NATIONAL Assessment Centr		vef 1 Jan'05) M	Date &Time Completed	Done b	ov.
Date In: W/6/2-16:33	Jeb description		Date & Time Completed		
Reino: HM INC2003/24/24	SAS e-filing				
Veh No: JM4 38097	E-mail (within Sh	irs, AIC 2hrs)			
D.O.A :70/6/12-19:50	i-Motor Claim	Form	M7 11094978-031	2~ (6)20	11:41
1	i-Motor W/O	(Within: OD 2hi	s, TP 4hrs)		
OD / (TP) ! Reporting Only	i-Photo Uploa	ded			1
	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	- VI - 11
TP Particulars: Veh No: JKV	183976	. INC(	)/Non-INC( ).	-	
Owner / Driver: (			Tel:	)	
Policy No: ( ) Po	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	y segringer.
Insured/Driver Liability: (%)	the same of the sa		20%; P: 21-79%. P: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,	,000 ( )/\$2,000	( )	CONTRACTOR AND THE STATE OF THE	F175 - 17. "."	
General Remarks:			Tara da de la companya de la company	34.09 31 5	( ) ( )
( ) Walk-In Customer: Customer's inf	formation strictly Con	fidential & S	trictly NO refer of repairer		
( ) Total Loss Case : to e-mail Insur			14 1 1		
	ce: YES( ) / N	0();	Towing Co: (		)
			5	Done	ĥv
Remarks: (INC hotline: 6788 6616)			Date& Time Completed	A STATE OF STATE OF	,-5
1) Apply for Transport Allowance ( )/	Courtesy Car (	)		-	
2) QC Check / Post Repair Inspection	( )		<u> </u>	-	
3) Upload Resurvey Photo [Repair Cost > 5	\$3000]	)			
Injury:					
Date/Time Actions	12/25	100	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8085053E	A CONTRACTOR
Date/time Actions					
				CONTROL OF THE PARTY	
			Water and the second		
	1		the state of the s		
3-1		Invoice Pr	eparation Checklist	Ant (S)	Add Bi
NA203285/NA203186		1) AR : Accide	\$1000 and \$1000	COSS DIRECTION	- Atomica
Claimant's Particulars :-		2) DA : Dama	ge Assessment (\$100); INC	(\$80)	
Priver/Owner:		3) TF : Towing	g Fee -Through Survey	\$40/\$45 \$120	
		C. FT . Follow	*Through Survey (Resurvey)	\$30	
Contact No:		6) TR : Re-ins	g against INC Only (wef 10 Jan 2	\$75	
Damaged Portion:		7) N1 : Idao D	A + SMRT Survey	\$160	
	3	8) NTUC Add	litional Services:-		
C Checked by (Engr-In-Charge):	060		csy Car / Tpt Allowance	\$5	
		•N6: Repai	r Co-ordination Repair Inspection	\$10 \$25	1
Auditors! Comments ::		+N8: DV /	Collect Excess Coordination	55	
'at. 1:	Mark a Marian and Marian San J.	TP (N11): 9) N12: Idea	TP (Non INC) against INC	30	
		Invoice dated	the Character of the control of the	ed	<b>国际</b>
Cat. 2 / 3;		Invoice dated	Vac Chara	ed See 12	4

1 . per 11 1 .20

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.	to hereby consent to the archiving of this report at the centre and to copies of the report being made available
是40年2月1日 1952年 日本日	ACCIDENT STATEMENT
Date Of Report	22/06/2020 16:33
Date Of Accident	20/06/2020 19:40
Exact Location Of Accident	JUNC SCOTTS RD & ORCHARD RD
Country/State of Loss	SINGAPORE
<b>以外,为此为参加。</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH3809T
Insured/Policyholder	
Name Of Registered Owner	NEO BOON SENG
NRIC No	SXXXX596E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97213817

