| Date In: 16 N 19 - 11:17 | Jeb description | Date & Time Completed | Done by |
|--|--|--|---|
| Res No: 44/14/190264444 | SAS e-filing | | |
| Veh No: 51x3865 6 | E-mail (within Shrs, AIC 2hrs) | | |
| D.O.A: 13/14/19-13:30 | i-Motor Claim Form | ml. 72180 | 26/12/19 11/36 |
| | i-Motor W/O (Within: OD 2h | m 1077189-001 | 191110 11176 |
| OD TP Reporting Only | i-Photo Uploaded | 13, 77 7 (13) | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand | to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | ax: |
| TP Particulars: Veh No: 30 | | | |
| Owner / Driver: (| 1999901 | Tel: | 1 |
| | Period: () | Cover Type: (| |
| Confirmed by : (| Date: | Time: |) |
| | [Note-Est. Status (WO): N: 0-2 | 20%; P: 21-79%. F: 80-1 | 00%] |
| Year of Registration: () | Warranty: YES ()/NO (|) | |
| Excess: (\$) Loading: \$1 | 1,000 ()/\$2,000 () | | |
| General Remarks:- | | | Table St. |
| () Walk-In Customer : Customer's in | | | 172 |
| () Total Loss Case : to e-mail Insu | | 5 | |
| | | Towing Co: (| - ; |
| | | | NA CARRELL PORCE |
| Remarks: (INC hotline: 6788 6616) | A STATE OF THE STA | Date & Time Completed | Done by |
| | | | |
| | / 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: | () \$3000] () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: ——————————————————————————————————— | () \$3000] () | | |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: | () \$3000] () | | |
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| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions | () \$3000] () Invoice Pre 1) AR: Acciden 2) DA: Damage | paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$8 | Ant (S) Ant (S) Ist Bill Add Bil |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions | () \$3000] () Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I | paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$8 | Ant (S) Ant (S |
| 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : | () \$3000] () Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) PT: Fullow-I | paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) | Ant (S) Ant (S) (St Bill Add Bill) (0) (/\$45 \$120 \$30 |
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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 repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

| | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 26/12/2019 11:13 |
| Date Of Accident | 23/12/2019 13:30 |
| Exact Location Of Accident | JALAN TECK WHYE |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJX3865G |
| Insured/Policyholder | |
| Name Of Registered Owner | JUFRI BIN JAMARI |
| NRIC No | SXXXX846D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98335774 |
| Alternative Phone No | OFFICE-98335774 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | SCIROCCO 1.4L AT TSI 1372Q5 |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5106260801 |
| Cover Note Number | |
| Driver | |
| Name of Driver | JUFRI BIN JAMARI |
| NRIC No | SXXXX846D |

NRIC No SXXXX846D Date Of Birth 24/09/1983 INDOOR Occupation 07/08/2003 Date Of Driving Pass Driving Experience 16 YEARS AND 4 MONTHS MALE Gender Mobile Number (LOCAL) +65-98335774 Fax Number OFFICE-98335774 Contact Number

EMail Address NOEMAIL

Address

BLK 547B SEGAR ROAD

#02-01

Postcode

672547

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 - MAJOR/MINOR RD

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

3

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191223/2176.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SLF9470T

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 2

Vehicle Registration Number

XE4621X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

JUFRI BIN JAMARI

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJX3865G

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 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.
- 5) 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

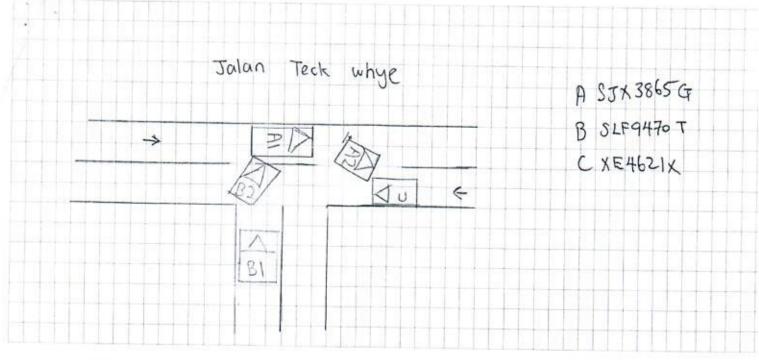
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

