Details of V	ehicle Insurance		THE SALES	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW1853J	NTUC Income Insurance Co-Operative Limited	5105328895	07/11/2018	08/03/2020





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

2 of 3 Report No. T/20191224/2056

Tel No: 1800-3779999

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJW1853J	Car	BMW	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP	Black	Slightly Damaged	0

Details of Perso	n Involved	ALCOHOLDS		D. D. Friedrich			
Any Pedestrian I	nvolved: No			teres de la constante de la co			
No. of Pedestrian	ns Injured: NIL	W	Use of Pe	Pedestrian Crossing: NA			
Driver				destrial	101033	sing. IVA	
Name	CHUA CHEE TIONG		ID No).	S7103518B		
Related Vehicle	NIL			Conta	act No.	93667761	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	Marie Ma	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

Brief Details

On 24 December 2019 at about 9.30am, I was traveling along Jalan Bukit Merah towards Queensway and I formed up at the right pocket with the intention to turn into Hoy Fatt Road. The traffic lights are working and it was red at that point of time. There is about 2 other vehicles in front of me. After stopping about 5-10 seconds later, I felt and hear a loud bang on the left side of my vehicle and I also witnessed the same black MPV hitting onto the 2 vehicles that are infront of me before coming to a halt. The traffic police came subsequently and an ambulance also came and conveyed to driver of the MPV to unknown hospital. I was then advised to make a police report.





3 of 3

Report No. T/20191224/2056

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

Tel No: 1800-3779999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your	vehicle's In	surance (Certificate to	this report. If you don't have the number as reference.
the certificate with you now, please fax a co	opy to 65474	1885 stati	ng the repor	
Circulation Of Office Development The D		G1 /		

Signature Of Officer Recording The Report: D/ Staff Sgt YEO CHUN HUA ANTHONY

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP/GIT/

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF

19.30

Contact No.: 65476358 Authentication Stamp NP168

Signature Of Informant:

Date/Time: 24/12/2019 12:42

Classification Of Case:

eBaoTech Hello, NAC_PAYA_UBI_800601 · Change Language · Change Password My Desktop **Policy Query** Notice of Loss: Policy No. Date of Accident 24/12/2019 09:30 Vehicle No.(For Motor) SJW1853J Certificate Number Search Policyholder Name CHUA CHEE TIONG Certificate Number Policyholder Product Cover Type Vehicle No. Insured Commence Expiry Date Select Policy No. 5105328895 S7103518B Continue

Claim Handling Accident MT/1077337

Accident MT/1077337						
Policy No.	5105328895	Vehicle No.	5JW1853J		GST Reg	gistra
Certificate No.						
Policyholder Name	CHUA CHEE TIONG				Policyhol	ider
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile)	93667761	Contact No.(Office)	d		Contact	
Email Address		Special Remark			eCode	
KEK	- No Yes	TCA	No Yes		eCode Ri	2.60
NCD Protection	No.	NCD Entitlement(%)	50		Private H	
Accident Details					Private P	THE STATE OF
Report Date	26/12/2019 19:29	Accident Report Within 24 hrs	Yes		And does	
Date of Accident	24/12/2019	Time of Accident hh:mm			Accident	
Reporting Centre		Orange Force	09.30		Country	
Accident Location	JLN BUKUT MERAH TURN INTO HOY FATT RD	Grange Force			ICM No.	
Excess	SERVICE OF A LOCAL PART AND					
		20002020000 Appropriate				
Own damage Excess	600.00	Additional Excess	0		Windscre	een £
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		600.00		
Third Party Excess	15.00	Outside Singapore TP Excess				
Benefits						
GST Registered Informat	tion					
GST Registered	No		GST Regis	tration Date		
GST Registration No.			GST Statu	s Verified		Yes
Modification History						
Policyholder Mailing Add	ress					
Address 1	BLK 120 #16-16	Address 2	BUKIT MERAH VIEL	V	Address 3	3
Address 4		Address Type	Singapore address		Post Code	
Unit No.		Related Policy Number	5107643091			
OI Driver Info			3107043491			
Driver Name	CHUA CHEE TIONG	Driver Type	Maria Dalama			
Unnamed driver Name	CHOS CHECKIONS	Driver NRIC	Main Driver			
Register Date of Driver License	401.004.004.00		571035188		Driver DC	
	01/07/2010	Driver Age	48		Driving E	
Contact No.(Mobile)	93667761	Contact No. (Office)	0		Contact N	No.(H
Address 1	BLK 120	Address 2	BUKIT MERAH VIEV	V	Address 3	3
Address 4		Address Type	Singapore address		Post Code	e
Unit No.	#16×16					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			Driver Ins	sure
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No			
Modification History						
oddification History Claim 001 New						
				OD-MX	▼ [insured	CH
Claim 001 New				QD-MX	Name	1
Claim 001 New				OD-MX 93667761	Name Contact No. (Home)	62
Claim 001 New				P	Name Contact No.	62
Claim 001 New Claim Type * Contact No.(Mobile)				93667761	Contact No. (Home) OI Vehicle Number	62
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description	The count 1 shills.			93667761 ccuuaa@hotmail.com	Contact No. (Home) OI Vehicle Number	62
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop	Insured Liability Not at Fault	▼ GIA		93667761 ccuuaa@hotmail.com	Contact No. (Home) OI Vehicle Number	62
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Norkshop Saltsiet No. Finalisation Yes	Insured Liability Not at Fault Preferered Preferred Workshop, Nam	GIA		93667761 ccuuaa@hotmail.com SJW1853J / SFS2828U ON	Name Contact No. (Home) OI Vehicle Number 24 Dec 2019	62
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Norkshop Schuset No. Finalisation Yes	Preferered Preferred Workshop, Nam	gunknown V GIA Passiund		93667761 ccuuaa@hotmail.com	Name Contact No. (Home) QI Vehicle Number 24 Dec 2019 Claim Close	62
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Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Santiset No. Finalisation Date Registered Report Taken By	Preferered Preferred Workshop, Nam	gunknown V GIA Passiund	*	93667761 ccuuaa@hotmail.com SJW1853J / SFS2828U ON 26/12/2019 19:32	Name Contact No. (Home) QI Vehicle Number 24 Dec 2019 Claim Close	62
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Norkshop Cantaige No. Type Date Registered	Preferered Preferred Workshop, Nam	gunknown V GIA Passiund	¥	93667761 ccuuaa@hotmail.com SJW1853J / SFS2828U ON 26/12/2019 19:32	Name Contact No. (Home) QI Vehicle Number 24 Dec 2019 Claim Close	62

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