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

OFFICE-97213817

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY PRIVATE HIRE

Vehicle Category

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5107625637-01

Cover Note Number

Driver

Name of Driver NEO BOON SENG

 NRIC No
 SXXXX596E

 Date Of Birth
 05/06/1962

 Occupation
 OUTDOOR

 Date Of Driving Pass
 29/08/1983

Driving Experience 36 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97213817

Fax Number

Contact Number OFFICE-97213817

EMail Address NOEMAIL

Address BLK 316B PUNGGOL WAY

#02-717

Postcode 822316

Was driver an employee of the Insured's Company NC

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 COLLISION - CROSS JUNCTION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver)

Passenger 1 NAME: :

GENDER: : MALE

Passenger 2 NAME: : -

GENDER: : MALE

**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

NO

NO

YES

2

NO

3

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?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200621/7010.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKV8397G

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)

## DETAILS OF INJURED PERSON 1

Name NEO BOON SENG

Approximate Age

Injuries Sustain NECK & SHOULDER

Injured person in which vehicle? SMH3809T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as 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.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies
  of the report being made available aforesaid.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

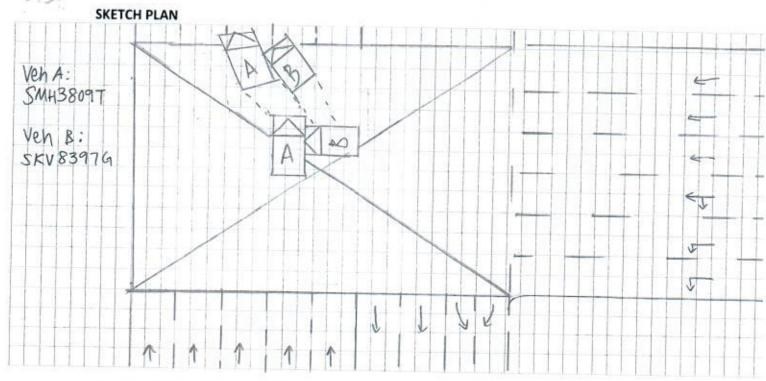
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers') who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
  - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (II) Investigations the accident and/or my claims;
  - (III) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (IV) Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelops/mail packages); and/or
  - (V) Complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
  - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

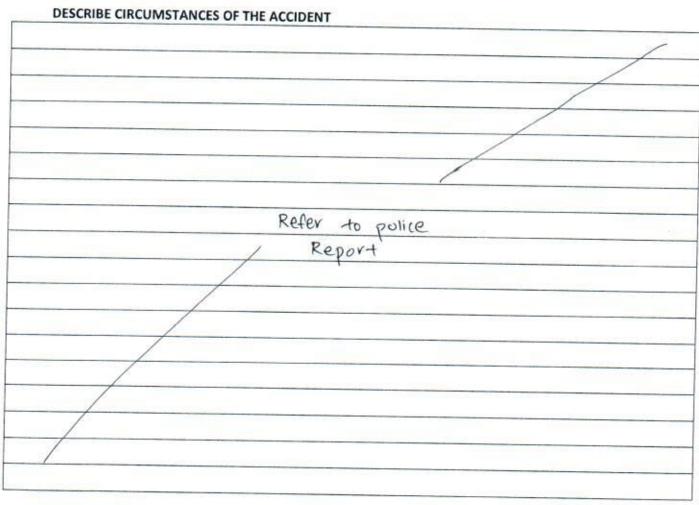
(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:





DECLARATION

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

Neo

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

## TICE

ete and submit this form to the individual insurance authorised reporting centre.

ase report correctly on the details of the accident to speed up the claim process. This form must be filled up by the policy holder and/or authorised driver.

Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

AND THE RESERVE OF	ACCIDENT DETAILS	Committee of the second
Date of accident	20/06/2020	(DD/MM/YY)
Time of accident	19:40	(HH:MM)
Exact location of accident	X Junction of Scotts Road	

A 1000 A		DETAILS O	VEHICLE
Vehicle registration number			3809T
Vehicle make and model		TOYOta	corolla Attis
Type of vehicle	Saloon D	MPV =	CRV D Van D
Vehicle category	Private	Comm	ercial   Motorcycle
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes  Third part	No,z-	if no, please select: Reporting only □

and the same than to be found to	INSURANCE IN	FORMATION	<b>新教育教育的</b> 2018年
Insurance company	NTUC		THE RESIDENCE OF THE PARTY OF T
Policy number	5107625	637-01	1
Type of policy	Comprehensive	Third party fire & theft	TP only

William World William St.	INSURED / POLICY HOLDER
Name	Neo Boon Sena Male Female
NRIC / Fin / Passport number	S1548596E
Contact	9721 3817
Address	BIK 316B Punggol way #02-717 s (822316)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male  Female
NRIC / Fin / Passport number	Tomac E
Contact	
Address	
Email address	
Date of birth	05 / 06 / 1962
Occupation	Indoor  Outdoor
Driving date pass	29 / 08 / 1983

	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	Nop	Control of the Contro	STATE OF THE PERSON NAMED IN COLUMN
the insured's company?	If no, rela	ationship of the	driver and insured:	owner
Accident captured by camera?	Yes 🗆	Noæ		
Weather condition	Clear	Raining	Others:	
Road surface	Dry 🗆	Wet		
No of passenger	3			(Inclusive of driver)
				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Mary Low Mark Albertain	AVA-9277	PASSENGE	1	
Name	AND MADE IN COLUMN 2 IN COLUMN 2		A DESCRIPTION OF THE PERSON NAMED IN COLUMN 1995	
Gender	Male	Female		
NAME OF THE PARTY		PASSENGER	)	
Name	THE PROPERTY OF STREET	TASSENGE	Comment of the same	
Gender	Male 🗹	Female		
	AT THE RESIDENCE OF	PASSENGER		
Name		PASSENGER	Page	
Gender	Male 🗆	Female		
Gender	IVIAIE []	remale 🗆		
Name		PASSENGER	4	
Gender	A 4 = 1 = ==	-		
Gender	Male 🗆	Female		
	Section 1		Asset I see a	
	ATTICK TO STATE OF	PASSENGER	5	
Name				- Carlotte Commence of the Com
Gender	Male 🗆	Female		-
			MALE VILLE AND ADDRESS OF THE PARTY OF THE P	
AND STREET, 1884. 165 美国的		PASSENGER	6	STATE OF THE STATE
Name				
Gender	Male 🗆	Female		
de Brand Deckle (2000) and the second		THER INFORM	ATION	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
Carlotte Said Andrew	DETAILS	OF POLICE STA	TION ACTION	
Reported to police?	Yes 🗗	The second secon	, please state which po	olice station.
Police station name	10 Ubi	Ave 3		
SECTION STREET, SECTION	1.000000000000000000000000000000000000	WITNESS 1		The state of the state of the state of
Name		1111233	公共 "之而"之后 经总定额的	AND IN THE WAR DEAD TO SHE
		WITNESS 2	CALLES AND TOTAL MENTAL PROPERTY.	Manager Commission
THE RESERVE OF THE PERSON NAMED IN	Print land in such land	WITINESS Z		

<b>建立建筑在建筑设置的</b> ,这种企	THIRD PARTY VEHICLE 1
Vehicle registration number	SKV 8397G
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
是的基础设施。	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Manager Stranger	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Vahisla registration number	THIRD PARTY VEHICLE 4
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
The state of the second state of the second	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PARTY VEHICLE 5
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>的这种名式作品的发展的</b>	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>对数据的数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据</b>	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

