Date In: (Lhlan-10:06	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A STATE OF THE STA	El Control Control
Date In: (6) 120 - 19305	Job description	Date &Time Completed	Done by
Ref No: KM/INCXXXVXXXX	SAS e-filing		
Veh No: Slads 4400	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 172 ho-17:45	i-Motor Claim Form	1 CO 744 8801 LW	160h= 19:71
OD (TP): Reporting Only	i-Motor W/O (Within: OD 2hr	The state of the s	
OB ATP. Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
17 Insurer.	Ass't Report by Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: Sk A	Clipic INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () P	eriod: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,	000()/\$2,000()	A STREET	MANAGER AND
General Remarks;		AND SECURISHED SECURISH	CAS CARREST
() Walk-In Customer: Customer's info		ictly NO refer of repairer	(A) (C) (1, 1)
() Total Loss Case : to e-mail Insur		Notification of reporter.	
Drive-In ()/ Towed-In (); Invoic		owing Co: (· · · · ·
		Willig Co. (,
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/(Courtesy Car ()		VI 100 100 100 100 100 100 100 100 100 10
	courtes, car (
2) QC Check / Post Repair Inspection	()	-	
	()		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3	()		
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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.

- 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

aforesaid.	
MARKET SERVICE SERVICE SERVICES	ACCIDENT STATEMENT
Date Of Report	16/03/2020 19:09
Date Of Accident	15/03/2020 17:45
Exact Location Of Accident	PIONEER RD NORTH
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW8440J
Insured/Policyholder	
Name Of Registered Owner	CHAN KENG PANG
NRIC No	SXXXX903I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91881853
Alternative Phone No	OFFICE-91881853
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 5-DOOR HATCHBACK 1.5L SP.6EAT
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

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110085843
Cover Note Number	

NOEMAIL

Cover Note Number

EMail Address

Driver	
Name of Driver	CHAN KENG PANG
NRIC No	SXXXX903I
Date Of Birth	05/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91881853
Fax Number	
Contact Number	OFFICE-91881853

BLK 853 JURONG WEST STREET 81 Address

#14-319

Postcode 640853

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

ambulance?

2 YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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/20200315/7015.

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

SKK6180K

Vehicle Make/Model/Colour

BMW 420I

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHNG SEE ANN

NRIC/Passport Number

SXXXX928D

Contact Number

98170116

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAIL	COLIN	II IRED PERSON 1	

CHAN KENG PANG Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

CHEST & HAND

SKW8440J

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) 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.
- 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:
 - 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

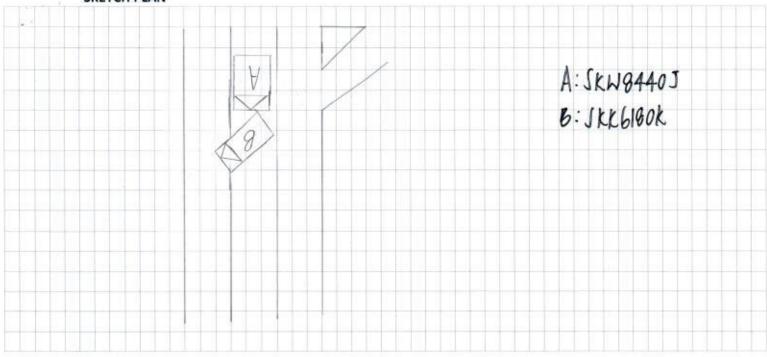
Date / time:

Driver's signature (if driver is not policy holder)

Date / time:

reporting centre personnel's Signature Date / time:

Page 5



DESCRIB	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT					
Refer	to	Police	Ryart			
					-	
		1 1125-3		= 0.05(0.000.000.000.000.000.000.000.000.0		

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	15 03 2020	(DD/MM/YY)
Time of accident	1745WS	(HH:MM)
Exact location of accident	Pioneer Road North	

