| Date In: (8) 22 - 16:45 | Jeb description | Date &Time Completed | Done by |
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| Res No: NA INC 2004206/24 | SAS e-filing | | |
| Vely No: 12 H 29844 | E-mail (within Shrs, AIC 2 | us) | |
| D.O.A: 9/72-14:22 | i-Motor Claim Form | M7/108878204 | 18/3/20 16:50 |
| | i-Motor W/O (Within: C | | |
| OD / TP Reporting Only | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Rep | ort | |
| IF Insurer. | Ass't Report by Fax / H | and to Owner/Wksp | |
| Preferred Wksp / INC Assign Wksp / QW: (| | Tel: F | ax: |
| TP Particulars: Veh No: | C6863 II | IC()/Non-INC() | **** |
| Owner / Driver: (| | Tel: |) |
| Policy No: () | Period: (|) Cover Type: (|) |
| Confirmed by : (| Date: | Time: |) |
| | [Note-Est. Status (WO): N | : 0-20%; P: 21-79%. P: 30-1 | 00%] |
| Year of Registration: () | Warranty: YES ()/NO | | |
| Excess: (\$) Loading: \$1 | | | 100 |
| General Remarks: | 522-088-0100-x100-x100-x100-x100-x100-x100- | | कि है है है |
| AND ALTO CONDITIONS AND COMPANY DE AND COMPANY DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA | | <u> </u> | A-161 - 1 - 1 - 1 |
| () Walk-In Customer: Customer's in | | & Strictly NO refer of repairer. | |
| () Total Loss Case : to e-mail Insu | | | |
| Drive-In ()/ Towed-In (); Invoi | ice: YES () / NO (| ; Towing Co: (| .) |
| temarks: (INC hotline: 6788 6616) | | Date& Limo Completad | Done by |
| | Courtesy Car () | | N. W. L. A. |
| 2) QC Check / Post Repair Inspection | Courtesy Car () | | - |
| 2 / OC Check / Post Renait Inspection | | | |
| | | | |
| | \$3000] () | | |
| | \$3000] () | | |
| 3) Upload Resurvey Photo [Repair Cost > Injury : | | | |
| 3) Upload Resurvey Photo [Repair Cost > Injury : | | | |
| 3) Upload Resurvey Photo [Repair Cost > Injury : | | | SESSOCIAL SESSOC |
| Oate/Time Actions | | | 15005311 |
| Onte/Time Actions | | | |
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| Oate/Time Actions | | | |
| Onte/Time Actions | 1 | Preparation Checklist | Anit(S) Ami |
| Injury: Onte/Time Actions | Invoice 1) AR: Ac | Preparation Checklist. | Anit (S) Ami |
| Injury: Onte/Time Actions | 1) AR: Ac 2) DA: Da | Preparation Checklist. cident Reporting (\$30); mage Assessment (\$100); INC (\$8 | Amr.(S) Ami. Sir.Bill Add. |
| Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Shapovvy | 1) AR: As 2) DA: Ds 3) TF: To 4) FT: Fol | Preparation Checklist. cident Reporting (\$30); mage Assessment (\$100); INC (\$30); ving Fee \$40 low-Through Survey | Ant (S) Ami |
| Date/Time Actions Actions Simant's Particulars:- iver/Owner: | 1) AR: As 2) DA: Ds 3) TF: To 4) FT: Fol 5) FT: Ful | Preparation Checklist. cident Reporting (\$30); rmage Assessment (\$100); INC (\$30); ving Fee \$40 low-Through Survey low-Through Survey (Resurvey) | Amr (\$) Ami |
| Date/Time Actions Actions dippowyl dimant's Particulars:- iver/Owner: | 1 Invoice 1) AR: Ac 2) DA: De 3) TF: To: 4) FT: Fol 5) FT: Ful For clair | Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$80); ving Fee \$40 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2005) | Amr (\$) Ami |
| Date/Time Actions | 1) AR: As 2) DA: De 3) TF: To 4) FT: Fol 5) FT: Fol Forelain 6) TR: Re | Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$8 ving Fee \$40 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2005) inspection | Am; (5) Amt |
