Date In: 13/3/20-14:39	Jeb description	Date & Time Completed	Done b	·
Ref No: MA /INCLOS 3969 hy	SAS e-filing			
Veh No: abyrony	E-mail (within 8hrs, AIC 2hrs)		- CONTRACTOR	9.
D.O.A: 1/3/20-18:15	i-Motor Claim Form	m/1888/101-001	13/3/20 14	11
Charles and the second	i-Motor W/O (Within: OD 2hr		11/2/14	3/
OD / TP ' Reporting Only	i-Photo Uploaded	1		
	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: X	393 u i NC (	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( )	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (%)	Note-Est Status (WO): N: 0-2	0%: P: 21-79%. P: 80-1	00%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
	1,000 ( )/\$2,000 ( )	<del>/</del>		
General Remarks:		A THE RESTAURANCE OF THE PARTY	1855	
	the state of the s	Test Proposition to a A (1)	SAME PORT - 2	
( ) Walk-In Customer : Customer's in		rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu				
Drive-In ( )/ Towed-In ( ); Invo	ice: YES ( ) / NO ( ); T	owing Co: (		)
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by	
	/ Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )	<del>                                     </del>		
		<del> </del>		
	CTARAT /			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ( )			
Injury:	\$3000] ( )	<u> </u>		
Injury:				
	\$3000]		EBFIOANE.	
Injury:			100 P	
Injury:			State Control	
Injury:				
Injury:			ELECTION NO.	
Injury:				
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Injury:  Date/Time Actions  Narrowib	Invoice Pre	paration Checklist:	Ant (5)	umi(t)
Injury:  Date/Time Actions  Namon b	Invoice Pre	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80	Ant (5)	the same of the same
Injury:  Date/Time Actions  Narrowib	Invoice Pre	raration Chrcklist.  Reporting (530); Assessment (\$100); INC (\$80);  Se S40/ Brough Survey \$	Ant (5) fit Bill  0) /545	the same of the same
Injury:  Date/Time Actions  Namon b	Invoice Pre	Paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80);  The Same Same Same Same Same Same Same Sam	Anii (5)  fit Bill  0)  7545 1120 530	the same of the same
Actions  Narroulb  Laimant's Particulars:- river/Owner:	Invoice Pre	caration Checklist  Reporting (530);  Assessment (5100); INC (586);  arough Survey 5  arough Survey (Resurvey)  ainst INC Only (wef 10 Jan 2005)	Anii (5)  fit Bill  0)  7545 1120 530	the same of the same
Injury:  Date/Time Actions  Namon 16  Inimant's Particulars:- river/Owner:	Invoice Pres  1) AR: Accident 2) DA: Damage A 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For cleiming as 6) TR: Re-inspec 7) N1: Idac DA	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Frough Survey Survey (Resurvey) Frough Survey Sur	Ant (5) fit Bill 0) 7545 1120 530	the state of the state of
Mayoulb  Actions  Mayoulb  Lamant's Particulars  river/Owner:  ontact No:	Invoice Prej  1) AR: Accident 2) DA: Darmage 3) TF: Towing Fi 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio	Caration Checklist Reporting (\$30); Assessment (\$100); INC (\$80); Frough Survey Survey (Resurvey) Frough Survey Sur	Ant (5) // // // // // // // // // // // // //	the state of the state of
Actions  Narroulb  Laimant's Particulars:- river/Owner:	Invoice Prej	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80) Reporting Survey (\$100); INC (\$80) Reporting Survey (Resurvey) Rejust INC Only (wef 10 Jan 2005) Reporting Survey (\$80) Reporting (\$30); Reporting (\$30); Reporting (\$30); Reporting (\$30); Reporting (\$100); INC (\$80); Reporting Survey (\$80); Re	Anit (5)  15: Bill  0)  545 1120 530  575 1160	the state of the state of
Actions  Act	Invoice Pres  1) AR: Accident  2) DA: Damage A  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  For cleiming as  6) TR: Re-inspec  7) N1: Idac DA +  8) NTUC Additio  OD*  *N5: Courtesy  *N6: Repair Co	Paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80) Reporting (\$100); INC (\$80) Reporting Survey (\$80) Reporting (\$30); Reporting (\$30); Reporting (\$30); Reporting (\$30); Reporting (\$30); Reporting (\$100); INC (\$80) Reporting Survey (\$80)	Ant (5)  // // // // // // // // // // // // //	the state of the state of
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Injury:  Date/Time Actions  Name Actions  Lamant's Particulars:  river/Owner:  Intact No:  Imaged Portion:  C Checked by (Engr-In-Charge):  Iditors' Comments:  1:	Invoice Pres  1) AR: Accident 2) DA: Darmage 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For cleiming as 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Addition OIL* *N5: Courtesy *N6: Repair Co *N7: Post Repair *N8: DV / Coll	Reporting (\$30); Assessment (\$100); INC (\$80); Assessment (\$100); INC (\$100); Assessment	S75 (160)  \$53 (510)  \$53 (510)  \$52 (52)  \$53 (520)  \$60 (52)	the state of the state of
Injury:  Date/Time Actions  Actions  Actions  Laimant's Particulars:  river/Owner:  Ontact No:  Imaged Portion:  C Checked by (Engr-In-Charge):	Invoice Pres  1) AR: Accident 2) DA: Darmage 3) TF: Towing Fi 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idac DA: 8) NTUC Additio OD: *N5: Courtesy *N6: Repair Co *N7: Fost Re	raration Checklist  Reporting (530);  Assessment (\$100); INC (\$80 or one of the content of the c	S75 (160) S53 (510) S525 (53) S20 (30)	dd Bill

