Dale In: (blake in an		4 noo 1524	
	cb description	Date &Time Completed	Done by
Res No: Light (sassyotaly	SAS e-filing	İ	
Veh No: 3647 4357	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 1)5/20 - 20:00	i-Motor Claim Form	100x2488c11cm	16/3/20 1841
OD : TP : Reporting Only	i-Motor W/O (Within: OD 2hr		
	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh Noch VITY	. INC()/Non-INC()	W.
Owner / Driver: (Tel:)
Policy No: () Period:	()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-	Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 30-1	00%]
Year of Registration: () Warra	anty: YES ()/NO ()	
Excess: (\$) Loading: \$1,000 ()/\$2,000()		
General Remarks	SETOCNEGOS PRISARIANOS NOSA	Bearseasch (Steiler	Telegraph of the
() Walk-In Customer: Customers information	and the state of the state of the same of	igtly NO refer of repairer	19.00 . 11
7		ictly NO rater of repairer.	
() Total Loss Case : to e-mail Insurer UR		* * * * *	
Drive-In () / Towed-In (); Invoice: YE	S()/NO();To	owing Co: ()
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/Courte	sv Car ()		Salar A
	-, (77	
2) QC Check / Post Repair Inspection	()		gilla werze. The Art has stort
	()		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
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July: Actions Actions			
July: Actions Actions	() () () Invoice Prep	aration Checklist	Ant (5) Aint (fit Bill Add B
Onte/Time Actions Actions	1) AR : Accident R	keporting (\$30);	fit Bill Add B
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JA 201/80 Jumant's Particulars:	1) AR : Accident R	teporting (\$30); ssessment (\$100); INC (\$80 \$ \$40	Tri Bill Add B
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July: Date/Time Actions Actions Liminant's Particulars: iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge):	1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co-	teporting (\$30); ssessment (\$100); INC (\$8 ough Survey (\$2 ough Survey (Resurvey) sinst INC Only (wef 10 Jan 2005) on SMRT Survey (\$2 al Services:- Car / Tpt Allowance ordination	78 Bill Add B 0) 7545 1120 530 575 160 55
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3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions aimant's Particulars: iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	teporting (\$30); ssessment (\$100); INC (\$8) sough Survey \$ ough Survey (Resurvey) sinst JNC Only (wef 10 Jan 2005) on SMRT Survey \$ al Services:- cordination r Inspection ct Excess Coordination	56 Bill Add B 0) (\$45 5120 530 \$75 160 \$55 510 525 535 \$20
3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions	1) AR: Accident F 2) DA: Damage A 3) TF: Towing Fee 4) FT: Follow-The 5) FT: Follow-The For claiming age 6) TR: Re-inspecti 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy C *N6: Repair Co- *N7: Fost Repair *N8: DV / Colle	teporting (\$30); ssessment (\$100); INC (\$8) sough Survey (\$200) sinst JNC Only (wef 10 Jan 2005) son SMRT Survey (\$200) sal Services: Car / Tpt Allowance ordination or Inspection ct Excess Coordination Non INC) against INC	78 Bill Add B 0) (\$45 (\$120 (\$30) \$75 (160) \$53 (\$510 (\$525 (\$53) \$530

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.

aforesaid.	
AND STREET OF STREET STREET	ACCIDENT STATEMENT
Date Of Report	16/03/2020 18:23
Date Of Accident	13/03/2020 20:00
Exact Location Of Accident	BEACH RD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY7435T
Insured/Policyholder	A. P. B.
Name Of Registered Owner	REZILIANT
Co Reg No	5XXXX268J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 RSZ A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107585852
Cover Note Number	
Driver	
Name of Driver	NEO KIAN BOON ADRIAN

 NRIC No
 SXXXX721A

 Date Of Birth
 15/07/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 11/12/1984

Driving Experience 35 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96936543

Fax Number

Contact Number OFFICE-96936543

EMail Address NOEMAIL

Address BLK 892 TAMPINES AVENUE 6

#06-04

Postcode 520892

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 - CHANGE/CROSS LANE

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

ambulance?

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

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

YES

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

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

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200314/7008, T/20200316/2096.