1

Policy holder's signature Date / time:

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



| DESCRIBE CIRCUN | ISTANCES OF T | HE ACC | IDENT | |
|-----------------|---------------|--------|--------|---------|
| | Refer | to | Police | Report. |
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DECLARATION

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

1

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT 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.

| 的是一种的一种,但是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一 | ACCIDENT DETAILS | A Supplied of the World Address |
|---|-------------------------------|---------------------------------|
| Date of accident | 23/12/19 | (DD/MMA/VV) |
| Time of accident | 1330 | (DD/MM/YY) |
| Exact location of accident | Along Road 1 Jalan Teck Whye | (HH:MM) |
| and the state of accident | Mong Rober 1 Jaion leck longe | |

| The state of the s | DETAILS OF VEHICLE | 3 | | | |
|--|---|---|--|--|--|
| Vehicle registration number | SJX 3865 G | | | | |
| Vehicle make and model | VOLKSWAGON Scircus | | | | |
| Type of vehicle | Saloon MPV CRV Van Lorry Bus Motorcycle Others: | | | | |
| Vehicle category | Private 🗹 Commercial 🗆 Motorcycle 🗆 | | | | |
| Purpose of using at said time | Wiotorcycle L | _ | | | |
| Are you claiming under your own insurance company? | Yes No if no, please select: Third part claim Reporting only Reporting | | | | |

| | INSURANCE IN | FORMATION | 建筑的,是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 |
|-------------------|---------------|--------------------------|--|
| Insurance company | NTUC | | CHARLES THE RESIDENCE OF THE PARTY OF THE PA |
| Policy number | | | |
| Type of policy | Comprehensive | Third party fire & theft | TP only |

| | INSURED / POLICY HOLDER | 第一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个工作,但是一个工作, |
|------------------------------|----------------------------|--|
| Name | Juffi Bin Jaman | Male 🗹 Female p |
| NRIC / Fin / Passport number | 383298460 | mole 2 Telliale L |
| Contact | 98335774 | |
| Address | Blk 5478 Segar Road #02-01 | s (672547) |

| DRIVER | SAME AS INSURED ABOVE (SKIP TO D.O.B) |
|------------------------------|---------------------------------------|
| Name | Male Female |
| NRIC / Fin / Passport number | Male D Telliale D |
| Contact | |
| Address | |
| Email address | |
| Date of birth | 24/09/1983 |
| Occupation | Indoor Outdoor |
| Driving date pass | 07/08/2003 |

| Market State of the State of th | GENERAL | INFORMATION | OF THE ACCIDENT | on the state of th |
|--|--------------------|----------------|--|--|
| Was driver an employee of | Yes 🗆 | No Ø | OF THE ACCIDENT | 2000年代 |
| the insured's company? | 100 | | driver and insured: _Dwner | |
| Accident captured by camera? | Yes | No 🗆 | driver and insured: _OWNEX | |
| Weather condition | Clear | Raining | Others: | |
| Road surface | Dry v | Wet 🗆 | Others. | |
| No of passenger | 1 | | | (Inclusive of driver |
| | - | | | (inclusive of driver |
| THE PERSON NAMED IN COLUMN | | PASSENGE | 21 | |
| Name | Jufri | Bin Jamari | | |
| Gender | Male 🗸 | Female | | |
| | V/ | | | |
| 是对性性 (1) (1) (4) (4) (4) (4) | · TENER | PASSENGE | O VEN LENGTH SECTION AND DESCRIP | MENERAL |
| Name | | | | No. of the last of |
| Gender | Male 🗆 | Female | | |
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| Gender | Male 🗆 | Female | | |
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| Gender | Male 🗆 | Female 🗆 | | |
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| Gender | Male 🗆 | Female | | |
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| Gender | Male 🗆 | Female | | |
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| | Yes th | No | | |
| Was other vehicle damaged? | Yes 🖬 | No 🗆 | | |
| | | | | |
| | DETAILS | OF POLICE STAT | TION ACTION | |
| | Yes 🗖 | No □ If yes | , please state which police st | ation. |
| Police station name | Bukit Par | giang NPC | | |
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| 性經濟學學學學學學 | | WITNESS 2 | | |
| Name | | | | |