| Date/Time Actions | Invoice 1) AR: Ac 2) DA: De 3) TF: To: 4) FT: Fol 5) FT: Fol For clair 6) TR: Re 7) N1: Ide 8) NTUC | Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$8 ving Fee \$46 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2003) inspection | Amt (5) Amt (50) Amt (50) Add (50) (545) (5120) (530) (575) |
| Date/Time Actions Magaovwy mimant's Particulars:- iver/Owner: ntact No: maged Portion: | 1) AR: Ac 2) DA: De 3) TF: To 4) FT: Fol 5) FT: Fol Forelair 6) TR: Re 7) N1: Ida 8) NTUC OD* | Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$8 ving Fee \$40 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2005) inspection to DA + SMRT Survey Additional Services:- | Amt (5) Amt (50) Amt (50) Add (50) (545) (5120) (530) (575) |
| Date/Time Actions Magaonny mimant's Particulars: iver/Owner: maged Portion: | Invoice 1) AR: Ac 2) DA: De 3) TF: To 4) FT: Fol 5) FT: Fol For clair 6) TR: Re 7) N1: Ida 8) NTUC OD* *N5: Co *N6: Re | Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$8 ving Fee \$40 low-Through Survey low-Through Survey (Resurvey) ning against INC Only (wef 10 Jan 2005) inspection to DA + SMRT Survey Additional Services:- urtesy Car / Tpl Allowance | Amt:(\$) Amt \$1.Bijl Add 1 \$00 |
| Date/Time Actions Marouvy: Dimant's Particulars: iver/Owner: maged Portion: Checked by (Engr-In-Charge): | 1 Invoice 1) AR: Ac 2) DA: De 3) TF: To 4) FT: Fol 5) FT: Fol For clair 6) TR: Re 7) N1: Ids 8) NTUC OD* *N5: Co *N6: Re *N7: Fol | Preparation Checklist cident Reporting (\$30); Image Assessment (\$100); INC (\$30); Image Assessment (\$100); INC (\$30); Ining Fee \$40 Low-Through Survey (Resurvey) Ining against INC Only (wef 10 Jan 2005) Inspection To DA + SMRT Survey Additional Services: Low-Through Survey Additional Services: | Amt (\$) Amt (\$) Amt (\$) \$00 \$00 \$530 \$120 \$330 \$155 \$160 \$25 \$310 \$25 |
| Date/Time Actions Marovvy: Date/Time Actions Minimant's Particulars: iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge): Inditors! Comments:: | Invoice 1) AR: Ac 2) DA: De 3) TF: To 4) FT: Fol 5) FT: Fol Forelair 6) TR: Re 7) N1: Ida 8) NTUC OD* *N5: Co *N6: Re *N7: Fol *N8: D* | Preparation Checklist cident Reporting (\$30); mage Assessment (\$100); INC (\$5 ving Fee \$40 low-Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 2005) inspection to DA + SMRT Survey Additional Services: urtesy Car / Tpt Allowance pair Ca-ordination st Repair Inspection // Collect Excess Coordination | Amt:(\$) Amt \$1.Bijl Add 1 \$00 |
| 3) Upload Resurvey Photo [Repair Cost > Injury: Date/Time Actions | Invoice 1) AR: Ac 2) DA: De 3) TF: To 4) FT: Fol 5) FT: Fol Forelair 6) TR: Re 7) N1: Ida 8) NTUC OD* *N5: Co *N6: Re *N7: Fol *N8: D* | Preparation Checklist cident Reporting (\$30); rmage Assessment (\$100); INC (\$8 ving Fee \$40 low-Through Survey low-Through Survey (Resurvey) ring against INC Only (wef 10 Jan 2003) inspection to DA + SMRT Survey Additional Services: urlesy Car / Tpl Allowence pair Co-ordination at Repair Inspection // Collect Excess Coordination): TP (N:n INC) against INC no Mobile | Amt;(S) Amt St Bill Add A |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

