	Jeb description		Date &Time Completed	Done	D.
Ref No: und reconstruction	SAS e-filing				
10 11/1 Dayp , 08 1 1	E-mail (within 8h	rs AIC 2hrs)			
Veh No: JLX V 16TY	i-Motor Claim		1 112012-0 524	9/6/20	Lache
D.O.A: 16/2-17.17			m/139430201	7/0/13	1 7.14
OD : TP ! Reporting Only	i-Motor W/O (,) P 40rs)		
	i-Photo Uploac				
TP Insurer:	Assessment/Surv		<u>L</u>		
11 110 110 110 110 110 110 110 110 110	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: 600	grigo.	INC (
Owner / Driver: (Tcl:		
Policy No: () Po	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (Wi	O): N: 0-20)%; P: 21-79%. P: 80-	100%]	
)/NO()		
Excess: (\$) Loading: \$1,0	000 () / \$2,000 ()	P	**************************************	
General Remarks:-		The second secon			
() Walk-In Customer: Customer's info	rmation strictly Confi	idential & Str	ictly NO refer of repairer	·	
() Total Loss Case : to e-mail Insure	er URGENTLY.	•			
Drive-In ()/ Towed-In (); Invoice	e: YES () / NO) () ; To	owing Co: ()
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	Courtesy Car ()		Date& Firme Completed	Done	by
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ()		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury:	Courtesy Car ()		Date&Time Completed		
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	Courtesy Car ()	Invoice Pre	Date&Time Completed	Ant (5)	Abs (3
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1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Actions Actions	Courtesy Car ()) AR : Accident 2) DA : Damage	paration Checklist: Reporting (\$30); Assessment (\$100); INC (Ant (5)	Abs (3
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date Time Actions laimant's Particulars:-	Courtesy Car ()	AR: Accident DA: Damage TF: Towing F	paration Checklist; Reporting (\$30); Assessment (\$100); INC (see Surough Survey	Ani((5)) 75t Bill 580) 40/545 \$120	Amus
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Japan 17 Inimant's Particulars:	Courtesy Car ()	AR: Accident DA: Damage DTF: Towing F FT: Follow-Ti	Daration Checklist: Reporting (\$30); Assessment (\$100); INC (see Survey) Brough Survey (Resurvey)	Anic (5) 75: Bill 880) 40/545 \$120 \$30	Abs (3
1) Apply for Transport Allowance ()/C 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Injury:	Courtesy Car () () 3000] ()	AR: Accident DAR: Damage TF: Towing F FT: Follow-Ti FT: Follow-Ti For claiming a TR: Re-inspec	Paration Checklist. Reporting (\$30); Assessment (\$100); INC (see Survey (Resurvey)) Rejust INC Only (wef 10 Jan 20) Stion	Anut (5) fie Bill 580) 40/545 \$120 \$30 25) \$75	Abs (3
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1) Apply for Transport Allowance ()/C 2) QC Check/Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	Courtesy Car () () 3000] () 1 1 2 3 4 5 7	AR: Accident D) DA: Damage D) TF: Towing F D) FT: Follow-Ti D) FT: Follow-Ti D) FT: Follow-Ti Eor claiming a D) TR: Re-inspec D) N1: Idac DA: D) NTUC Addition OD: N5: Courtesy N6: Repair C N7: Fost Rep N8: DV / Col	paration Checklist. Reporting (\$30); Assessment (\$100); INC (see Survey (Resurvey) to the state of the services. Car / Tpt Allowance of the services.	\$80) 40/\$45 \$120 \$30 \$25 \$10 \$25 \$5 \$20 30	Amus Add Bill

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,
- 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

建 国际公共的复数形式。	ACCIDENT STATEMENT
Date Of Report	09/06/2020 11:39
Date Of Accident	08/06/2020 13:15
Exact Location Of Accident	SELETAR WEST LINK
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX4165Y
Insured/Policyholder	
Name Of Registered Owner	LEASE2OWN.SG
Co Reg No	5XXXX207C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8X A
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112951788
Cover Note Number	
Driver	
Name of Driver	TAY CHYE CHOON
NRIC No	SXXXX518J
Date Of Birth	20/02/1962
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1983
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91518339
Fax Number	
Contact Number	

NOEMAIL

Address #13,2612

#12-2612

Postcode 560506

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-51745000

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

YES

2

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

: NG AIK CHONG

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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/20200608/7021.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBD8829D

