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OD (TP)! Reporting Only	i-Motor W/O (With	in: OD 2hrs, TP 4hrs)			
	i-Photo Uploaded				
TP Insurer:	Assessment/Survey	Report			
	Ass't Report by Fax	/ Hand to Owner/Wk	sp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	F	ıx:	
TP Particulars: Veh No: Ps	Janisa.	INC()/Non-II	VC().	27	
Owner / Driver: (. 150-1	Tel:			
Policy No: () P	eriod: () Cover Type	o: (/)	
Confirmed by : (Dat		me:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-7	9%. F: 80-10	00%]	
		10()			
Excess: (\$) Loading: \$1,6	000()/\$2,000()				
General Remarks;-		TANGE TO SERVICE THE	1648 244 P	बर्गर हरान	(8) I
() Walk-In Customer: Customer's info	and the state of			Negatives	e .
() Total Loss Case : to e-mail Insur					2000
Drive-In ()/ Towed-In (); Invoice	e: YES () / NO (); Towing Co: ()
Remarks: (INC hotline: 6788 6616)	guerrant de la constitución de l	Date&Time	Completed	Don	by
	Courtesy Car ()	Date&Time	Completed	Don	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 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.

aloresaid.	ACCIDENT STATEMENT		
	ACCIDENT STATEMENT		
Date Of Report	08/01/2020 14:53		
Date Of Accident	07/01/2020 22:40		
Exact Location Of Accident	PIE (TUAS) BEFORE CLEMENTI AVE 6 EXIT		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJV9340A		
Insured/Policyholder			
Name Of Registered Owner	DESMONDLIMOS		
Co Reg No	5XXXX398C		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-89999999		
Vehicle Particulars			
Manufacturer	KIA		
Model	CERATO FORTE 1.6SX AT ABS D/AB 2WD 4DR		
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE		
Insurance Company			
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	5105757047		
Cover Note Number			
Driver			
Name of Driver	HO KOK SIANG (HE GUOXIANG)		
NRIC No	SXXXX501F		
Date Of Birth	25/10/1980		
Occupation	OUTDOOR		
Date Of Driving Pass	22/03/2011		
Driving Experience	8 YEARS AND 9 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-92319489		
Fax Number			
Contact Number	OFFICE-92319489		
THE STATE OF THE S			

NOEMAIL

BLK 705 BEDOK NORTH ROAD Address

#04-3438

470705 Postcode

Was driver an employee of the Insured's Company

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 COLLISION - HEAD TO REAR

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? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged? YES

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

NO 2

YES

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes. Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

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

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200108/7001.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBN9365R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Page 2 of 20

OTHER - HIRER

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HO KOK SIANG (HE GUOXIANG)

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJV9340A

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly 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.
- 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:

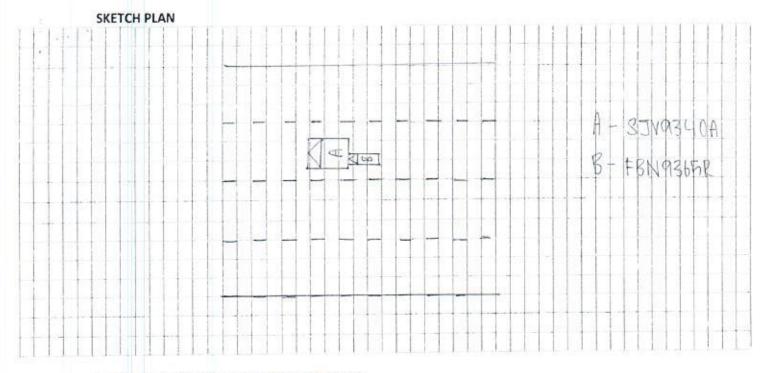
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the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

DESMONDLIMOS

Policy holder's signature Date / time: No

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT		
	Rifur to police Report	
	KITH IN POLICE TOPOLI	

DECLARATION

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

DESMONDLIMOS

NO

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.