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.
- 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.

| the second second second | ACCIDENT STATEMENT |
|------------------------------------------------------------------------------|----------------------------------------|
| Date Of Report | 18/03/2020 16:45 |
| Date Of Accident | 17/03/2020 14:20 |
| Exact Location Of Accident | JB CHECKPOINT TWDS SINGAPORE |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJH2784Y |
| Insured/Policyholder | |
| Name Of Registered Owner | SIAH WEI PEI |
| NRIC No | SXXXX902B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92399660 |
| Alternative Phone No | OFFICE-92399660 |
| Vehicle Particulars | |
| Manufacturer | ТОУОТА |
| Model | WISH 1.8XE A |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |
| Insurance Company | |
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5104352511-01 |
| Cover Note Number | |
| Driver | |
| Name of Driver | SIAH WEI PEI |
| NRIC No | SXXXX902B |
| Date Of Birth | 17/01/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/01/2018 |
| Driving Experience | 2 YEARS AND 2 MONTHS |
| | |

MALE

NOEMAIL

(LOCAL) +65-92399660

OFFICE-92399660

Address BLK 105 TECK WHYE LANE

#12-480

Postcode 680105

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

insurance Company of Driver's Own Verticle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JTC6863 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

1

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

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? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200318/7004.

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 JTC6863

Vehicle Make/Model/Colour

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)

SKETCH PLAN

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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.
- 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 lodgment 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 this [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 firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the 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) Investigating 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, statements, 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 envelopes/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' lawyers/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 Insurers and/or GIA to their third party service providers or agents(including their lawyers/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, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature

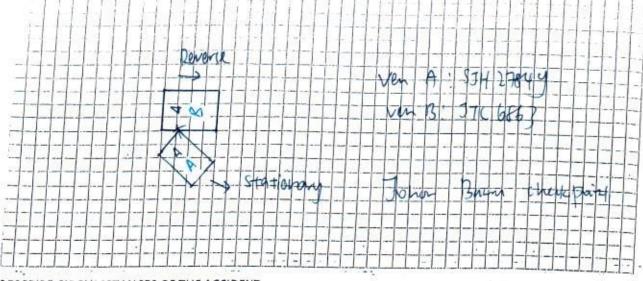
(If clriver is not the policyholder)

Date & Time:

Reporting Centre Personnells Signature

Name:

MRIC/FIN Ho.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Refer to Police 16 | Report . |
|--------------------|----------|
| No. | |
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DECLARATION

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

Policyholder Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder). Date & Time:

Reporting Centre Personnal's Signature

Name:

NRIC/FIN No :

| Date of Accident | : 1+/63/ 2016 Accident Time: 1420 (24-HR-Format) |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Accident Place | : Johan Bahm Checkpoint (Back to SG) |
| Vehicle Reg. No. (Car Plate No.) | Ctu Ct ti |
| Vehicle Make/Model | : Toyota Wish |
| Insurance Company | : N7uC Policy No. |
| Owner or Company Name /IC No | : Sigh Wei Pei 58863902B |
| Owner or Company Contact No. | : 92399660 Owner's Hp Company Tel |
| DRIVER'S Name / IC No. | : VI |
| DRIVER'S Date Of Birth | : 17/01/1988 DRIVER'S License Pass Date 15/01/2018 |
| Relationship of Owner & Driver | : Spouse \ Parents \ Children \ Sibling \ Employee\ Others: |
| DRIVER'S Address | : BLK 105 Terk Whye lane #12-480 (680105.) |
| DRIVER'S Contact No./ Alt No. | :1)2) |
| DRIVER'S Occupation | INDOOR DOUTDOOR (e.g. working inside or outside office) |
| Email Address | : Sauweipei @gmail.com |
| Weather & Road Surface | : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET |
| Reporting Type | : Reporting Only Claim Other Party \ Claim Own Insurance |
| Number of Passengers (Including D | river): O) |
| Was there any video Captured by ca Exact purpose for which vehicle was | r camera: YES \ NO s being used at the time of accident; Private use \ Work purpose |
| Other F | arty Driver's Particular (if any) |
| Vehicle Reg. No: J7C 6863 | Vehicle Reg. No: |
| Vehicle Make\Model: | Vehicle Make\Model: |
| Name Driver: | Name Driver: |
| IC No. Driver: | IC No. Driver: |
| Driver's Contact & Add: +6012 | 9160620 Driver's Contact & Add: |