Vehicle Make/Model/Colour

NISSAN

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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 TAY CHYE CHOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGX4165Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NG AIK CHONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGX4165Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report garractly the details of the archient to speed up the claims process
- 2 This Form must be completed by the Policyholder and/or the Authorited Driver
- Information provided must be as truthful and accurate as passible. Any wilful misropresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The listic 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 GSA Records Management Cordro 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 which(s) involved in this accident which have insured which(s) involved in this accident shall be collectively referred to as the "insurers"], the insurers' inwyora/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;
 - (iii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responsing to any enquiries by me;
 - (b) administering my claims (including the mailing of correspondence, statements, twoices, 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 dalma (collectively the "Purpose")
- (b) all issurer(s) who have insured vehicle(s) lovelved in this excident and the insurers' lawyer/law firms, may/are permitted to collect, use, disclose ame/or process my Personal information for one or more of the above Purposet; 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/low firms), which resy 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 kistory for the purpose of fraud detection, investigation and management in present and all future claims.
- (c) the information to collected under (d) above may be shared / claciosed;
 - (i) so all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing froud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(2) For complying with requirements under any regulations, laws or court orders.

A LOS TO STATE OF

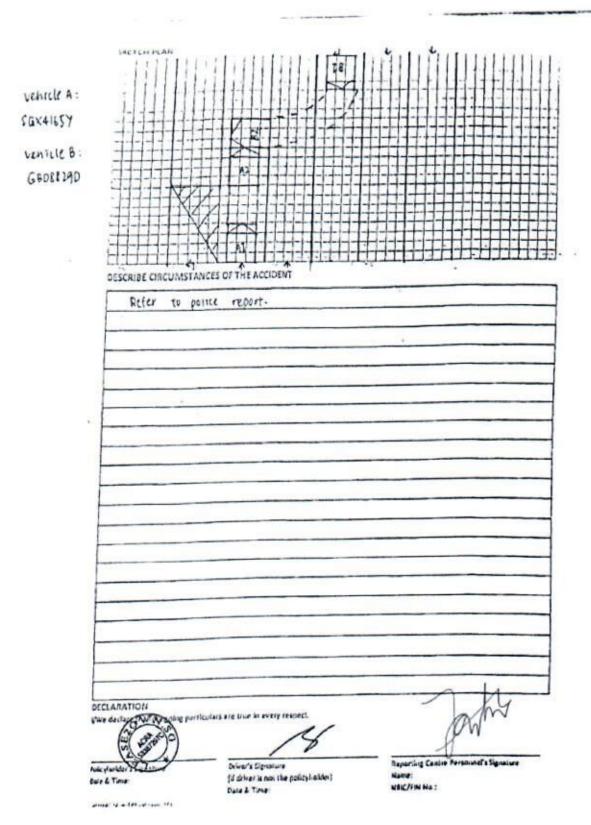
Autorholder's Signature Date & Time: Oriver's Signature pt shiver is not the posicyholder)

Date & Time:

Reporting Centre Personnel's Signature

MRICIFIN No:

company to confidence of any area



Date of Accident	: 08 06 100 Accident Time: [319HK (24-HR-Pormat)
occident Place	: seletar west link
Vehicle Reg. No. (Car Plate No.)	SGX4165Y
Vehicle Make/Model	: Tayota wish
bsurance Company	NTUC Policy No.
Owner or Company Name /IC No.	: Lease rown.sq
Owner or Company Contact No.	Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Tay Chye Choon SISSISSIET
DRIVER'S Date Of Birth	: 30 -02-1962 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: H (ver
DRIVER'S Address	: BIK 506 Ang MOKTO AVE 8 # 12-2612 .
DRIVER'S Contact No. Alt No.	:1) 915 18339 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Officer Party \ Claim Own Insurance
Number of Passengers (Including I	oriver): 02 passenger male
CONTRACT CONTRACTOR OF THE CONTRACT AND	
	Party Driver's Particular (If any)
Vehicle Reg. No: GBD 88290	Vehicle Reg. No:
Vehicle Make Wodol: NTSSAM	
Name Driver:	
IC No. Driver:	2000 Care Care Care Care Care Care Care Care
Driver's Contact & Add:	The second state of the se
Driver's Contact & Aud.	