| (4) | | |
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| Partition of the Partit | THIRD PARTY VEHICLE 1 | STATE OF THE STATE |
| Vehicle registration number | SLF 9470T | A THE REAL PROPERTY OF THE PARTY OF THE PART |
| Vehicle make model | | R |
| Name | | |
| NRIC / Fin / Passport number | | |
| Contact | | |
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| | THIRD PARTY VEHICLE 2 | |
| Vehicle registration number | X E 4621 X | |
| Vehicle make model | | |
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| NRIC / Fin / Passport number | | |
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| Vehicle registration number | THIRD PARTY VEHICLE 3 | ""对于一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个 |
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| A CONTRACTOR OF THE STATE OF TH | THIRD PARTY VEHICLE 7 | WWW. |
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| RIC / Fin / Passport number | | |
| ontact | | |

| Name | INJURED PERSON 1 |
|---|--|
| | JUFRI BIN JAMARI |
| Injuries sustained | weck and back |
| Which vehicle person in? | Driver |
| Were seat belts worn? | Yes 🗸 No 🗆 |
| Was injured conveyed to hospital by ambulance? | Yes D No.D |
| Name | INJURED PERSON 2 |
| | INJURED PERSON 2 |
| Injuries sustained | INJURED PERSON 2 |
| Injuries sustained Which vehicle person in? | INJURED PERSON 2 |
| Injuries sustained Which vehicle person in? Were seat belts worn? | Yes No |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to | |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to | Yes D No D |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to | Yes No |
| Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? | Yes D No D |
| Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name njuries sustained | Yes No |

| Name | | INJURED PERSON 3 | |
|---|-------|------------------|--|
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 | No 🗆 | |

| Name | | INJURED PERSON 4 |
|---|-------|------------------|
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 | No D |

| Name | | INJURED PERSON 5 | |
|---|-------|------------------|--|
| Injuries sustained | | | |
| Which vehicle person in? | | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 | |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 | No 🗆 | |

| Name | HEROTER ENGINE | INJURED PERSON 6 |
|---|----------------|------------------|
| Injuries sustained | | |
| Which vehicle person in? | | |
| Were seat belts worn? | Yes 🗆 | No 🗆 |
| Was injured conveyed to hospital by ambulance? | Yes 🗆 | No 🗆 |





1 of 4

Report No. T/20191223/2176

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

| ate/Time 3/12/2019 | Report Mad 21:57 | le: | Vide R | eport No.: | | | Station Diary No. 131 |
|-------------------------|--------------------------------------|-----------------------------|-------------------|---|----------------------------------|-------------|--------------------------|
| nformant | s Particula | rs | 26.5 | | | 200 | |
| Name of In | formant: | | Addres APT B | | EGAR ROA | D #02-01 S | NGAPORE 672547 |
| ID Type / I | D No.: / S8329846 | D | Contac Home/ | 0.21 (0.31 (0 | | Mobile: 9 | 8335774 |
| Nationalit | AND RESIDENCE OF THE PERSON NAMED IN | | Email: | | | | |
| Sex: Male | Age: 36 | Date of Birth: 24/09/1983 | Type of Driver | of Informant | | | |
| Race: Javanes | 9 | | Langu | age: | | Institution | / School Name: |
| Occupat | ion: HNICIAN | | Driving Class: | Licence In 3 | formation: | Date of Ex | piry: |
| | | | | | | | |
| General | | n of the Accident | | | D-t-/Tim | | Type of Location: |
| Type of Acciden | 1 1 | njury Attended by Police | | Drink Drive: No | Date/Tim Accident 23/12/20 | | Type of Location. |
| | ad 1 ECK WHYE | | | | | | |
| main road Weather: | d infront of E | 3lk 154 Jalan Teo | Road | Road towa Surface: | rds Ten Mile | Junction R | oad Speed Limit: |