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLH2153U

Vehicle Make/Model/Colour

TOYOTA ALTIS

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)

DETAI	I C OF IN	II IRED PERSON 1

Name

NEO KIAN BOON ADRIAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SGY7435T

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.
- 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

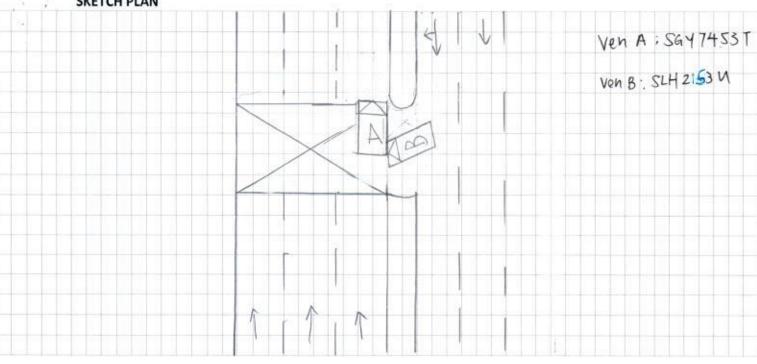
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the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

ANT * Regulation

Policy holder's signature Date / time: Deliverée elementure

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

SKETCH PLAN



On t	he Stated	d date	and	time,	25m	travelling	Stra	aight alon
Beach	Ruad.	Sudde	nly.	Vehide	B (SL	H 2513U)	did	a u-tum
and	collided	onto	the	right	side	purtion	of	my
Vehio	e.						111	
								7.5 - Sept. 2005/2010
					12-00/2012-00			

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.

5.100 加入 2000 建设施工业 2000	ACCIDENT DETAILS	
Date of accident	13 03 2020	(DD/MM/YY)
Time of accident	8:00 pm	(HH:MM)
Exact location of accident	Along Beach Road	

2011年1月1日 1月1日 1日 1		DETAILS OF		
Vehicle registration number	S	SGY 7435 T		
Vehicle make and model	t	Honda Stream		
Type of vehicle	Saloon Lorry	MPV ≠ Bus □		
Vehicle category	Private 🗆	Comm	ercial Motorcycle	
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes Third part of	No.z	if no, please select: Reporting only □	

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

"你是我们的一个人的,我们还是不是不是不是不是不是不是不是你的。"	INSURED / POLICY HOLDER		
Name	Reziliant	Male 🗆	Female 🗆
NRIC / Fin / Passport number	53323268)		
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Neo kian Boon Adrian Male Female 0					
NRIC / Fin / Passport number	S 17 33 72 1 A					
Contact	9693 6543					
Address	BIK 892 Tampines Ave 6 # 06-04 5 (520892)					
Email address						
Date of birth	15/07/1966					
Occupation	Indoor Outdoor					
Driving date pass	11 12 1984.					

A TANK OF THE SECOND	GENERAL	INFORMATION	OF THE ACCIDENT	大大型型化作用
Was driver an employee of	Yes □	No 🖈		- 1. 1100 V
the insured's company?	If no, rela	ationship of the	driver and insured:	owner
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear 🗹	Raining	Others:	
Road surface	Dry	Wet □		
No of passenger	1			(Inclusive of driver
以外的人员工大利企业		PASSENGE	R1	
Name				
Gender	Male 🗆	Female 🗆		

STATE OF THE STATE	27年 (計画)	PASSENGE	R 2	
Name		and the second second second		
Gender	Male 🗆	Female		
	7/1	WV - SO INVESTOR -		
N. 6. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19		PASSENGE	R3	
Name	-			
Gender	Male 🗆	Female		
		137111111111		
		PASSENGE	R4	THE WASHINGTON THE PARTY OF THE
Name		TASSETT SE		Ayunda Sen Ale Indiana ann a
Gender	Male 🗆	Female		
Gender	IVIAIC L	Terriale 🗆		
	OS SALES OF	PASSENGE	D E TOTAL CONTRACTOR	A SHARE SHIP SHEET SHEET
Name		PASSENGE	кэ	
Gender	Male 🗆	Female		
Gender	Iviale 🗆	Telliale L		
	SAPES A	PASSENGE	D.C.	HATCH AND DESCRIPTION OF THE PARTY.
Name		PASSENGE	N U	
Gender	Male 🗆	Female		
Gender	Iviale 🗆	remale [
		OTHER INFORM	TEN SHARE	PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF
Managed in the day	Vac 5	No D	MATION	
Was anybody injured?	Yes			
Was other vehicle damaged?	Yes	No 🗆		
	DETAIL	S OF POLICE ST	ATION ACTION	THE RESIDENCE OF THE PARTY OF T
Parasta da a a l'a 2	The state of the s	LS OF POLICE ST	THE RESIDENCE OF THE PARTY OF T	nalisa station
Reported to police?	Yes		es, please state which	police station.
Police station name	10 NI	oi Ave 3.		
William I have been been been been been been been be				
经 的16多为发表的经验。	BACKS.	WITNESS		COLUMN TO SERVICE STATE
Name				
。在1967年,中国共和国	-	WITNESS	2	HE TO SOCIETY OF THE SECOND
Name				

2153 M.

THIRD PARTY VEHICLE 1
SLH 2513 M
Toyota Altis.