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3

Report No. T/20200318/7004

REPORT OF A TRAFFIC ACCIDENT

| Date/Tim 18/03/20 | e Report M 20 10:57 | lade: | Vide Report No.: Station Diary No | | | | | |
|------------------------------------------|------------------------|-------|--------------------------------------------------------------------|----------------------------|--|--|--|--|
| Informar | t's Particu | ulars | | | | | | |
| Name of Informant: SIAH WEI PEI | | | Address: APT BLK 105 TECK WHYE LANE #12-480 SINGAPORE 680105 | | | | | |
| ID Type / ID No.: NRIC NO / S8863902B | | | Contact No.: Home/Office: Mobile: 92399660 | | | | | |
| Nationality: MALAYSIAN | | | Email: Siahweipei@gmail.com | | | | | |
| Sex: Male | | | Type of Informant: Driver | | | | | |
| Race: Chinese | | | Language: English | Institution / School Name: | | | | |
| Occupation Pumbler | on: | | Driving Licence Information: Class: | Date of Expiry: | | | | |

| Type of Accident: | Non-Injury Foreign Vehicle | Drink Drive: No | Date/Time of Accident: 17/03/2020 14:20 | Type of Location Straight Road | | |
|--------------------------|-------------------------------|-----------------------|-----------------------------------------------|-----------------------------------|--|--|
| Location: CAUSEWAY | | | | | | |
| Weather: Clear | | Road Surface: Dry | F | Road Speed Limit: | | |
| T (C T) | | Traffic Control: | | raffic Volume: | | |
| Traffic Flow: One Way | | Not Controlled | - | leavy | | |

| Details of V | enicie invo | ived | | Carried Street | | |
|--------------|-------------|--------|-----------------|----------------|---------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| JTC6863 | Car | TOYOTA | VEILFIRE | Black | Slightly Damaged | 0 |
| SJH2784Y | Car | TOYOTA | WISH 1.8XE A | Blue | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | | | | |
|------------------------------|--------------------------------------------|---------------|------------|-------------|--|--|--|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date | | | |
| SJH2784Y | NTUC Income Insurance Co-Operative Limited | 5104352511-01 | 03/10/2019 | 29/07/2020 | | | |





2 of 3

Report No. T/20200318/7004

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

CONTINUATION OF REPORT

| Details of Perso | n Involved | | | | | |
|-------------------------|-------------------|---------------------------------------------------------------------------------------------------------------|-------------|-----------|-----------------------------------|-----------|
| Any Pedestrian I | nvolved: No | | | | | |
| No. of Pedestrian | ns Injured: NIL | | Use of Pe | destriar | Cross | ing: NA |
| Driver | | NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER, | | | 4-14 | |
| Name | SIAH WEI PEI | | | ID No | | S8863902B |
| Related Vehicle | SJH2784Y (Car) | | Contact No. | | Class: NIL Date of Expiry: NIL | |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Dat | | g ce & | | |
| Date Treatment | NIL | =9/ | Date Disc | harge | NIL | <u> </u> |
| No. of Days gran | ted Medical Leave | NIL | Degree of | Injury | NIL | |

Brief Details.

On the stated time and date,

I was driving my car (Veh A: SJH2784Y) at Johor Bahru Checkpoint back to Singapore. The traffic was heavy. After I had stamped my passport, I proceed to leave the counter. While, I was exiting the counter, a car (Veh B: JTC6863) from the other lane cut onto my queue thus I stopped and allowed him to pass. Suddenly, He reversed abruptly and collided the front left portion of his car onto the front right portion of my car. Afterwhich, I alighted to car intending to exchange particulars. However, Veh B driver refused to alight his car nor did he gave gave me his particulars. I wish to state that I had a in-car camera and the whole process was capture down on video-cam.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200318/7004

