NATIONAL Assessment Cen	1	re! 1 Jan'05 M1	Date & Time Completed	Den	e by
Date In: 3/3/2 - 10:33	Jeb description		Date & Time Completed		
Res No: Majin Cross 4642/74	SAS e-filing		<u> </u>	<u> </u>	
Veh No: Swygp	E-mail (within 8h	rs, AIC 2hrs)			•
D.O.A: 2/2/2- 09:20	i-Motor Claim	Form	100-1 F26801 LW	70/7/20	12175
	i-Motor W/O	Within: OD 2hrs	, TP 4hrs)		
OD / TP/ Reporting Only	i-Photo Uploa	ded			
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JH	ATHP.	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. F: 80)-100%]	- 2
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks -		* ***		43.20m 3	
() Walk-In Customer : Customer's in	The state of the s		Inches and the second		
() Total Loss Case : to e-mail Ins		-	*		
	oice: YES () / NO) () (T	owing Co: ()
			Date&Time Comple od	Doy	as by
Remarks:- (INC hotline) 6788 6616			Datex 11me Compre 30	\$2 20 EM OV \$10001	wys
	/ Courtesy Car ()		 	-	
2) QC Check / Post Repair Inspection	()			-	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			1	
Injury:					
Date/Time Actions		1 1 1 1 1 1		572	and the Ro
Amend					TO:00-00
			*		
					WINDS OF THE
Sat.		Invoice Pre	paration Checklist	Ant (S	10 Land
1200Wot.		1) AR : Accident	Reporting (\$30);		
aimant's Particulars :-		2) DA : Damage	Assessment (\$100); INC	\$40/\$45	
iver/Owner:	T	3) TF : Towing F 4) FT : Follow-T	hrough Survey	\$120	
ntact No:	14	5) FT : Follow-T	hrough Survey (Resurvey) spainst INC Only (wef 10 Jan 2	\$30	
		6) TR : Re-inspe		\$75	
maged Portion:		7) N1 : Idao DA	+ SMRT Survey	\$160	
		8) NTUC Additi			
C Checked by (Engr-In-Charge):	-	*N5: Courles)	Car / Tpt Allowance	\$5 \$10	
. > 5 d d to to magnet de Table de la contraction de la final de California (la final d	Harrietterreiterreit	*N6: Repair C *N7: Fost Rep	pair Inspection	\$25	
uditors! Comments:-		*N8: DV / Co	Heet Excess Coordination	\$3 \$20	
.1:		TP (N11): TI 9) N12: Idao Mo	P (Non INC) against INC	30	
1.2/3:		Invoice dated	Fee Charg	MANAGEM CY.	Service /
to the state of th		Invoice dated	Fee Charg	ed Mil	4

i pad ter

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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.

- 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.	
Will all the control of the control	ACCIDENT STATEMENT
Date Of Report	30/03/2020 10:33
Date Of Accident	28/03/2020 09:30
Exact Location Of Accident	JUNC STEVENS RD & BALMORAL PARK
Country/State of Loss	SINGAPORE
A STATE OF THE STA	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW2917D
Insured/Policyholder	
Name Of Registered Owner	SINTHAI TRADING
Co Reg No	4XXXX200M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96375413
Alternative Phone No	OFFICE-96375413
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5097682388-02
Cover Note Number	
Driver	
Name of Driver	TAN LIAN HENG JOSEPH
NRIC No	SXXXX712J
Date Of Rirth	13/04/1961

 NRIC No
 SXXXX712

 Date Of Birth
 13/04/1961

 Occupation
 OUTDOOR

 Date Of Driving Pass
 04/06/2010

Driving Experience 9 YEARS AND 9 MONTHS

Gender MALE

Mobile Number +65-96375413

Fax Number

Contact Number OFFICE-96375413

EMail Address NOEMAIL

Address

66 PASIR RIS HEIGHTS

Postcode

519273

Was driver an employee of the Insured's Company

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

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

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200328/2068.

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

SHA3745P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAN LIAN HENG JOSEPH

BODY

SLW2917D

YES

NO

SKETCH PLAN

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.
- 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>.
- 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:
 - 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.