THIRD PARTY VEHICLE 2		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 3				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

THIRD PARTY VEHICLE 4				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

THIRD PARTY VEHICLE 7				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

		INJURED PERSON I
Name	Neo	kian soon Adrian
Injuries sustained	N	Yeck of Back
Which vehicle person in?	Dr	river
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No pr
hospital by ambulance?	(0000000000	300 Z
0		
	AND PAS	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?		
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
CHARACTER SCHOOL	edit never de	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
出版。自己是一种,还是为了高品	型型法法	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?	V	Name of the second seco
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?	12	Massa
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆





1 of 3

Report No. T/20200314/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 4/03/2020 13:41		Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
	Informant: AN BOON A		Address: APT BLK 892 TAMPINES / 520892	AVENUE 8 #06-04 SINGAPORE	
ID Type NRIC NO	/ ID No.: D / S173372	21A	Contact No.: Home/Office:	Mobile: 96936543	
Nationality: SINGAPORE CITIZEN		EN	Email: ksrocks80@gmail.com		
Sex: Male	Age: 53	Date of Birth: 15/07/1966	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Na English		
Occupat	Occupation: PRIVATE HIRER DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2020 20:00	Type of Location: Straight Road
Location: BEACH ROA	D			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW		Traffic Control:		Traffic Volume:
Traffic Flow:		STREET, STREET		

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGY7435T	Car					0
SLH2513U	Car	ТОУОТА	Altis			0

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





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20200314/7008

CONTINUATION OF REPORT

Driver		Helical Inc.				NON-HILL TO BE
Name	NEO KIAN BOON A	ADRIAN		ID No		S1733721A
Related Vehicle	SGY7435T (Car)			Conta	ct No.	96936543
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	Sligh	t

Brief Details.

On 13th March 2020, I was travelling straight along Beach Road. Suddenly, vehicle (SLH2513U) did a Uturn and collided on the right side portion of my vehicle. After the accident I felt some discomfort and went forward to consult a doctor.





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200314/7008

CONTINUATION OF REPORT

	-
Sketch Pla	m

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: 14/03/2020 13:41
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp

NP168



Police Station Of Origin: Calmhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009 Tel No: 1800-2968999 1/20200316/2095

1 of 3 Report No. 1/20200318/2096

Station Diary No.: REPORT OF A TRAFFIC ACCIDENT Vide Report No.: T/20200314/7008 Date/Time Report Made. 36 16/03/2020 16 05 Informant's Particulars APT BLK 892 TAMPINES AVENUE 8 #06-04 SINGAPORE Name of Informant: NEO KIAN BOON ADRIAN 520892 Contact No.: Home/Office: ID Type / ID No.: NRIC NO / 51733721A Mobile: 96936543 Nationality: SINGAPORE CITIZEN Type of Informant Date of Birth: Sex: Male Age: 15/07/1966 Driver 53 Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation PRIVATE HIRE DRIVER Date of Expiry: Class: 3

General Information of the Accident Type of Location: Straight Road Date/Time of Drink. Injury Others Type of Drive: Accident: 13/03/2020 20:00 No Location: Along Road 1 BEACH ROAD Along Beach Road. Road Surface: Road Speed Limit: Weather: Clear Traffic Control: Traffic Volume: Traffic Flow: Type of Collision: Anyone conveyed by ambulance: No

hicle Invo	ved	ANY ME	to the second	Named	AND BUREAU
Туре	Make	Model	Color	Condition	No of Passenger
					0
Car	TOYOTA	Altis	S SECURED IN		0
	Туре		Type Make Model	Type Make Model Color	Type Make Model Color Condition

No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA
Any Pedestrian Involved: No	
Details of Person Involved	AND THE RESIDENCE OF THE PARTY





2 of 3 Report No. T/20200316/2096

Police Station Of Origin: Cairnhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009 Tel No: 1800-2968999

CONTINUATION OF REPORT

Dover	A STATE OF THE PARTY OF THE PAR		STATE OF		S1733721A
Name	NEO KIAN BOON ADRIAN	Entitle Se	ID No.	SING	
Related Vehicle	SGY7435T		Conta	ct No.	96936543
Hospital/Clinic	NIL		Class Driving Licent Expiry	e &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	Control of the last of the las
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	Sligh	

Brief Details.

I am lodging this report to amend the registration plate number of the vehicle involved. Reference to report number T/20200314/7008.