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

1 of 3 Report No. T/20200608/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/06/2020 17:44			Vide Report No.: Station Diary					
Informa	nt's Partic	ulars		CONTROL STATE OF THE PARTY OF T				
	f Informant: IYE CHOO!		Address: APT BLK 506 ANG MO KIO A SINGAPORE 560506	AVENUE 8 #12-2612				
ID Type / ID No.: NRIC NO / S1553518J			Contact No.: Home/Office: Mobile: 91518339					
Nationality: SINGAPORE CITIZEN			Email: ADMIN@MYCAR.SG					
Sex: Male	Age: 58	Date of Birth: 20/02/1962	Type of Informant: Driver					
Race: Chinese			Language: English	Institution / School Name:				
Occupation: FRUITS DISTRIBUTOR		TOR	Driving Licence Information: Class: Date of Expiry: 08/06/20					

Type of Accident:			Date/Time of Accident:	Type of Location X-Junction		
Location:		No	08/06/2020 13:2	0		
SELETAR WI	EST LINK					
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wor	rking	Traffic Volume: Moderate		
Type of Collis	ion: ing Vehicles - Head	I To Side		Anyone conveyed by ambulance:		

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBD8829D	Lorry	NISSAN			Seriously Damaged	
SGX4165Y	Car	TOYOTA	WISH	Black	Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	





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

Report No. T/20200608/7021

2 of 3

CONTINUATION OF REPORT

Driver						
Name	TAY CHYE CHOON).	S1553518J
Related Vehicle	SGX4165Y (Car)			Contact		91518339
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: 08/06/2020
Date Treatment	08/06/2020	Date Disc	harge	08/06	6/2020	
No. of Days gran	ted Medical Leave	05	Degree of		Slight	

Brief Details.

ON THE STATED TIME AND DATE, I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SGX4165Y ON SELETAR WEST LINK. I WAS TRAVELLING AT A MODERATE SPEED, UPON REACHING THE JUNCTION, A LORRY BEARING CARPLATE NUMBER GBD8829D MADE AN ABRUPT TURN RIGHT AT THE X JUNCTION. I HORNED HIM TO ALERT HIM BUT IT DID NOT STOP THE COLLISION FROM HAPPENING. I ALIGHTED FROM MY VEHICLE AND EXCHANGED PARTICULARS WITH HIM AND LEFT AFTER TOW TRUCK ARRIVE, I FELT PAIN AND UNWELL FROM THE ACCIDENT AND CONSULTED A DOCTOR AFTERWARDS IN WHICH I WAS GIVEN A INITIAL 5 DAYS MC. I WAS ALSO FERRYING MY BUSINESS PARTNER, NG AIK CHONG AT THE POINT OF ACCIDENT. NO ONE WAS CONVEYED.





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

3 of 3 Report No. T/20200608/7021

CONTINUATION OF REPORT

Sketch	Plan
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Informant is not able to provide sketch plan

TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD

SAID

Contact No.: 65476172

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.

Date/Time:
08/06/2020 17:44

Officer In Charge Of Case:

Classification Of Case:

6/9/2020 Policy Search

	SHE	Dia ANI			PARTIE		ALIENS A		Genera	ilClaim
00601						· Change	Language	· Chang	je Password	+ Log Ou
Poli	cy Query									
Policy N	vio.				Date o	of Accident		08/06/2020 (09:13	
Vehicle	No.(For Motor	SGX41	65Y		Certifi	cate Number				
					Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5112951788	5112951788- 000034	LEASE2OWN.SG	53387207C	GFM	drivo CLASSIC	SGX4165Y	SGX4165Y	23/05/2020	26/09/2020
	Policy No. 10 Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor Select Policy No.	Policy Query Policy No. Vehicle No.(For Motor) SGX41 Select Policy No. Certificate Number Number 5112951788-	Policy Query Policy No. Vehicle No.(For Motor) SGX4165Y Select Policy No. Certificate Number Name O 5112951789 5112951788- LEASE20WN SG	Policy Query Policy No. Vehicle No.(For Motor) SGX4165Y Select Policy No. Certificate Policyholder Name NRIC Co. 5112951789 5112951788 FASE 20WN SG. 52327207C	Policy Query Policy No. Date of Control SGX4165Y Certificate Policyholder Name Policyholder NRIC Product Name S112951788- LEASE 20WN SG 533972020 GEM	Policy Query Policy No. Date of Accident Vehicle No.(For Motor) SGX4165Y Certificate Number Select Policy No. Certificate Policyholder Number Name NRIC Product Cover Type Open S112951789 S112951788 S12951788 S1295178 S	Policy Query Policy No. Date of Accident Vehicle No.(For Motor) SGX4165Y Certificate Number Search Select Policy No. Certificate Policyholder NRIC Number Name NRIC O E112051709 5112951788- LEASTONWA SC E2307707C CEM drive COVALCES	Policy Query Policy No. Date of Accident 08/06/2020 (Vehicle No.(For Motor) SGX4165Y Certificate Number Search Select Policy No. Certificate Policyholder Name NRIC Product Cover Type Vehicle No. Object October 12061769 5112951788- LEASESONNI SC E33937076 CEM drive COVALGEY COVALGEY	Policy Query Policy No. Date of Accident 08/06/2020 09:13 Vehicle No.(For Motor) SGX4165Y Certificate Number Search Select Policy No. Certificate Policyholder Name Policyholder Product Cover Type Vehicle Insured Commence Number Name NRIC Product Cover Type No. Object Date Date Open St12951788 Search