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

	ACCIDENT STATEMENT
Date Of Report	13/03/2020 14:39
Date Of Accident	12/03/2020 18:15
Exact Location Of Accident	KJE TWDS BKE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB7501Y
Insured/Policyholder	
Name Of Registered Owner	AW CHIN HAAN
NRIC No	SXXXX311Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81026691
Alternative Phone No	OFFICE-81026691
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS 2.0(A) GDI
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	5115066624
Cover Note Number	
Driver	
Name of Driver	AW CHIN HAAN

Name of Driver AW CHIN HAAN SXXXX311Z NRIC No Date Of Birth 30/04/1960 OUTDOOR Occupation 10/12/1980 Date Of Driving Pass

39 YEARS AND 3 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-81026691 Mobile Number

Fax Number

OFFICE-81026691 Contact Number

NOEMAIL EMail Address

BLK 124 PASIR RIS STREET 11 Address

#10-411

510124 Postcode

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 CHAIN COLLISION

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

4

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

2

YES 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)

NAME:

. .

: FEMALE GENDER:

**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

YES

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

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200313/7011.

Attachment(s)

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

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number XB9341L

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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SJW1618Y

Vehicle Make/Model/Colour

TOYOTA WISH

**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

SJT6667M

Vehicle Make/Model/Colour

TOYOTA WISH

**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 INJURED PERSON 1**

Name

AW CHIN HAAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLB7501Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## 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.
- 3) 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.
- 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.
- 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.

Policy holder's signature

Date / time:

Driver's signature

(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature Date / time:

Page 5

DESCRI	BE CIRCUMS	TANCE	S OF TH	ACCIDENT	
				Report	
	-3				
			-		
	=======================================				

# DECLARATION

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

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.