Date of accident	U7 Jan 2019	(DD/MM/YY)
Time of accident	10:40PM	(HH:MM)
Exact location of accident	PIE toward Thas Before Clementi Ave 6	

		DETAILS OF	VEHICLE			
Vehicle registration number	SJV93LH)A				HE TAVA
Vehicle make and model	ria cuo	110				
Type of vehicle	Saloon Lorry □	MPV Bus		Van rcycle □	Others:	
Vehicle category	Private 🗆	Comm	ercial p	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes □ Third part o	No ₪	if no, plea Reporting	ise select: g only \square		

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number		103100	
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

Name	Dismondlimos	Male 🗆	Female
NRIC / Fin / Passport number	F33433984C		
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	Ho Kok Siang Male Female -				
NRIC / Fin / Passport number	S8033501 F				
Contact	9231 9489				
Address	BIK 705 Bedok North Road #04-3438 S(470705)				
Email address					
Date of birth	25/10/1980				
Occupation	Indoor D Outdoor				
Driving date pass	22/03/2011				

	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	Nod		**************************************
the insured's company?	If no, rel	ationship of th	e driver and insured: _	Hirry
Accident captured by camera?	Yes 6	No □		The state of the s
Weather condition	Clear ≠	Raining 🗆	Others:	
Road surface	Dry,d	Wet □		
No of passenger	2			(Inclusive of driver)
《 2015年4月 2015年		PASSENG	ER1	
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Gender	Male	Female 🗆		
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Name	V	- 1		
Gender	Male 🗆	Female 🗆		
		OF USE IN SOS	W. T. C. Y.	and the same of th
	Voc	OTHER INFOR	INATION	
Was anybody injured? Was other vehicle damaged?	Yes 🗷	No 🗆		
was other venicle damaged:	16372	140 🗓		
	DETAI	LS OF POLICE S	TATION ACTION	
Reported to police?	Yes 🗆		yes, please state whic	h police station.
Police station name			70 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	
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P44450 1991 1991 1991		WITNES	S 2	的现在分词
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	THIRD PARTY VEHICLE 1
Vehicle registration number	FBN 0365K
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
建设设施,则是	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
BOX IN THE STATE OF	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	X
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Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
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Vehicle registration number	
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Name	
NRIC / Fin / Passport number	
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The second of the second	THIRD PARTY VEHICLE 7
Vehicle registration number	
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Name	
NRIC / Fin / Passport number	
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Programme and the second second	INJURED PERSON 1
Name	HO KOK STANG NECK AND BACK
Injuries sustained	CTVO2110A
Which vehicle person in? Were seat belts worn?	Yes Ø No 🗆
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	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?	
(1) (1) (1) (1) (1)	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes Q No 🗆
Was injured conveyed to	Yes 🗆 No 🗆 /
hospital by ambulance?	
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Name	INJURED PERSON 4
Name Injuries sustained	INJURED PERSON 4
11000000	INJURED PERSON 4
Injuries sustained	Yes No P
Injuries sustained Which vehicle person in?	
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	Yes 🗆 No 🗸
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	Yes D No D Yes D No D
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes No Yes No Yes No Yes No Yes No No Yes No Yes No Yes No No Yes No No Yes Yes No Yes Yes





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200108/7001

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 08/01/2020 00:52		Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars			
Name of I HO KOK			Address: APT BLK 705 BEDOK NORT 470705	H ROAD #04-3438 SINGAPORE	
ID Type / NRIC NO	ID No.: / S80335	01F	Contact No.: Home/Office: Mobile: 92319489		
Nationality SINGAPO		EN	Email: zaizai936@gmail.com		
Sex: Male	Age: 39	Date of Birth: 25/10/1980	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation DRIVER	n:		Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	mation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/01/2020 22:40	Type of Location Straight Road	
Location:					
	EXPRESSWAY				
Weather: Clear	10	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way				Traffic Volume: Heavy	
Type of Collis Between Mov		Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
FBN9365R	Motorcycle					0		
SJV9340A	Car				Seriously Damaged	1		