	DE	TAILS OF VEHICLE
Vehicle registration number	SKW844	·0J
Vehicle make and model	Mazda 3	
Type of vehicle	Saloon Z Lorry 🗆	MPV CRV Van Bus Motorcycle Others:
Vehicle category	Private	Commercial □ Motorcycle □
Purpose of using at said time	Private use	
Are you claiming under your own insurance company?	Total Control of the	No please select:

THE STATE OF THE S	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	5110085843		
Type of policy	Comprehensive z	Third party fire & theft \square	TP only

	INSURED / POLICY HOLDER	AL THE RESERVE OF THE SECOND	NEW YEAR
Name	Chan Keng Pang	Male 🗖	Female
NRIC / Fin / Passport number	S9315903I		
Contact	91881953		
Address	BIK 853 Jurong West Street 81 #1	4-319 [1640853)	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	05/05/1993
Occupation	Indoor D Outdoor D
Driving date pass	17 Sep 2012

	GENERAL	NFORMATIO	N OF THE ACCIDENT	MALL MARKET THE SECOND
Was driver an employee of	Yes 🗆	No 🗹		
the insured's company?	53/27	The second second	he 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 drive
No or passenger				4
ASSESSMENT OF THE PARTY OF THE		PASSEN	GER 1	
Name	ALC: NO.			
Gender	Male 🗆	Female		
Certaci	Tridie B			
THE STATE OF THE S	- L N 2	PASSEN	GER 2	September 1991
Name				
Gender	Male 🗆	Female		
	AN TON S	PASSEN	GER 3	A POST OF THE PROPERTY OF THE PARTY OF THE P
Name				
Gender	Male 🗆	Female		
Gender	IVIAIE 🗆	remale u		
	CHECK COMPANY		orna di santa di sant	
在3000年的日本	N. P.	PASSEN	GER 4	
Name		e construir		
Gender	Male 🗆	Female		
		-	CEO E DE MOVOGENEEN	COMPANY CONTRACTOR
CANAL STATE OF THE SECOND		PASSEN	GER 5	Inch Table Act to Indian
Name				
Gender	Male 🗆	Female		
LAND BEAT BUILDING THE SEAL OF A		PASSEN	GER 6	
Name				
Gender	Male 🗆	Female 🗆		
AND AND COMMENT		OTHER INFO	RMATION	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
	DETAIL	LS OF POLICE	STATION ACTION	
Reported to police?	Yes 🗆	No □ I	f yes, please state which	ch police station.
Police station name				
				A CONTRACTOR OF THE PARTY OF TH
		WITN	ESS 1	
Name				
THE RESERVE AND ADDRESS.		WITN	ESS 2	
Name				

THIRD PARTY VEHICLE 1				
JKK6190k				
BMW 420 I				
Ching See Ann				
96170116				
	SKK6190k BMW 420 I Chng See Ann Sol17928 D			

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					

TO THE STATE OF TH	100	INJURED PERSON 1
Name	Chan	keng Pang
Injuries sustained	chut	& Hand
Which vehicle person in?	SKWB	
Were seat belts worn?	Yes	No □
Was injured conveyed to	Yes 🗆	No 🗷
hospital by ambulance?	25.500.00000	
会区下,将被采购的 逐渐发展		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?	W. 100 W.	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
也不会达到是一种知识的		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?		
高级基础设备的是基础设施		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?	9.2020000	21 Colores
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
No. of the last of	es e	
Name	A SINE DIE	INJURED PERSON 5
Injuries sustained	-	
Which vehicle person in?	_	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	103 1	NO D
Pita. a j willowidilee!		
Name and the State of the State		INJURED PERSON 6
Name	The second second	MACHINE TENSOR O
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	
	i res 🗆	No 🗆
hospital by ambulance?	res 🗆	NO LI





1 of 3

Report No. T/20200315/7015

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

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 15/03/2020 21:54		Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars		All the state of t	
Name of Informant: CHAN KENG PANG			Address: APT BLK 853 JURONG WEST STREET 81 #14-319 SINGAPORE 640853		
ID Type / ID No.: NRIC NO / S9315903I		031	Contact No.: Home/Office: Mobile: 91881853		
National SINGAP	ity: ORE CITIZ	EN	Email: kp_5593@hotmail.com		
Sex: Male	Age: 26	Date of Birth: 05/05/1993	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Singapore Armed Forces personnel		orces personnel	Driving Licence Information: Class: 3	Date of Expiry:	