ACCIDENT DETAILS		
Date of accident	12/03/2020	(DD/MM/YY)
Time of accident	1815 hrs	(HH:MM)
Exact location of accident	KJE towards BKE	

1000年1000年1000年1000年	DETAILS OF VEHICLE	
Vehicle registration number	SLB7501Y	
Vehicle make and model	kia cavens	
Type of vehicle	Saloon   MPV CRV   Van   Lorry   Bus   Motorcycle   Others:	_
Vehicle category	Private   Commercial   Motorcycle	
Purpose of using at said time	Grab	
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim Reporting only	

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	5115066624		
Type of policy	Comprehensive Z	Third party fire & theft $\square$	TP only 🗆

	INSURED / POLICY HOLDER	THE REAL PROPERTY.	REPORT OF THE
Name	Aw Chin Haan	Male	Female
NRIC / Fin / Passport number	\$1404311Z		
Contact	81026691		
Address	BIK124 Pasir Ris Street 11 #10-411 1	(510124)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male 🗆	Female
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	30 04 1960	
Occupation	Indoor D Outdoor	
Driving date pass	10   12   1980	

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes □ No ≠
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes Z No D
Weather condition	Clear Raining Others:
Road surface	Dry Vet
No of passenger	02 (Inclusive of driver)
	PASSENGER 1
Name	,
Gender	Male  Female
	PASSENGER 2
Name	
Gender	Male  Female
STATE OF THE PROPERTY OF	PASSENGER 3
Name	
Gender	Male  Female
	PASSENGER 4
Name	
Gender	Male   Female
<b>然是我的人员,这是这种人</b>	PASSENGER 5
Name	
Gender	Male  Female
<b>在基础信息和设计的交流区域</b>	PASSENGER 6
Name	Add - Secondary
Gender	Male   Female
	OTHER INCORMATION
Manager back interest?	Yes No
Was anybody injured? Was other vehicle damaged?	Yes ≥ No □
was other vehicle damaged:	163 2 110 3
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes   ✓ No   If yes, please state which police station.
Police station name	10 Ubi Ave 3
. once station name	
	WITNESS 1
Name	
	WITNESS 2
Name	WINESS E
THUTTE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T	

	THIRD PARTY V	EHICLE 1
Vehicle registration number	XB9341L	
Vehicle make model	ND IOTH	
Name		
NRIC / Fin / Passport number		
Contact	0	
Contact		
	THIRD PARTY V	EUICLE 2
Valida assistantian number	SJW161BY	LINCLE 2
Vehicle registration number  Vehicle make model	Toyota Hish	
Name	LANIN WIN	
NRIC / Fin / Passport number		
Contact		
Contact		
	THIRD DADTY	/EUICLE 2
	THIRD PARTY	PEHICLE 3
Vehicle registration number	SJT6667H	
Vehicle make model	Toyota Wish	
Name		
NRIC / Fin / Passport number	<u> </u>	
Contact		
Hall be tracked in the Laboratory	THIRD PARTY	/EHICLE 4
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
<b>为 100 000 000 000 000 000</b>	THIRD PARTY	VEHICLE 5
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		K-1
	THIRD PARTY	VEHICLE 6
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Contact		
	THIRD DARTY	VEHICLE 7
	THIRD PARTY	VEHICLE /
Vehicle registration number		
Vehicle make model		
Name		

NRIC / Fin / Passport number

Contact

文化中的中心方式是是是大型工作	INJURED PERSON 1
Name	Aw Chin Haan
Injuries sustained	N4B
Which vehicle person in?	JLB 7501Y
Were seat belts worn?	Yes No 🗆
Was injured conveyed to	Yes No No
hospital by ambulance?	
ACCOUNT A POST OF THE PARTY OF	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?	
	INVESTIGATION OF THE PROPERTY
MARKET MARKET	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	Working North
Were seat belts worn?	Yes No No
Was injured conveyed to	Yes  No
hospital by ambulance?	
	INJURED PERSON 4
Name	INJORED PERSON 4
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes  No  No
Was injured conveyed to	Yes  No
hospital by ambulance?	Superior Control Statement And
	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes   No
Was injured conveyed to	Yes  No
hospital by ambulance?	
	INJURED PERSON 6
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D