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenge |
|-------------|------|------|-----------------------------------|-------|----------------------|--|
| SJX3865G | Car | | SCIROCCO 1.4L AT TSI 1372Q5 | Blue | Seriously Damaged | The state of the s |
| SLF9470T | Car | | | | Slightly Damaged | 0 |

Dry

Traffic Control:

Vehicle No. Insurance Company

Between Moving Vehicles - Head To Side

Clear

Traffic Flow:

Type of Collision:

Insurance No Effective Expiry Date

Traffic Volume:

ambulance:

Anyone conveyed by

Light

No





2 of 4

Report No. T/20191223/2176

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

| Details of Ve | phicle Insurance | | | |
|---------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJX3865G | NTUC Income Insurance Co-Operative Limited | 5106260801 | 13/12/2018 | 09/06/2020 |

| ny Pedestrian In | volved: No | | CONTROL OF CONTROL | | |
|------------------|--|-----------|-------------------------------------|--------------------------|--|
| o, of Pedestrian | The second secon | Lise of F | Pedestria | n Cros | ssing: NA |
| river | | 030 011 | CUCSING | TO TO S | State Williams |
| ame | JUFRI BIN JAMARI | | ID No |). | S8329846D |
| Related Vehicle | SJX3865G (Car) | | Conta | ct No | 98335774 |
| Hospital/Clinic | ONECARE CLINIC BUKIT PA | NJANG | Class Drivin Licent Expire | g | Class: 3 Date of Expiry: NIL |
| Date Treatment | 23/12/2019 | Date Dis | charge | The second second second | The second secon |
| | ted Medical Leave 03 | Degree | of Injury | Sligh | t |
| Driver | | | | BONE | |
| Name | AW JIN WEI | | ID No. | OFF | S9613065A |
| Related Vehicle | SLF9470T (Car) | | Contac | ct No. | 81020363 |
| Hospital/Clinic | NIL | | Class of Driving Licence Expiry | e & | Class: NIL Date of Expiry: NIL |
| Date Treatmen | NIL | Date Dis | | NIL | |
| No. of Days gra | anted Medical Leave NIL | Degree | of Injury | NIL | |
| Name | Unknown | | ID No. | | NIL |
| Related Vehic | le XE4621X (Tipper truck) | | Contac | No. 9 | 92375150 |
| Hospital/Clinic | NIL | | Class of Driving Licence Expiry | 8 | Class: NIL Date of Expiry: NIL |
| Date Treatmen | nt NIL | Date Dis | | NIL | |
| No of Dave or | anted Medical Leave NIL | | CONTRACTOR OF THE PERSON NAMED IN | NIL | |



3 of 4

Report No. T/20191223/2176

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Brief Details.

On 23 December 2019 at 1330hrs, I was driving along Jalan Teck Whye Road going towards Ten Mile Junction. Upon reaching the T-junction near Blk 154 Jalan Teck Whye Road, one car bearing registration number SLF9470T, came out abruptly and turned right without checking for the traffic where I was coming.

As such, our vehicles collided and the impact caused me to hit onto another tipper truck bearing registration number XE4621X which happened to on the opposite of the road. Shortly after, the driver and myself came down to make a check and I called for police assistance. Both myself and the driver affirmed no injuries and we exchanged particulars before the traffic police arrived and left after the traffic police officer told us so. Due to the impact, my rear right tyre was dented and my left front bonnet was dented. For the other vehicle, the left bumper front was dented and scratched while the tipper truck front bumper is slighted dented.

I managed to get the footage of the accident from the tipper truck as it has a dash cam installed in it. On the later part of the day, I felt pain and aches on my neck as such I went to the clinic to seek medical treatment where I was given three days of MC.

