NATIONAL Assessment Centre S	1000 NO 100 NO 300	ef 1 Jan'05] M	MA 1200 4495	unleted	Done	by
Date In: 5172-14:19	cb description		Date &Time Con	npieted	Done	<u></u>
Res No: NA 14K 20055 64/24	SAS e-filing		i			
Veh No: 570 .44846.	E-mail (within 8hr	rs, AIC 2hrs)			-2	•
D.O.A: 19/3/22- 18'47	i-Motor Claim	Form	M7 1088900	100	11720 16	:17
OD / TP / Reporting Only	i-Motor W/O (TP 4hrs)			
TP Insurer:	Assessment/Surv		o Owner/Wksp			
S. C. LING Assistant When COW!	Ass t Report by		Tel:	F	ax:	1
Preferred Wksp / INC Assign Wksp / QW: (INC (- 35 - 15 to	j		
TP Particulars: Veh No:		. 1140 (Tel:)	
Owner / Driver: (Policy No: () Period:	. 1)	Cover Type: (-)	
1010) 110.1	: (Date:	Time:)	
Confirmed by : (7 0 0				00%]	
			0%; P: 21-79%.	1. 30-1	0070]	
Tour of troganies of	ranty: YES ()\NO()			SALE IN SALE
Excess: (\$) Loading: \$1,000 (Charles and Address & March	CONTRACTO LANGE	A PROPERTY OF THE	2000	1815 17. 7.	
General Remarks:-	The state of the s	11			3.00 3.1.1	
() Walk-In Customer: Customer's information	tion strictly Confi	idential & St	rictly NO refer of	repairer.		
() Total Loss Case : to e-mail Insurer U		*				
Drive-In ()/Towed-In (); Invoice: YI)();T	owing Co: ()
			Date&Time Co	note ad	Done	by -
Remarks:- (INC hotline: 6788 6616)	·	19-19-19-19-19-19-19-19-19-19-19-19-19-1	Liated Hills SV		2371	, -
1) Apply for Transport Allowance ()/Cour			+			
2) QC Check / Post Repair Inspection	()					
3) Upload Resurvey Photo [Repair Cost > \$3000)] ()			NAIL I		
Injury:						T- 30- 1652
				X2.7 7.5%		115 115 P.C.
Date/Time Actions			36) (34.5°		MANAGORAN RE	
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Una Pra 2 8 V i	- 1	Invoice Pre	paration Check	list	fitBill	Add Bill
MALDONYI		1) AR : Acciden	t Reporting (\$30);	VNIC (#1	201	
laimant's Particulars :-		2) DA : Damage 3) TF : Towing l	Assessment (\$100);	INC (\$6	0/\$45	
river/Owner:		4) FT : Follow-I	Through Survey		\$120	-
ontact No:		S) FT · Follow-I	Through Survey (Resur against INC Only (we	(10 Jan 200	530	
		6) TR : Re-inspe	ection	. / 2	\$75	
amaged Portion:		7) N1 : Idao DA	+ SMRT Survey		\$160	
= m (y *		8) NTUC Additi				
C Checked by (Engr-In-Charge):		*N5: Courtes	y Car / Tpt Allowance		\$5 510	
Control and Carley At Area area and a sales from the	Deserved and Francis		pair Inspection		\$25	
uditors! Comments :-		*N8: DV / Co	ollect Excess Coordina	Contract of the last of the la	\$5	
f. 1:		TP (N11): T	P (Non INC) against II	VC .	30	1
*		Invoice dated		ee Charged	Towns and	that the
1, 2/3;		Invaine dated	,	ee Charged	\$50 CT 10	1

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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,
- 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.

以外,这种理想是是由此的	ACCIDENT STATEMENT
Date Of Report	05/05/2020 16:14
Date Of Accident	17/03/2020 18:40
Exact Location Of Accident	UPP PAYA LEBAR RD
Country/State of Loss	SINGAPORE
DECEMBER OF THE PROPERTY OF DECEMBER OF THE PROPERTY OF THE P	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ4484P
Insured/Policyholder	
Name Of Registered Owner	TAY KIM SONG
NRIC No	SXXXX468E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90614988
Alternative Phone No	OFFICE-90614988
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 CVT
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	REPORTING ONLY
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	5113795275
Cover Note Number	
Driver	
Name of Driver	TAY CHOON HAO
NRIC No	SXXXX842I
Date Of Birth	20/08/1997
Occupation	INDOOR
Date Of Driving Pass	02/05/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92399010
Fax Number	
Contact Number	OFFICE-92399010