SINTHAL TRADING

Policyholder's Signature Date & Time: Driver's Signature

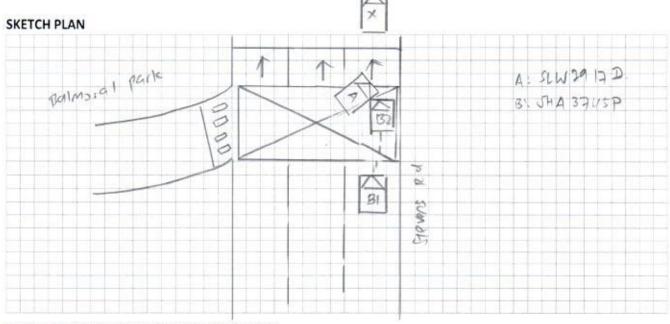
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	THE ACCIDENT	
Refer to police	18 port - 7/20200218/2018.	
	AL CONTRACTOR OF THE PROPERTY	

DECLARATION
I/WSINaTelthAdregoThRADING true in every respect.

Policyholder's Signature Date & Time:

......

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

1 of 3 Report No. T/20200328/2068

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 16:39	Made:	Vide Report No.:	Station Diary No.: 51
Informa	nt's Partic	ulars	Contract Sections	TO THE RESERVE OF THE PARTY OF
	f Informant: N HENG J		Address: 66 PASIR RIS HEIGHTS SIN	NGAPORE 519273
	/ ID No.: D / S14647	12J	Contact No.: Home/Office:	Mobile: 96375413
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 58	Date of Birth: 13/04/1961	Type of Informant: Driver	
Race: Chinese	91		Language:	Institution / School Name:
Occupat Private I	ion: Hire Driver		Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2020 09:30	Type of Location: X-Junction
STEVENS ROBALMORAL F				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	and the second s	Traffic Volume: Moderate
Type of Collis Between Mov	on: ing Vehicles - Head	To Side		Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHA3745P	Car					0
SLW2917D	Car	98			Slightly	0





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

2 of 3 Report No. T/20200328/2068

CONTINUATION OF REPORT

Brief Details.

On 28/03/20 at about 0930hrs, I was driving my vehicle SLW2917D travelling along Balmoral Park merging into Stevens Road. As I approached Stevens Road, there is a traffic light and the light was red. As such, I positioned my vehicle into the yellow box provided as there were vehicles in front of me along Stevens Road waiting for the light to turn green.

When the light turned green, I started to move off and suddenly, I felt an impact from the side of my vehicle. I stopped my vehicle and alighted immediately to make a check. The driver of the vehicle (SHA3745P) also alighted but he refused exchange particulars with me. We took some photographs and left the accident site thereafter.

On 28/03/20 at about 1515hrs, I went to seek medical attention at Healthway Medical (Sengkang) as I felt some pain in my chest area. I was given 03 days (28/03/20 - 30/03/20) MC from Healthway Medical (ref no.: 2020881449868) and the doctor advised me to get a X-Ray done which I intend to do on Monday (30/03/20).





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20200328/2068

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: F / Sr Staff Sgt KOH SHIZENG	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 28/03/2020 16:39
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168 Singapore Police	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADD	ENDUM
(A)	PARTICULARS OF PE	RSON MAKING THE AMENDA	MENTS:
	Original Report No	MNA120037730	Vehicle Registration No: SLW2917D
		SINTHAI TRADING	NRIC/FIN/Passport No: 4XXXX200M
	(*Vehicle Driver / Ve	hicle Owner) (*) Please delete	
	Address		Singapore(
	Contact (Tel)		Mobile No. : 96375413
	Email Address		
	Date of Accident	28/03/2020	Time of Accident : _09:30
	Place of Accident	JUNC STEVENS RD & BA	
		NTUC Income Insurance (
	msurance company	6. -	
	SINTHA	TRADING	-m
	Policyholder / Driver Date:	s Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date:

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			THE REAL PROPERTY AND PERSONS ASSESSMENT			· Chang	je Languag	e · Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	¥o.				Date	of Accident	[28/03/2020 0	9:30	
	Vehicle	No.(For Motor)	SLW29	17D		Certif	icate Number	1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097682388- 02		SINTHAI TRADING	45249200M	GPC	drivo CLASSIC	SLW2917D	SLW2917D	06/02/2020	05/02/2021
						Continue	J				