Bukit Panjang NPC Segar Road #01-05 Singapore 677738 . T. 06 SaTel : 6892 9999



T/20191223/2176

4 of 4

Report No. T/20191223/2176

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

| Sketch Plan | | GEAN | | | |
|-------------|---|--------|------|----|------|
| Chatch MISH | - | 0.2204 | 0.00 | - | |
| | | V O | re n | വച | ıanı |

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.

| Sr Staff Sgt CHAN KANG YUAN | Signature of Illionia |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 23/12/2019 21:57 |
| Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077 | Classification Of Cas |
| Authentication Stamp NP168 | |

| fello, NAC_PAYA_UBI_80 | 0601 | | | | | | + Chang | e Languag | e Char | ige Password | · Log Ou |
|------------------------|----------|----------------|-----------------------|----------------------|----------------------|---------|------------------|----------------|-------------------|------------------|-------------|
| My Desktop | Poli | cy Query | | | | | | | | | Log or |
| Notice of Loss | Policy I | No. | | | | Date | of Accident | | 23/12/2019 | 13:30 | |
| | Vehicle | No.(For Motor) | SJX386 | 5G | | Certifi | cate Number | 1 | | | |
| | | | | | | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5106260801 | | JUFRI BIN JAMARI | S8329846D | GPC | drivo CLASSIC | SJX3865G | 53x3865G | 13/12/2018 | 09/06/2020 |

| ▽ Pol | icy Information | | | | | | |
|--|----------------------------|-----------------------------------|------------|-------------------|----------------------|-----------|---|
| Policy No. | 5106260801 | Policyholder Name | JUFRI BI | N JAMARI | Policyholder NRIC | S8329846 | 5D |
| Certificate No. | | | | | 1000 | | |
| Address | BLK 547B #02-01 SEGAR ROAD | SINGAPORE | 572547 | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy issue Date | 13/12/2018 | Effective Date | 13/12/20 | 018 00:00 | Expiry Date | 09/06/202 | 0 23:59 |
| Excess Type | | All Claims Excess | | | | | |
| Third 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 | | | Yo | ung/Inexperience Driver Excess |
| Agent | DICKSON INSURANCE AGENCY | Agent Tel. | 63447667 | 7 | GST Flag | Y | |
| Co- nsurance Flag Open Policy Info | No | | | | | | |
| Certificate nfo | | | | | | | |
| Policyh | older Mailing Address | | | | | | |
| ddress 1 | BLK 547B #02-01 | Addres | 5 2 | SEGAR ROAD | A | ddress 3 | SINGAPORE 672547 |
| ddress 4 | | Addres | s Type | Singapore address | р | ost Code | 672547 |
| Init No. | | Related Numbe | | 5106260801 | | | G175331 |
| Insured | Object: SJX3865G | 1100 | 9. | | | | |
| | ments | | | | | | |
| Sequenc | e Date of Endorsement | E | ndorsemer | nt Type | Endorsement 5 | Statue | EAST-COLOR WITH THE |
| | 13/12/2018 00:00 | | formation | | ment Take Effe | | Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 13 Dec 2018, the following policy details are amended as follows: HIRE PURCHASE COMPANY: MAYBANK SINGAPORE LIMITED CHASSIS NUMBER: WVWZZZ13ZAV439757 ENGINE NUMBER: CAV182656 VEHICLE REGISTRATION NUMBER SJX3865G ORIGINAL REGISTRATION DATE: 09 Jun 2010 |
| | 03/06/2019 00:00 | POI Exte | insion/Sho | rten Endorsei | ment Take Effe | ctive | 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 INSURANCE: 13 Dec 2018 TO 09 Jun 2020 In view of this amendment, an additional premium of \$377.88 (inclusive of GST) is payable under your policy. |