30000000

1 of 3

Report No. T/20200313/7011

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

Date/Time Report Made: 13/03/2020 13:54		ade:	Vide Report No.:	Station Diary No.	
Informa	nt's Particu	ilars			
Name of AW CHII	Informant: N HAAN		Address: APT BLK 124 PASIR RIS STF 510124	REET 11 #10-411 SINGAPORE	
ID Type	Type / ID No.: RIC NO / S1404311Z		Contact No.: Home/Office: Mobile: 81026691		
Nationali SINGAP	ty: ORE CITIZ	EN	Email: Achjdb@gmail.com		
Sex: Male	Age: 59	Date of Birth: 30/04/1960	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3	: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/03/2020 18:15	Type of Location:
Location: KRANJI EXPI	RESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Fraffic Volume: Heavy
Type of Collis	sion:		13	Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJT6667M	Car	TOYOTA	Wish			0
SJW1618Y	Car	ТОУОТА	Wish	Gold		0
SLB7501Y	Car	KIA	CARENS+2. 0%2528A%2 529+GDI	Blue		0
XB9341L	Trailer		SZSTOLZI			0





2 of 3

Report No. T/20200313/7011

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

### CONTINUATION OF REPORT

	ehicle Insurance		Ettti	Evening Date
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SLB7501Y	NTUC Income Insurance Co-Operative	5115066624	23/12/2019	22/12/2020

Any Pedestrian Ir	volved: No					***	
No. of Pedestrian		-1100	Use of Pedestrian Crossing: NA				
Driver							
Name	AW CHIN HAAN	ID No.		S1404311Z			
Related Vehicle	SLB7501Y (Car)			Conta	ct No.	81026691	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC SURGERY			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date	Discharge				
	ted Medical Leave	05	Degre	ee of Injury	Slight		
Passenger						With the same of the same of	
Name	Unknown Passenger			ID No		NIL	
Related Vehicle	NIL			Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: ,3 Date of Expiry: NIL	
Date Treatment	NIL			Discharge	NIL		
	ted Medical Leave	NIL	Degre	ee of Injury	Sligh	t	

#### Brief Details.

On 12th March 2020 about 1815hrs, I was travelling along KJE towards BKE. While looking upon the vehicle (SJT6667M) infront of me stopped I follow to stop. While my vehicle was stationary keeping a safe distance with the car (SJT6667M) infront suddenly a trailer (XB9341L) collided onto my car the impact caused my vehicle to thrust forward and hit onto (SJT6667M). After the incident, I came down and due to the huge impact, the vehicle (SJT6667M) infront of me also thrust forward and hit onto a vehicle bearing the carplate (SJW1618Y). I was involved in a chain collision which involved a total of 4 vehicles. After the accident, I felt some discomfort and when to see the doctor and received 5 day of medical leave. I would also like to state that there was also a female passenger in my car.





3 of 3

Report No. T/20200313/7011

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

# CONTINUATION OF REPORT

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0	NΕ	u	11	all

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2020 13:54
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

Authentication Stamp

NP168



# 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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Cover : drivo PREMIUM

Certificate Number: 5115066624

: SLB7501Y

Index mark and Registration Number of Vehicle

Chassis Number

: KNAHU813MG7146493

2. Name of Policyholder

: AW CHIN HAAN

3. Effective Date of Insurance

: 23 Dec 2019

4. Expiry Date of Insurance

: 22 Dec 2020

5. Persons or Classes of Persons entitled to drive#

(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.

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. 6. Limitations as to Use#

# This Policy does not cover

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

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

# 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.

: 5\$2,000 EXCESS (SECTION 1) 551,500 EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS + N/A : PLEASE REFER OVERLEAF ADDITIONAL EXCESS UNNAMED DRIVER EXCESS : YES REPAIR AT OWNER'S PREFERRED WORKSHOP : YES

INSURE WITH COE YES NCD PROTECTION : NO TRANSPORT ALLOWANCE , NO EXCESS WAIVER : AW CHIN HAAN

PRIMARY DRIVER : N/A

NAMED DRIVER (1) : N/A NAMED DRIVER (2)

: MAYBANK SINGAPORE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS HIRE PURCHASE COMPANY

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

: SGP BUSINESS CONSULTANCY PTE. LTD. (00000573828)