Police Station Of Origin: Cairnhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009 Tel No: 1800-2968999 IMITE TEMPERATE IN THE PARTY OF
3 of 3 Report No T/20200316/2096

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report. A / Sgt 2 MOHAMAD SHAIFUDIN BIN KADER	Signature Of Informant:
Signature Of Interpreter. Not applicable	Date/Time: 16/03/2020 16:05
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 66476436	Classification Of Case:
Authentication Stamp	

Hello, NAC_PAY	_UBI_80060	1						Change	Language	• Chan	ge Password	· Log Ou
My Desktop	To Do List	Poli	cy Query									
Notice of Loss		Policy N	10.				Date o	f Accident	1	3/03/2020 2	0:00	
		Vehicle	No.(For Motor)	SGY743	5T		Certific	cate Number				
							Search					
		Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		0	5107585852		REZILIANT	533232683	GPC	Third Party, Fire & Theft	SGY7435T	SGY7435T	15/02/2019	05/04/2020

Policy No.	5107585852	Policyholder Name	REZILIANT		Policyholder NRIC	53323268J	
Certificate No.							
Address	BLK 892 #06-04 TAMPINES AVE	NUE 8 SINGA	PORE 52089	02			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	15/02/2019	Effective Date	15/02/201	9 00:00	Expiry Date	05/04/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No	14-1577(8100) 1775(77)			18401100000		
Open Policy Info Certificate							
Info							
T Policyh	nolder Mailing Address						
· roncyn			2000		5220	POWER STREET	
Address 1	BLK 892 #06-04	Addre	ss 2	TAMPINES AVENUE		Address 3	SINGAPORE 520892
Address 1		Addre	ss Type	TAMPINES AVENUE Singapore address		Address 3 Post Code	SINGAPORE 520892 520892
Address 1 Address 4 Unit No.	BLK 892 #06-04 06-04	Addre	ss Type ed Policy				
Address 1 Address 4 Joit No. Insured	BLK 892 #06-04 06-04 d Object: SGY7435T	Addre Relate	ss Type ed Policy	Singapore address			
Address 1 Address 4 Unit No. Insured Endors	BLK 892 #06-04 06-04 d Object: SGY7435T	Addre Relate Numb	ed Policy er	Singapore address 5107585852		Post Code	520892
Address 1 Address 4 Unit No. Insured	BLK 892 #06-04 06-04 d Object: SGY7435T	Addre Relate Numb	ss Type ed Policy	Singapore address 5107585852 It Type		Post Code Status	

ccident MT/1088437					
licy No.	5107585852	Vehicle No.	SGY7435T	GST Registration No.	
ertificate No.					
olicyholder Name	REZILIANT			Palicyhalder NRIC	53323268)
roduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
meil Address		Special Remark		eCode	NC V
FK	No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Yes
Accident Details					
port Date	16/03/2020 18:39	Accident Report Within 24 hrs	Yes	Acadent Type	Collision - Change / Cross lane
ite of Accident	13/03/2020				
	11/01/2020	Time of Accident hh:mm	20:00	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	BEACH RD				
Total Excess Applicable	le				
cess Type	Per Accident	Windscreen Excess	0.00		
Standard Excess	0.00	TP Standard Excess	1,500.00		
D OD Excess	500.00	YIED TP Excess		Driver is Covered?	
ditional Excess					
al OD Excess Applicable	500.00	Total TP Excess Applicable			
Benefits	100000				
GST Registered Inform	nation				
Registered	No.		GST Registration Date		
F Registration No.	***		GST Status vented	Yes	
dification History			The state of the s	142	
Policyholder Malling A	ddress				
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	BLK 892 #05-04		TAMPINES AVENUE 8	Address 3	SINGAPORE 520892
dress 4		Address Type	Singapore address	Post Code	520892
It No.	06-04	Related Policy Number	5107585852		
OI Driver Info					
ver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
named driver Name	NEO KIAN BOON ADRIAN	Driver NR3C	SXXXX721A	Driver DOB	15/07/1966
pister Date of Driver Licens	e 11/12/1984	Driver Age	53	Driving Expenence	35
react No.(Mobile)	96936543	Contact No. (Office)	0	Contact No.(Home)	o .
Oresa 1	BLK 892	Address 2	TAMPINES AVENUE 0	Address 3	SINGAPORE 520892
	BLK 072				
dvess 4		Address Type	Singapore address	Post Code	520892
if No.	06-04				
	Common Co				
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es he own a Singapore gistered car?	C) Yes (@) No	Driver Vehicle No.		Driver Insurer Company	
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Claim Oct Mex Interest No. [Noble] Interest Noble Interest	O mg O mg O mg O mg Please Select SGY7415T / SLH2153U ON 13 Mar 2020 Yes L6/03/2020 18/41 Jackson MT/1088437 ® Yes O No	Insured Name Centact No.(Hame) Oil Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date Claim No. Upload Data Browse. Browse.	REZILIANT SGY7435T Please Select Not at Fault Preferred Workshop, Name unknown 001 16/03/2020 18:43 Category * Clear Please Select	Insured NRIC Consact Ns.(Office) TP vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urger V Normal NB NB V Normal	Received 16/03/2020 00:00 Perceived 16/03/2020 00:00 Perceived V
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