CONTINUATION OF REPORT

| Sketch | Plan |
|--------|--------|
| OKCION | I Idii |

NP168

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: 18/03/2020 10:57 |
| Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case: |
| Authentication Stamp | |

| Hello, NAC_PAYA_UBI_800 | 501 | The second second | | S. C. | GOV NA CASTAL MAIN | MAC COMPANY | (20) | | | | Control of the Contro |
|-------------------------|-------------|-------------------|-----------------------|-------------------------------------------|----------------------|-------------|------------------|----------------|-------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hello, HAC_PATA_081_800 | 501 | | | | | | Change | Language | ' Chan | ge Password | Log Ou |
| My Desktop | roney query | | | | | | | | | | 2 |
| Notice of Loss | Policy f | No. | | | | Date o | f Accident | [1 | 7/03/2020 1 | 4:20 | |
| | Vehicle | No.(For Motor) | SJH278 | 4Y | | 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 | 5104352511- 01 | | SIAH WEI PEI | 588639028 | GPC | drivo CLASSIC | 5JH2784Y | S3H2784Y | 03/10/2019 | 29/07/2020 |

| Section 8 | u-Ph-op-than-traduo | Policyholder | ve Sidentino Street | Xear | Policyholder | . In the Contract of the Contract | |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|-------------------|----------------------|-----------------------------------|------------------------------|
| Policy No. | 5104352511-01 | Name | SIAH WEI | PEI | NRIC | S8863902B | |
| Certificate No. | | | | | | | |
| Address | BLK 105 #12-480 TECK WHYE L | ANE SINGAPO | | | | | |
| Product Name | PRIVATE CAR INSURANCE | Plan | | | Group Policy Flag | N | |
| Policy ssue Date | 27/07/2019 | Effective Date | 03/10/201 | 9 00:00 | Expiry Date | 29/07/2020 2 | 13:59 |
| Excess Type | Per Accident | All Claims Excess | | | | | |
| Third Party Excess | 0 | Own damage Excess | 600 | | Windscreen Excess | 100 | |
| Additional Excess | 0 | OS Premium | 0 | | | | |
| Outside Singapore OD Excess | 600 | Outside Singapore TP Excess | 0 | | | Youn | g/Inexperience Driver Excess |
| Agent | LQ INSURANCE AGENCY PTE LTI Agent Tel. | | 63340783 GST Fla | | GST Flag | Y | |
| Co- insurance Flag | No | | | | | | |
| Open Policy Info | | | | | | | |
| Certificate Info | | | | | | | |
| Policy! | nolder Mailing Address | | | | | | |
| Address 1 | BLK 105 #12-480 | Addre | ss 2 | TECK WHYE LANE | | Address 3 | SINGAPORE 680105 |
| Address 4 | | Addre | ss Type | Singapore address | | Post Code | 680105 |
| | | Relate | ed Policy er | 5104352511-01 | | | |
| Unit No. | | | | | | | |
| | d Object: SJH2784Y | | | | | | |
| | and the second s | | | | | | 11111 |