Date of Issue

: 24 Dec 2019 10:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBaoTech									Genera	ilClaim
tello, NAC_PAYA_UBI_800601						+ Change	Language	• Chan	ge Password	· Log Out
Polic	y Query									,
Policy N	0,				Date o	f Accident	1	2/03/2020 1	8:15	
Vehicle	No.(For Motor)	SLB750	1Y		Certific	ate Number				
				8	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5115066624		AW CHIN	S1404311Z	GPC	drivo PREMIUM	SLB7501Y	SLB7501Y	23/12/2019	22/12/2020
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Mator) Select Policy No.	Policy Query  Policy No.  Vehicle No.(For Mator)  Select Policy No.  Certificate Number	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number Name AW CHIN	Policy Query  Policy No.  Vehicle No.(For Motor)  Select Policy No.  Certificate Number Name NRIC  AW CHIN S14043117	Policy Query  Policy No.  Vehicle No.(For Mator)  SLB7501Y  Certificate Number  Name NRIC  AW CHIN S14063117  GPC	Policy Query  Policy No.  Vehicle No.(For Motor)  SLB7501Y  Date of Accident  Certificate Number  Search  Select Policy No.  Certificate Policyholder Name NRIC  Number Name NRIC  AW CHIN S14043117 GPC drivo	Policy Query  Policy No.  Vehicle No.(For Mator)  SLB7501Y  Date of Accident  Certificate Number  Search  Select Policy No.  Certificate Policyholder Number NRIC Number Name NRIC  AW CHIN S14043117 GPC drivo SLB7501Y	Policy Query  Policy No.  Date of Accident  [12/03/2020 1]  Vehicle No.(For Motor)  SEB7501Y  Certificate Number  Search  Select Policy No.  Certificate Policyholder Number NRIC  Number Name NRIC  AW CHIN S14043117 GPC drive SLB7501Y SLB7501Y SLB7501Y	Policy Query  Policy No.  Date of Accident  12/03/2020 18:15  Vehicle No.(For Motor)  SLB7501Y  Certificate Number  Search  Select Policy No. Certificate Policyholder Number Name NRIC Number Name NRIC AW CHIN S14043117 GPC drivo SLB7501Y SLB7501Y 23/12/2019

Policy No.	5115066624	Policyholder Name	AW CHIN HA	AAN	Policyholder NRIC	S1404311Z	
Certificate		Name			THE STATE OF THE S		
lo.	BLK 124 #10-411 PASIR RIS S	TREET 11 SING	APORE SIOI	24			
roduct			one stor		Group	N	
lame	PRIVATE CAR INSURANCE	Plan			Policy Flag	100000	
olicy ssue Date	24/12/2019	Date	23/12/2019	00:00	Expiry Date	22/12/2020	23:59
xcess ype	Per Accident	All Claims Excess					
hird Party xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional excess	0	OS Premium	0				
Outside Singapore	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
OD Excess	SGP BUSINESS CONSULTANCY		62810777		GST Flag	Y	
nsurance lag Open Policy Info Certificate nfo	No nolder Mailing Address						
Address 1	BLK 124 #10-411	Addre	ess 2	PASIR RIS STREET	11	Address 3	SINGAPORE 510124
Address 4	DER 124 #10 111		ess Type	Singapore address		Post Code	510124
Unit No.		Relat	ed Policy	5115066624			
	d Object: SLB7501Y	Numi	er				
♥ Endors	5-3-3-17au						
Sequer	and the same of th	ent	Endorsement	Туре	Endorsemen	Status	Endorsement Content
1	27/12/2019 00:00		Information rsement	Endorse	ement Take E	ffective	Thank you for giving us the opportunity to serve you. We confirm that from 27 Dec 2019, this policy is extended to include NCD protection and is subject to Endorsement M4 enclosed. In view of this amendment, an additional premium of \$212.43 (inclusive of GST) is payable under your policy Please Ignore this premium payment request if you have sincimade payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque.  Alternatively, you could also mak payment at any of our branches teash, credit card or NETS.  Thank you for giving us the
2	27/12/2019 00:00		: Information rsement	Entry F	Rejected		opportunity to serve you. We confirm that from 27 Dec 2019, this policy is extended to include NCD protection and is subject to Endorsement M4 enclosed. In vie of this amendment, an additional premium of \$212.43 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have sinc made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issuithe cheque in favour of "NTUC"