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	1000	ink ive:	Date/Time of Accident: 15/03/2020 17:45	Type of Location: X-Junction
Location: PIONEER RO	OAD NORTH				
Weather: Clear		Road Surf Dry	ace:		Road Speed Limit:
Traffic Flow:		Traffic Cor Traffic Lig		rking	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side					Anyone conveyed by ambulance: No

Details of V	Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge	
SKK6180K	Car	BMW	4201	White	Slightly Damaged	1	
SKW8440J	Car	MAZDA	MAZDA3 5- DOOR HATCHBAC K 1.5L SP.6EAT	Red	Seriously Damaged		

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		





1/20200315//015

2 of 3

Report No. T/20200315/7015

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

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SKW8440J	NTUC Income Insurance Co-Operative Limited	5110085843	04/06/2019	03/06/2020		

Details of Perso	n Involved			To the			
Any Pedestrian I	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of Pedestrian Crossing: NA				
Driver				1334			
Name	CHAN KENG PANG			ID No		S9315903I	
Related Vehicle	SKW8440J (Car)			Contact No.		91881853	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL		
Date Treatment	NIL	Date Disc	harge	NIL			
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Sligh	t	

Brief Details.

On 15 March 2020 at about 1745 hrs, I was driving my vehicle SKW8440J along Pioneer road north travelling straight on lane 2. Suddenly a vehicle SKK6180K came out from the slip road abruptly, attempting to cut into lane 1. The road that I was travelling was at green light, which I did attempt to stop my car upon seeing the vehicle SKK6180K turning out, but still had a collision with that vehicle, as he cut abruptly from the slit road to lane 1 on the road that I was travelling on.

I sustained injuries from the above mentioned accident and was given 5 days of MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200315/7015

CONTINUATION OF REPORT

Sketch Plan					
Informant is r	ot ab	le to	provide	sketch	plar

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: 15/03/2020 21:54
Officer In Charge Of Case: TP / TPHQ / JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:

Authentication Stamp

NP168

Hello, NAC_PAYA_UBI_800	501	1000	100000			1000		2500		The second	alClaim
							· Chang	e Languag	e • Chan	ge Password	, Log Ou
My Desktop Notice of Loss	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	1	15/03/2020	7:45	
	Vehicle	No.(For Mator)	SKW84	403		Certif	icate Number	. [
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110085843		CHAN KENG PANG	593159031	GPC	drivo CLASSIC	SKW84403	SKW8440)	04/06/2019	03/06/2020

Sequen	ce Date of Endorseme	ent E	ndorsement	Туре	Endorsement	Status	Endorsement Content
▼ Endorse	ements						
♪ Insured	d Object: SKW84403						
Jnit No.		Relate Numb	d Policy er	5110085843			
Address 4		Addres	ss Type	Singapore address		Post Code	640853
Address 1	BLK 853 #14-319	Addres	ss 2	JURONG WEST ST	REET 81	Address 3	SINGAPORE 640853
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag	100						
Co- nsurance	No						
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Singapore OD Excess	600	Singapore TP Excess	0			Young	g/Inexperience Driver Excess
Excess Outside	Silver and the second	Premium Outside	(A)				
Additional	0	os	0				
Third Party Excess	0	damage Excess	600		Windscreen Excess	100	
Туре	Per Accident	Excess					
issue Date Excess	04/06/2019	Date All Claims	04/06/2019	9 00:00	Expiry Date	03/06/2020 2	23:59
Name Policy		Effective			Policy Flag	.14	V-10 10 10 10 10
Product	PRIVATE CAR INSURANCE	Plan	DINGAP ONE	040033	Group		
Address	BLK 853 #14-319 JURONG WE	EST STREET RI	SINGADORE	640853			
Certificate No.					Mac		
Policy No.	5110085843	Policyholder Name	CHAN KEN	G PANG	Policyholder NRIC	S9315903I	