NOEMAIL

Address BLK 8 LORONG 33 GEYLANG

#04-02

Postcode 387977

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CH

Vehicle Registration Number of Driver's Own

Vehicle

CHILDREN

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 1 CASSIA LINK, POSTCODE: 397618, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20200413/2052.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

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.
- 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 driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Peter to	police 19064-7/2020413/2052.	
150		
	6	
CLABATION		

DECLARATION

I/We declare the foregoing particulars are 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.:

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE OIVEHICLE NUMBER: \$73 MAGE P DINSURANCE COMPANY: "NTW ZINCOME CIPOLICY NUMBER: \$13.3 AC 1-15 CIPOLICY NUMBER: \$13.4 AC 1-15 CIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE STHEFT) e) MAKE & MODEL: \$10.00 A	ACCI	DENT DATE: 17 / 03 / 2020 (DD/MM/YYYY)), TIME:(18 : 40)(HH:MM)
GIVEHICLE NUMBER: ST3 MUKLEP DINSURANCE COMPANY: NTW ENCOME CIPOLICY NUMBER: SN3+05+15 DIPOLICY NUMBER: SN3+05+15 DIPOLICY NUMBER: SN3+05+15 DIPOLICY TYPE: (COMPREHENSINE) THIRD-PARTY / THIRD-PARTY FIRE &THEFT) e) MAKE & MODEL: TOYO IN VISH (I) TYPE: (SALOON / COUPE (MPV)/VAN / LORRY / MOTORCYCLE / OTHERS) givehicle category: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: METHOD FRISCH h) PURPOSE OF USING AT ACCIDENT TIME: METHOD FRISCH i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE MEXICO IF NO, PLEASE STATE (THIRD PARTY CLAIM / (EPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / (EPORTING ONLY) INSURED / POLICY HOLDER A) NAME: THY KIM SONG C) ADDRESS: L DROWL 2) SIM MENDOW & OLD A S 35-7-13-1 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S1904-9-1 DINRIC/FIN/PASSPORT: S1904-9-1 ODDRESS: **d) DATE OF BIRTH: [20 / 0 1/19 (DD/MM/YYYY) e) OCCUPATION: (RDOOR / OUTDOOR) fly YEARS OF DRIVING EXPRERIENCE: 3 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (VO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (NN) 5. DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (RRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / (VO)) IF YES, PLEASE STATE WHICH POLICE STATION: CLAIM MY(8. THIRD PARTY VEHICLE (I) NO OF PASSENGER: MODEL: DDIVER'S NAME: O) NEIC/FIN/PASSPORT: CONTACT: MODEL: DDIVER'S NAME: O) NEIC/FIN/PASSPORT: MODEL: MODEL: MODEL: MODEL: MODEL: DDIVER'S NAME: O) NEIC/FIN/PASSPORT: MODEL:	LOCA	TION: UPPER PAYA LEBAR ROAD	
DINSURANCE COMPANY: "NTW INCOME CIPOLICY NUMBER: 513 1 12 12 12 CIPOLICY NUMBER: 513 1 12 12 12 CIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE ETHEFT) e)MAKE & MODEL: 10 YO IA 1)TYPE: (SALOON / COUPE / MP) / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT A COIDENT TIME: 16 12 10 ii ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (FEMALO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 10)NRIC/FIN/PASSPORT: 51806405	1.		9
d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: TOYOTA VISH f) TYPE: (SALOON / COUPE / MP) / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: MESTING FIRE & NO i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (VESTRO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: TAY KIM SONG () ADDRESS: LORDING 3 53M MENDOW 4 040 2 S 367712 * CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER DRIVER O) NAME: TAY KIM SONG O) NAME: TAY KIM	102	b)INSURANCE COMPANY: NTW & INCOME	
## STANDARD			TY / THIPD PARTY FIRE & THEFT)
FITYPE: (SALOON / COUPE MP) / VAN / LORRY / MOTORCYCLE / OTHERS) g VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h PURPOSE OF USING AT ACCIDENT TIME: MEDILAL / RETURN I ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (FENDO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A NAME: TAY KIM SONLY C ADDRESS: LORON 2) SIMS MENDOW 10 UPO 2 S3877777 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G NAME: TAY KIM SONLY C ADDRESS: "d DATE OF BIRTH: [20 / US / (477))(DD/MM/YYYY) e)OCCUPATION: NDOOR / OUTDOOR) If YEARS OF DRIVING EXPRERIENCE: 3 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ON SOME OF PROSENDAY ("WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: CIMM NYC B. THIRD FARTY VEHICLE O) VEHICLE NUMBER: MODEL:		e)MAKE & MODEL: TOYOTA WISH	TI / II IND TAKE THE COLOR
ijare you claiming under your own insurance resko If no, please state (third party claim / reporting only) 2. Insured / Policy Holder A) NAME: TAY KIM CONG (MALE) FEMALE) b) NRIC/FIN/PASSPORT: SISOLUM E CONTACT: MOCKETS C) ADDRESS: LORDING 23 SIMS MENDOW # 0402 S357012 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including chiver) (Including c		f)TYPE:(SALOON / COUPE / MPV / VAN / LORRY g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	AL / MOTORCYCLE)