Claim Handling					
ccident MT/1088101					
olicy No.	5115066624	Vehicle No.	SL87501¥	GST Registration No.	
ertificate No.					
Policyholder Name	AW CHIN HAAN			Policyholder NRJC	514043112
reduct Code	PRIVATE CAR INSURANCE	Cover Type	anyo PREMIUM	Loading	0
Contact No.(Mobile)	81026691	Contact No. (DMice)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	N. Y
OFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
ACD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
♥ Accident Details					
Report Date	13/03/2020 14:51	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	12/03/2020	Time of Accident hhomm	18:15	Country of Accident	Singapore
		Orange Force		TCM No.	7.10.42.000CM
teporting Centre	KIE TWDS BKE	20.00		- 2004 (1904)	
crident Location					
♥ Total Excess Applicable			100.00		
ecess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
TED OD Excess	0.00	YIED T≯ Excess	0.00	Driver is Covered?	Covered
Additional Excess	0.00		-8142		
		Total TP Excess Applicable	1,500.00		
Total OO Excess Applicable	2000.00	rocar in excess approxime	*,300.00		
♥ Benefits					
♥ GST Registered Informs	The state of the s		GST Registration Date		
SST Registered	No		GST Registration Date GST Status Verified	Yes	
ST Registration No.			Gas acalus venneu		
fodification History					
A CONTRACTOR OF THE STATE OF TH	Š				
Policyholder Mailing Ad		70.000004		Committee of the Commit	EMPARAGE FLOAR
Address 1	BLK 124 #10-411	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510124
Address 4		Address Type	Singapore address	Post Code	510124
unit No.		Related Policy Number	5115066624		
♥ OI Driver Info					
Driver Name	AW CHIN HAAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S1404311Z	Driver DOB	30/04/1960
legister Date of Driver License	10/12/1980	Driver Age	59	Driving Experience	39
Contact No.(Mobile)	81026691	Contact No.(Office)	0	Contact No. (Home)	0
Address 1	8UK 124	Address 2	PASIR RIS STREET 11	Address 3	SINGAPORE 510124
Address 4		Address Type	Singapore address	Post Code	510124
UNE No.	10-411				
Does he own a Singapore	O Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	Chagne				
Pedaration					
Breathalyser or Blood Test	R-22	Any injury?	® Yes ○No		
Reading?	0 mg	Holy equity	0.000		
Hodification History					
Claim 001 New					
Claim 001 Mew					
Claim Type •	OD-MX	Insured Name	AW CHIN HAAN	Insured NRIC	\$14043112
Contact No.(Mobile)		Contact No.(Home)	65823523	Contact No.(Office)	
Email Address		OI Venicle Number	SLB7501Y	TP Vehicle Number	XB9341L
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Daimant Name •	>>	Claimant NRSC *	THE RESERVE OF THE PARTY OF THE		
Dalmant Address			The property of the same of th	3	
Daim Description	SLB7501Y / XB9341L ON 12 Mar 2020			Name of Preferred Workshop	
Daim Description. Preferred Workshop Contact	PROFILE CONFIDENCE OF 12 PER 2020		from an Few H		0.00
No.		Insured Liability *	Not at Fault	11 SERTORANI	
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Regretered	13/03/2020 14:53	Claim Close Date		Date Received	13/03/2020 00:00
Report Taken By	Jackson				
Print AK letter					
The state of the s			Committee of the Commit		
120			Save Submit		
Attachment					
24					
▼					
Accident No.	MT/1088101	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	13/03/2020 14:55		
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