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





20200108/7001

2 of 3

Report No. T/20200108/7001

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

CONTINUATION OF REPORT

Driver	AND DESCRIPTION OF THE PARTY.	The Land Co.	A STATE AND A STATE OF	ALUE A		A SULPRISON HARBINA
Name	HO KOK SIANG			ID No		S8033501F
Related Vehicle	SJV9340A (Car)			Conta	ct No.	92319489
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge NIL		
No. of Days gran	ted Medical Leave	03	Degree of	f Injury	Sligh	t

Brief Details.

On 7 January 2020 at about 2240hrs , I was driving my vehicle SJV9340A along PIE towards tuas after clementi road exit on lane 2. The front vehicle slowed down and i follow suit , suddenly i felt an huge impact coming from the rear of my vehicle . I got down my vehicle and realised that FBN9365R had collided onto the rear of my vehicle.

I sustained injuries from the above mentioned accident and was given a 3 days of MC.





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

Report No. T/20200108/7001

3 of 3

CONTINUATION OF REPORT

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Authentication Stamp

NP168

Informant is not able to provide sketch plan

Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2020 00:52
Officer In Charge Of Case: TP / TPHQ / NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	Classification Of Case:

eBaoTech								Genera	lClaim		
Hello, NAC_PAYA_UBI_80	0601						+ Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									9
Notice of Loss	Policy N	lo.				Date of	Accident	0	7/01/2020 2	2:40	
	Vehicle	No.(For Motor)	S2V93	40A		Certifica	ste Number				
					S	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Palicyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105757047		DESMONDLIMOS	53343398C	GPC	drivo CLASSIC	SJV9340A	SJV9340A	22/11/2018	22/02/2020
					Co	ntinue					

Policy No.	5105757047	Policyholder	DESMONDE	IMOS	Policyholder	53343398C	
Certificate No.	3103/3/04/	Name	DESPIONDE	2003	NRIC	333433980	
Address	BLK 705 #04-3438 BEDOK NO	RTH ROAD SIN	GAPORE 470	705			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	22/11/2018	Effective Date	22/11/2018	3 00:00	Expiry Date	22/02/2020	23:59
Excess Type		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			Youn	g/Inexperience Driver Excess
Agent	INCOME-BRANCH SERVICES	Agent Tel.	67886616		GST Flag	Y	
Co- insurance Flag Open	No						
Policy Info Certificate							
Info							
000100000000000000000000000000000000000	older Mailing Address						a New York Catalogs
Address 1	BLK 705 #04-3438	Addre		BEDOK NORTH ROA	(F)	Address 3	SINGAPORE 470705
Address 4			d Policy	Singapore address		Post Code	470705
Unit No.	04-3438 d Object: SJV9340A	Numb		5105757047			
	100mg 12c						
Sequen		nt i	Endorsement	Type	Endorsement	Status	Endorsement Content
					ment Take Eff		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: 22 Nov 2018 TO 22 Feb 2020 In view of this amendment, an additional premium of \$1,165.29 (Inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since
ı	30/07/2019 00:00	POI Ex	Extension/Shorten Endorse		and the state of the second		made payment. Otherwise, we

Continue Cancel

05757047 SMONDLIMOS IVATE CAR INSURANCE								
SMONOLIMOS								
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		TCA	(f) No (res.		eCode Reason		
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01/2020		Time of Accident hh:mm	22:40			Country of Acciden	rt	Singapore
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		Outside Singapore OD Excess		2,000.00				
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/es (®) No		Driver Vehicle No.				Driver Insurer Com	pany.	
P		Any injury?	® Yes 🔾	No .				
MX	-	Tonigna Name	CHEMONO	nume.		Toward Minist		Februares
26	-			Therap				53343398C
and Parket						TP Vehicle Number		FBN9365R
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