A)NAME: TAY KIM SONG D)NRIC/FIN/PASSPORT: SIROGUESE CONTACT: MOCHASI C)ADDRESS: LORDING 23 SIMS MENDOW # 0402 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G)NAME: TAY KIM SONG (Including driver) DRIVER G)NAME: TAY KIM SONG (Including driver) DRIVER G)NAME: TAY KIM SONG (MALE / FEMALE) DRIVER **OOTHORY G)NAME: TAY KIM SONG (MALE / FEMALE) DRIVER G)NAME: TAY KIM SONG (MALE / FEMALE) DRIVER **OOTHORY G)NAME: TAY KIM SONG (MALE / FEMALE) DOWNALL / FEMALE DOWNALL / FEMALE) DOWNALL / FEMALE DOWNALL / FE		I) ARE YOU CLAIMING UNDER YOUR OWN INSUF	RANCE (YES/NO)
b) NRIC/FIN/PASSPORT: SISOCHOSE CONTACT: POGLICUS C) ADDRESS: & LORDING 23 51/hs MEN DOW 4 0402 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER G)NAME: TRY KIM CONG (MALE/FEMALE) b) NRIC/FIN/PASSPORT: \$193.84427 CONTACT: 98.319000 c) ADDRESS: **d)DATE OF BIRTH: [20 / US / (1912) (DD/MM/YYYY) e) OCCUPATION: (NDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 3 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SN 5. Q) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (RRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: CLEAN MYC 8. THIRD PARTY VEHICLE HIS OF PASSENGER O) VEHICLE NUMBER: MODEL: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: O) PRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: O) PRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT:	2.	- 이번 : 10 시간 10 전 1 개도 전 10 전 1	(CALE VEENALE)
C)ADDRESS: \$ LORDING 23 SIMS MENDOW # 040 2 S387172 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER JINAME: TRY KIM COVCY DINAME: TRY KIM COVCY MALE / FEMALE) DINAME: TRY MALE			
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) Contact: Dinkic/Fin/Passport: Satassequit		CLADDRESS: & LORONY 33 SIMS MENE	
DRIVER (Including driver) (Including driver)	20 10 10		
(Including driver) DINRIC/FIN/PASSPORT: SATURGE TEMALE) DINRIC/FIN/PASSPORT: SATURGE TEMALE) DINRIC/FIN/PASSPORT: SATURGE TEMALE) DINRIC/FIN/PASSPORT: SATURGE TEMALE) CONTACT: 12-3190000 CONTACT: 12-319000000000000000000000000000000000000	M., 1		LDER
(Including driver) DINRIC/FIN/PASSPORT: SATURGET CONTACT: 12-319000 DINRIC/FIN/PASSPORT: SATURGET CONTACT: 12-319000 CIADDRESS:	Tho of passenga	TAY KIM CON/-	(FENANTE)
"d) DATE OF BIRTH: [20 / 08 / [1992] (DD/MM/YYYY) e) OCCUPATION: INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRENENCE: 3 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ON 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: GROWN MPC 8. THIRD PARTY VEHICLE WODEL: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: d) VEHICLE NUMBER: MODEL:	(Including driver)		
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IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 4. No of passenger a) VEHICLE NUMBER: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: MODEL: HO of passenger a) VEHICLE MODEL: O) VEHICLE NUMBER: MODEL:		e)OCCUPATION: INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 3	-
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6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES) / NO) IF YES, PLEASE STATE WHICH POLICE STATION: Creylong MYC 8. THIRD PARTY VEHICLE 4. No of passenger a) VEHICLE NUMBER: MODEL: C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE 4. No of passenger a) VEHICLE NUMBER: MODEL:	5.	a) WEATHER CONDITION: (CLEAR / RAINING / C	
7. a) REPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: CTESTING MYC 8. THIRD PARTY VEHICLE HIS of passenger a) VEHICLE NUMBER: MODEL: (Including driver) b) DRIVER'S NAME: (C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE (M) OF PASSENGER AND PRIVER'S NAME: (Including driver) A DRIVER'S NAME:	95		
8. THIRD PARTY VEHICLE He of passenger a) VEHICLE NUMBER:		ALPEPOPTED TO POLICE IVES / NOT	Caralina MPC
His of passenger a) VEHICLE NUMBER:MODEL: (Including driver) b) DRIVER'S NAME: (C) NRIC/FIN/PASSPORT:CONTACT: 9. THIRD PARTY VEHICLE (NO of passenger a) VEHICLE NUMBER:MODEL:	8.	THIRD PARTY VEHICLE	
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9. THIRD PARTY VEHICLE A) VEHICLE NUMBER:MODEL:	(Including driver)	b) DRIVER'S NAME:	
No of passenger of DRIVER'S NAME:MODEL:	() -	c) NRIC/FIN/PASSPORT:	CONTACT:
() VEHICLE NUMBER:		THIRD PARTY VEHICLE	LODEL.
(Induding driver) f) NRIC/FIN/PASSPORT:CONTACT:	No of passenger	a) VEHICLE NUMBER:	_MODEL:
()	(Induding driver)	FI NDIC/EIN/PASSPORT	CONTACT
	(_)	TI PARICYTHAT ASSIGNATION	_CONTACT.
	y and a second	10	