NEW		INJUR	ED PERSON 1
Name	Neo	Boon	Seng
Injuries sustained	Nec	K &	Shoulder
Which vehicle person in?	DV	iver	
Were seat belts worn?	Yes	No 🗆	
Was injured conveyed to	Yes 🗆	No	
hospital by ambulance?			
<b>李在</b> 在1788年178日,李子等		INJUR	ED PERSON 2
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
出版表示。也是使用表示的		INJUR	ED PERSON 3
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	1		
NAME OF THE PARTY	Part of the part of the part		
Name of the state		INJURI	ED PERSON 4
Name Injurios sustained		INJURI	ED PERSON 4
Injuries sustained		INJURI	ED PERSON 4
Injuries sustained Which vehicle person in?	V		ED PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆	ED PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗆		ED PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn?	_	No 🗆	ED PERSON 4
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	_	No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	_	No 🗆	ED PERSON 4  ED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	_	No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	_	No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes 🗆	No - No -	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	_	No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   Yes	No - No - INJURE	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   Yes	No - No - INJURE	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   Yes	No :: No :: No :: No :: No :: No ::	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   Yes	No :: No :: No :: No :: No :: No ::	D PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   Yes	No :: No :: No :: No :: No :: No ::	D PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes   Yes	No :: No :: No :: No :: No :: No ::	D PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   Yes	No :: No :: No :: No :: No :: No ::	D PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes  Yes  Yes  Yes  Yes	No   No   No   No   No   INJURE	D PERSON 5





1 of 3

Report No. T/20200621/7010

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

## REPORT OF A TRAFFIC ACCIDENT

	ne Report M 120 16:34	Made:	Vide Report No.: E/20200620/0151	Station Diary No.:	
Informa	nt's Partice	ulars			
	Informant: ON SENG		Address: APT BLK 316B PUNGGOL 822316	WAY #02-717 SINGAPORE	
ID Type / ID No.: NRIC NO / S1548596E		96E	Contact No.: Home/Office: Mobile: 97213817		
National SINGAP	ity: ORE CITIZ	EN	Email: derrickboonseng@gmail.com		
Sex: Male	Age: 58	Date of Birth: 05/06/1962	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Nam English		
Occupat Grab Dri			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2020 19:4	Type of Location X-Junction
Location: PATERSON I	ROAD	In-10.4	75	
Monthor-		I Modu Ziligaco.		Road Speed Limit
		Road Surface: Wet		Road Speed Limit:
Weather: Drizzling Traffic Flow:			rking	Road Speed Limit:  Traffic Volume: Moderate

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SKV8397G	Car			Silver	Seriously Damaged	4		
SMH3809T	Car	ТОУОТА	COROLLA ALTIS 1.6 AUTO	Black	Seriously Damaged	2		

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SMH3809T	NTUC Income Insurance Co-Operative Limited	5107625637-01	07/04/2020	06/04/2021			





2 of 3

Report No. T/20200621/7010

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

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved			Market No.	9550	
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pe	sing: NA		
Driver		A Park	a ser la brown		191	CONTRACTOR AND ADDRESS OF
Name	NEO BOON SENG		ID No		S1548596E	
Related Vehicle	SMH3809T (Car)			Contact No.		97213817
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	charge NIL			
No. of Days gran	ted Medical Leave	05	Degree o		Slight	

## Brief Details.

On 20 June 2020 at about 1940hrs I was driving my vehicle SMH3809T along Scotts road towards Kim Seng road. Upon approaching the junction of Scotts road and orchard road , the traffic light was in my favour ( green light ) , I proceed to travel straight . Suddenly I felt an impact coming from the side of my vehicle. I got down my vehicle and realised that a vehicle SKV8397G have collided onto my vehicle.