Continue Cancel

| Accident MT/1077189 | | | | | | | | | | |
|--|--|--|--|--|--|---------|--|--------------------------------------|---|--|
| Policy No. | 5106260801 | Vehicle N | io. | 51×38 | 65G | | GST Registratio | on No | | |
| Certificate No. | | | | | | | | | | |
| Policyholder Name | JUFR) BIN JAMARI | | | | | | Policyholder NR | RIC | 58729846 | 0 |
| Product Code | PRIVATE CAR INSURANCE | Caver Ty | pe | drivp.0 | LASSIC | | Loading | | 0 | 5 |
| Contact No. (Mobile) | 98335774 | Contact N | va.(Office) | 0 | | | Contact No. (Ho | ime'i | 0 | |
| Email Address | | Special R | emark | | | | еСове | 1000 | - | |
| KFK | ® No ○ Yes | TCA | | ⊕ No | Ves | | eCode Reason | | 100 | |
| NCD Protection | Na | NCD Entit | tlement(%) | 50 | 0.14 | | | | | |
| Accident Details | | XEXA | renout is | 30 | | | Private Hire | | No | |
| Report Date | 26/12/2019 11:34 | | | | | | | | | |
| Date of Accident | | | Report Within 24 hrs | Yes | | | Accident Type | | Collision - I | lagor Minor Road |
| | 23/12/2019 | Time of A | coident hh:mm | 13:30 | | | Country of Accid | dent | Singapore | |
| Reporting Centre | | Orange Fr | arce | | | | DCM No. | | | |
| Accident Location | JALAN TECK WHYE | | | | | | | | | |
| · Excess | | | | | | | | | | |
| Own damage Excess | 600.0 | O Additional | Excess | 0 | | | Windscreen Exc | ess | 100.00 | |
| Unnamed Driver Excess | 0.0 | C Outside S | ingapore OD Excess | | 600.00 | | | | 34360000 | |
| Third Party Excess | 0.0 | 0 Outside Si | ngapore TP Excess | | 0.00 | | | | | |
| 9 Benefits | | | 54000 30000000 | | 0.00 | | | | | |
| G GST Registered Inform | nation | | | | | | | | | |
| SST Registered | No : | | | | | | | | | |
| ST Registration No. | (0.00) | | | | ANT Registration Date | | | | | |
| fedification History | | | | | IST Status Venified | | Yes | | | |
| | | | | | | | | | | |
| Policyholder Mailing A | ddress | | | | | | | | | |
| Address : | BLK 5476 #02-01 | 0.000 (0.00 | | | | | | | | |
| ddress 4 | 200 3410 405-01 | Address 2 | | SEGAR I | 13.00 | | Address 3 | | SINGAPORE | 672547 |
| | | Address Ty | | Singapo | re address | | Post Code | | 672547 | |
| Mit No. | | Related Po | licy Number | \$106260 | 1001 | | | | | |
| OI Driver Info | | | | | | | | | | |
| Inver Name | JUFRI BIN JAMARI | Onver Type | | Hain Dri | ver | | | | | |
| innamed driver Name | | Driver NR3 | E | 5832984 | 160 | | Onver DOS | | 24/09/1963 | |
| agister Date of Driver Licensi | e 07/08/2003 | Driver Age | | 36 | | | Oriving Experience | ce | 16 | |
| Contact No. (Mobile) | 98335774 | Contact No | (Office) | 0 | | | Contact No. (Hom | | 0 | |
| ddress 1 | BUX 5478 | Address 2 | | SEGAR R | OAD. | | Address 3 | 100 | | |
| | | | | | | | | | | 672547 |
| ddress 4 | | | ne. | | | | | | | |
| Apdress 4 | 02-01 | Address Ty | pe | | e address | | Post Code | | 672547 | |
| Int No. | 02-01 | Address Ty | | | | | | | | |
| Int No. | 02-01 O Yes @ No | | | | | | | impany | | |
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| Int No. | ○ Yes 	No | Address Ty | ide No. | Singapor | e address | | Past Code | impany | | |
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| 19 | NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 26 Dec 2019 11:37 | | SAS Normal | | SAS 2019-12-26 | | | | |
| and page | NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CRS) on 26 Dec 2019 31:37 | | NRTC/ Driving License | ¥ | Normal | MRIC/ Driving License 2019-12-26 | | | |
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