email = Trevor. Tay .92@ gnal.com fax = VIDEO =X





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999

1 of 3 Report No. T/20200413/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2020 17:09			Vide Report No.:	Station Diary No.:			
Informa	nt's Partic	ulars		The Control of the Co			
	f Informant: IOON HAO		Address: 8 LORONG 33 GEYLANG #04-02 SINGAPORE 387977				
ID Type / ID No.: NRIC NO / S97288421		421	Contact No.: Home/Office:	Mobile: 92399010			
Nation: lity: SINGAPORE CITIZEN		EN	Email:	WOONE. 32333110			
Sex: Age: Date of Birth: 20/08/1997		Date of Birth: 20/08/1997	Type of Informant:				
Race: Chinese			Language:	Institution / School Name:			
Occupation: National Service Full Time		II Time	Driving Licence Information: Class: 3	Date of Expiry:			

General Infor	mation of the Accid	ent	Open Long to the same of	
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2020 18:40	Type of Location
	A LEBAR ROAD			•
Weather:		Road Surface:	Re	oad Speed Limit:
Traffic Flow:		Traffic Control:	Tr	affic Volume:
Type of Collis	ion:			nyone conveyed by nbulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJJ4484P	Car	TOYOTA	WISH 1.8	Silver		0
			CVT	VE = 11=		

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





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999

2 of 3 Report No. T/20200413/2052

CONTINUATION OF REPORT

Driver						
Name	TAY CHOON HAO	TAY CHOON HAO).	S9728842I
Related Vehicle	SJJ4484P (Car)		***************************************	Conta	act No.	92399010
Hospital/Clinic	NIL				of g ce & / Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	NIL		Degree of Injury NIL			

Brief Details.

On 13/04/2020, my father, Tay Kim Song, received a letter from Traffic Police, instructing him to lodge a Traffic Accident Report for an accident that occurred on 17/03/2020 at 1840hrs. As I was driving the vehicle on the said date and time, I am lodging this report instead.

On the stated date at 1850hrs, I left my residence, 8 Lor 33 Geylang at 1850hrs and was along Upper Paya Lebar Road at about 1900hrs to 1910hrs. I do not recall getting into any accident with any other vehicles. I did however recall an incident where a vehicle infront of me abruptly jammed his brakes. The driver had exited his vehicle to make a check however as I was able to react on time and come to a stop, the said driver then signaled and waved to me and subsequently drove off. That is all.





Report No. T/20200413/2052

Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No. 1800-8486999

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: G / Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN-	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/04/2020 17:09
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5113795275

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SJJ4484P

Chassis Number

2. Name of Policyholder

: JTDGG20W80J008030

: TAY KIM SONG

3. Effective Date of Insurance

: 17 Nov 2019

4. Expiry Date of Insurance

: 16 Nov 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: 5\$100

ADDITIONAL EXCESS

: N/A : PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP

: YES

INSURE WITH COE

: YES

NCD PROTECTION

: YES (FREE)

TRANSPORT ALLOWANCE

: NO

EXCESS WAIVER

: YES

PRIMARY DRIVER

: TAY KIM SONG

NAMED DRIVER (1)

: TAY CHOON HAO

NAMED DRIVER (2)

HIRE PURCHASE COMPANY

SUM INSURED.

: N/A : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)

Date of Issue

: 04 Nov 2019 17:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113795275		TAY KIM SONG	S1806468E	GPC	driva PREMIUM	SJJ4484P	S)]4484P	17/11/2019	16/11/2020

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