Seque	nce Date of Endorseme	nt	Endorsement	t Type	Endorsement	Status	Endorsement Content
♥ Endors	sements						
) Insure	d Object: SLW2917D						
Unit No.		Relat Numb	ed Policy per	5097682388-02			
Address 4			ess Type	Singapore address		Post Code	519273
Address 1	66 PASIR RIS HEIGHTS	Addre	255 2	PASIR RIS BEACH		Address 3	SINGAPORE 519273
Policyl	nolder Mailing Address						
Certificate Info							
Policy Info							
Flag Open							
Co- insurance	No						
Agent	UNIQUE RESOURCES PTE LTD	Agent Tel.	62507950		GST Flag	Υ	
Singapore OD Excess	2000	Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Excess Outside	3	Premium Outside	0000000				
Additional	0	os	0				
Third Party Excess	1500	damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess Own					
Policy ssue Date	22/01/2020	Effective Date	06/02/2020	00:00	Expiry Date	05/02/2021 23	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	66 PASIR RIS HEIGHTS PASIR F	RIS BEACH PA	RK SINGAPOR	RE 519273	-23		
Certificate No.							
Policy No.	5097682388-02	Policyholder Name	SINTHAI TR	ADING	Policyholder NRIC	45249200M	

cident MT/1089975					
to the contract of the contrac					
Ncy Na.	5097682388-02	Vehicle No.	SLW2917D	GST Registration No.	M0X0982497R
tificate No.					
cyholder Name	SINTHAI TRADING			Policyholder NRIC	45249200M
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
		Contact No.(Office)	0	Contact No. (Home)	0
stact No.(Mobile)	96375413		a .	eCode	N. V
eil Address		Special Rémark	remonation		T
<	No ○ Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Enstlement(%)	30	Private Hire	Yes
Accident Details					
port Date	30/03/2020 10:53	Acadent Report Within 24 hrs	Yes	Accident Type	Side Swipe
te of Accident	28/03/2020	Time of Accident nh:mm	09:30	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
odent Location	JUNC STEVENS RD & BAUMORAL PARK				
Total Excess Applicable					
ess Type	Per Accident	Windscreen Excess	100.00		
Alas Type	TE ALLEGE		0.000		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
	0.00	YIED TP Excess		Driver is Covered?	
D OD Excess		TIED IN EXCESS			
Stional Excess	0				
el OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	tion				
Registered	No		GST Registration Date		
Registration No.			GST Status Venified	Yes	
fication History	30/03/2020 10:55:01 Svs	cem changed GST Registered from Yo cem changed GST Registration No. fr	om MX0982497R to null		
		item changes GST Registration Date t	from 01/01/2015 to null		
Policyholder Mailing Ad					
dress 1	66 PASIR RIS HEIGHTS	Address 2	PASIR RIS BEACH PARK	Address 3	SINGAPORE 519273
dress 4		Address Type	Singapore address	Post Code	519273
it No.		Related Policy Number	5097682388-02		
OI Driver Info					
	111 22	Barrier Trans	Unnamed Driver		
ver Name	Unnamed Driver	Driver Type		Driver DOB	13/04/1961
named driver Name	TAN LIAN HENG JOSEPH	Driver NRIC	SXXX7123		
gister Date of Driver License	04/06/2010	Driver Age	58	Driving Experience	9
ntact No. (Mobile)	96375413	Contact No.(Office)	0	Contact No.(Home)	0
dress I	66 PASIR RIS HEIGHTS	Address 2	PASIR RIS BEACH PARK	Address 3	SINGAPORE 519273
	De Prison Nie Talenti d			Post Code	519273
dress 4		Address Type	Singapore address	Four const	SATOTSOS
		Appress Type	origapore acuress	rost cont	9.7957596
it No. es he own a Singapore	○ Yes ® No	Driver Vehicle No.	Sudabour actuers	Driver Insurer Company	9.780.8585
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it No. es he own a Singapore gistered car? claration	○ Yes ® No	Driver Vehicle No.			u.nacasno
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I No. es he own a Singapore pistered car? taration athayser or Blood Test ding? shication History thairm 001 New	0 mg	Driver Vehicle No. Any Injury? Injured Name	® Yes ○ No	Driver Insurer Company Insured NRIC	45249200M
it No. es he own a Singapore gistered car? claration halthalyser or Blood Test ading? sification History chaim 001 New him Type * ntast No.(Mobile)	0 mg	Driver Vehicle No. Any Injury? Insured Name Contact No.(Horne)	® Yes ○ No	Driver Insurer Company Insured NRICC Contact No.(Office)	45249200M 67482183
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it No. es he own a Singapore gistered car? claration halthalyser or Blood Test ading? sification History claim 001 New httpe * httpe * httpe (Mobile) half Address httpe Claimant Type * httmat Address httmat Address httmat Description eferred Workshop Coreact	0 mg	Driver Vehicle No. Any Injury? Insured Name Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRXC *	Nes ○ No SINTHAL TRADING SLW29170	Insured NRIC Contact No.(Office) TP Vehicle Number	45249200M 67452163 SHA3745P
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