		■ giciaim.in	come.com.s	g — Private		
Claim Handling Accident MT/1094002					Bu dies in	
Policy No.	5112951788	Vehicle No.	SGX4165Y		GST Registration to	
Certificate No.	5112951788-000034	Terricia No.	30000		GST Registration No.	
Policyholder Name	LEASE2OWN.SG				Deliguhaldes ND10	*********
Product Code	FLEET MASTER INSURANCE	Cover Type	gree CLASSIC		Policyholder NRIC	\$3367207C
Contact No.(Mobile)	0	Contact No.(Office)	D CONSTITUTE		Loading	0
mail Address		Special Remark			Contact No.(Home)	0
FK	O No Yes	TCA	ONOVA		eCode	
ICD Protection	No.		ONo Yes		eCode Reason	
Accident Details	NO.	NCD Entitlement(%)	0		Private Hire	No
Accident Details					A COLUMN TO SERVICE TO	
oport Date	D9/06/2020 12:06	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Cross Junction
ate of Accident	4000000	Mark Strategic Control			recident type	Comsidir - Cross Junction
	06/06/2020	Time of Accident hh:mm	13:15		Country of Accident	Singapore
eporting Centre		Orange Force			ICM No.	
ccident Location	CEI CYAR INCCT I THIV					
Total Excess Applica	able					
cess Type	Per Accident	Windscreen Excess		100.00		
Charded Same		Trace and deposition resident				
Standard Excess	2,000.00	TP Standard Excess		1,500.00		
ED OD Excess	0.00	YIED TP Excess		0.00	Driver is Covered?	Covered
ditional Excess						
al OD Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00		
Benefits						Mark Constitution and the second
GST Registered Info	ormation			al-service of		
T Registered	No		GST Regis	stration Date		
T Registration No.				s Verified	Yes	
dification History			Sent Color			
Policyholder Mailing	Address					
dress 1	200 MLAN SULTAN	Address 2	494-17A TEXTILE CE	NTRE	Address 3	SINGAPORE 199018
dress 4		Address Type				
it No.	14-05		Singapore addre	39	Post Code	199018
OI Driver Info	A STATE OF THE PARTY OF THE PARTY.	Related Policy Number	5105286918			
ver Name	Hanamad Pot			Contract of the last		ALL PROPERTY OF THE PERSON
	Unnamed Driver	Driver Type	Unnamed Driver			
named driver Name	TAY CHIVE CHOOM	Driver NRIC	\$XXXXX\$18J		Driver DOB	20/02/1962
sister Date of Driver	19/03/1983	Driver Age	58		Databas Francisco	37
ense	Carrier and Carrie				Driving Experience	31
itact No.(Mobile)	91518339	Contact No.(Office)	0		Contact No.(Home)	0
dress 1	8LK 506	Address 2	ANG MO KIO AVENUE	8	Address 3	CHENG SAN CREST
dress 4	SINGAPORE 360506	Address Type	Singapore addre	ss	Post Code	560506
it No.	#12-2612		AND		TO A CONTROL OF THE PARTY OF TH	
es he own a Singapore	ON-ON-					
gistered car?	Yes No	Driver Vehicle No.			Driver Insurer Company	
claration				HOW THE	The The Same	
eathalyser or Blood Test	0 mg	Any injury?	OYes No		- NEST SERVICE SERVICE	Charles British
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