| Claim Handling | | | | | |
|--------------------------------------------|------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| cident MT/1088782 | 42/01/2009 | | | 000 September 2000 Se | |
| Higy No. | 5104352511-01 | Vehicle No. | S3H2784Y | GST Registration No. | |
| ertificate No. | | | | | |
| olicyholder Name | SIAH WEI PEI | | | Policyholder NR1C | 58863902B |
| oduct Code | PRIVATE CAR INSURANCE | Cover Type | drive CLASSIC | Loeding | 0 |
| ontact No. (Mobile) | 92399660 | Contact No.(Office) | 0 | Consact No. (Home) | 0 |
| mas Address | | Special Remark | | eCode | N: V |
| PK | ® No ○ Yes | TCA | ® No ○Yes | eCode Reason | |
| CD Protection | No | NCD Entitlement(%) | 10 | Private Hire | No |
| Accident Details | 100 | HCD CHICAGON (N) | | 200 AL 2000 | 33 |
| | 100000000000000000000000000000000000000 | Acodent Report Within 24 hrs. | - Man | Academ Type | Side Swipe |
| eport Date | 18/03/2020 16:56 | | | | |
| ate of Accident | 17/03/2020 | Time of Accident hhomm | 14:20 | Country of Accident | Outside Singapore |
| leporting Centre | | Orange Force | | ICM No. | |
| codent Location | 18 CHECKPOINT TWOS SINGAPORE | | | | |
| Total Excess Applicable | | | | | |
| xcess Type | Per Accident | Windscreen Excess | 100.00 | | |
| | 0900 | 3.25257755000000 | | | |
| D Standard Excess | 600.00 | TP Standard Excess | 0.00 | | own in |
| ED OD Excess | 0.00 | VIED TP Excess | 0.00 | Driver is Covered? | Covered |
| dditional Excess | 0 | | | | |
| otal OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |
| ♥ Benefits | | | | | |
| GST Registered Informa | tion | | | | |
| ST Registered | No | | GST Registration Date | | |
| ST Registration No. | | | GST Status Verified | Yes | |
| odification History | | | | | |
| | | | | | |
| Policyholder Mailing Ade | fress | | | | |
| ddress 1 | BLK 105 #12-480 | Address 2 | TECK WHYE LANE | Address 3 | SINGAPORE 680105 |
| ddress 4 | | Address Type | Singapore address | Post Code | 680105 |
| int No. | | Related Policy Number | 5104352511-01 | | |
| 9 OI Driver Info | | | | | |
| river Name | SIAH WEI PEI | Driver Type | Main Driver | | |
| nnamed driver Name | | Driver NRIC | 588639028 | Driver DOB | 17/01/1988 |
| egister Date of Driver License | 15/01/2018 | Driver Age | 32 | Driving Experience | 2 |
| ontact No.(Mobile) | 92399660 | Contact No.(Office) | 0 | Contact No.(Home) | 0 |
| | | Address 2 | TECK WHYE LANE | Address 3 | SINGAPORE 680105 |
| ddress 1 | BLK 105 | | | | |
| ddress 4 | | Address Type | Singapore address | Post Code | 680105 |
| Init No. | 12-480 | | | | |
| loes he own a Singapore Registered car? | ○ Yes ® No | Driver Vehicle No. | | Driver Insurer Company | |
| | | | | | |
| eclaration | | | | | |
| reathalyser or Blood Test eading? | 0 mg | Any injury? | ○ Yes ® No | | |
| | | | | | |
| lodification History | | | | | |
| ouncation restory | | | | | |
| Claim 001 New | | | | | |
| | | | | | |
| | 200000 | | Name of the last o | | |
| laim Type + | OD-MX | Insured Name | SIAH WEI PEI | Insured NR3C | \$88639028 |
| ontact No. (Mobile) | | Contact No.(Home) | To the second second second | Contact No.(Office) | |
| mail Address | III (SAME AND A SAME) | OI Vehicle Number | SJH2784Y | TP Vehicle Number | JTC6863 |
| Salmant Type Claimant Type * | Please Select | Type of Benefit * | Please Select | | |
| laimant Name + | 22 | Claimant NRIC * | | | |
| laimant Address | | | STATE OF THE STATE | 7 | |
| laim Description | SJH2784Y / JTC6863 ON 17 Mar 2020 | | | Name of Preferred Workshop | |
| referred Workshop Contact | Constitutive standard and the Sale and a | 100000000000000000000000000000000000000 | Non as Facility 1971 | | |
| 0. | | Insured Liability * | Not at Fault | 4545000 | |
| equire Finalisation | Yes 🗸 | Preferered Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
| ate Registered | 18/03/2020 16:59 | Claim Close Date | Control of the last of the las | Date Received | 18/03/2020 00:00 |
| eport Taken By | Seckson | | | | |
| Print AK letter | | | | | |
| A SECTION STATE | | | W | | |
| an coast | | | Save Submit | | |
| Attachment | | | | | |
| 16 | | | | | |
| • | | | | | |
| ccident No. | MT/1088782 | Claim No. | 001 | | |
| ast Doc. Received | ● Yes ○ No | Upload Date | 18/03/2020 17:01 | | |
| | Path * | | Category * | Confidential Urgen | cy * Description |
| | reco * | Browse | Total Control of the | V Normal | Cy · Descriptor |
| | | 2,000,000 | | | 10,000 |
| | | Browse | | Normal | |
| | | Browse | Clear Please Select | NO V Normal | <u> </u> |
| | | Browse | Dear Please Select | Normal V Normal | V |
| | a continue continue | Browse | Clear Please Select | V Normal | ▼ |
| | | Browse | | Normal | V |
| | | DrUW\$6 | Design London Second | - Lancada | 100 |