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





3 of 3

Report No. T/20200621/7010

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

#### CONTINUATION OF REPORT

Sketch	Plan	٦
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**Authentication Stamp** 

NP168

Informant is not able to provide sketch plan

n authenticated by SingPass. No signature is uired.
e/Time: 06/2020 16:34
ssification Of Case:

	1000000	-	-			A CONTRACTOR	COMPANY.		The state of the s	alClaim	
Hello, NAC_PAYA_UBI_80060	1						• Chang	e Languag	e • Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									0
Notice of Loss	Policy I	No.			1226.43	Date	of Accident		20/06/2020 1	19:40	
	Vehicle	No.(For Motor)	SMH38	D9T		Certif	icate Number	5			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107625637- 01		NEO BOON SENG	S1548596E	GPC	drivo CLASSIC	SMH38091	SMH3809T	07/04/2020	06/04/2021

Sequen	ce Date of Endorsemen	t E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
♥ Endors	ements						
▶ Insure	d Object: SMH3809T						
Unit No.	02-717	Relate Numbi	d Policy er	5107625637-01			
Address 4	SINGAPORE 822316	Addres	ss Type	Singapore address		Post Code	822316
Address 1	BLK 316B #02-717	Addres	ss 2	PUNGGOL WAY		Address 3	WATERWAY CASCADIA
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag	6.50						
Co- Insurance	No						
Agent:	THONG LEE TRADING PTE LTD	Agent Tel.	62569655		GST Flag	Υ	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Excess	1500	damage Excess	2000		Windscreen Excess	100	
Type Third Party	Per Accident	Excess			Mile days		
issue Date Excess	24/03/2020	Date All Claims	07/04/2020	0 00:00	Expiry Date	06/04/2021 23	, PE
Name Policy		Effective	07/04/202		Policy Flag		220
Product	PRIVATE CAR INSURANCE	Plan			Group	N	
Certificate No. Address	BLK 316B #02-717 PUNGGOL W	AY WATERWA	V CASCADIA	A SINGAPORE 822316			
Policy No.	5107625637-01	Policyholder Name	NEO BOON	SENG	Policyholder NRIC	S1548596E	

Claim Handling							
ccident HT/1094978							
akcy No.	5107625637-01	Vehicle No.	SMH3809T	GST Registration No.			
ertificate No.							
olicyholder Name	NEO BOON SENG			Policyholder NR3C	\$1548596E		
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0		
ontact No.(Mobile)	97213817	Contact No.(Office)	0	Contact No. (Home)	0		
mail Address		Special Remark		eCode	N: V		
FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	(m. 4)		
CD Protection	Na	NCD Entitlement(%)	10	Private Hire	Yes		
Accident Details		F-000000000000000000000000000000000000	155	(110 <del>00</del> , 1000)	3.500		
eport Date	22/06/2020 16:43	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Cross Junction		
ate of Accident	20/06/2020	Time of Accident hh:mm		79			
eporting Centre	2010012020		19:40	Country of Accident	Singapore		
		Orange Force		ICH No.			
ccident Location	JUNC SCOTTS RD & ORCHARD RD						
icess Type	Per Accident	Windscreen Excess	100,00				
D Standard Excess	2,000.00	TP Standard Excess	1,500.00				
ED OO Excess	0.00	YTED TP Excess		Driver is Covered?			
Iditional Excess	0						
ital OD Excess Applicable	2000.00	Total TP Excess Applicable					
P Benefits							
GST Registered Inform	ation						
T Registered	No		GST Registration Date				
IT Registration No.	02-02/10/20/20 10:01 10:01		GST Status Venfied	Yes			
dification History	22/06/2020 16:44:55 5	lystem changed GST Status Verified fro	m No to Yes				
Company of the Company							
P Policyholder Mailing Ad							
ddress 1	BLK 3168 #02-717	Address 2	PUNGGOL WAY	Address 3	WATERWAY CASCADIA		
Oress 4	SINGAPORE 822316	Appress Type	Singapore address	Post Code	622316		
it No.	02-717	Related Policy Number	5107625637-01				
Ol Oriver Info							
iver Name	Unnamed Driver	Driver Type	Unnamed Driver				
names driver Name	NEO BOON SENG	Driver NRIC	\$20003968	Driver DOB	05/06/1962		
gister Date of Driver License	29/08/1983	Driver Age	58	Driving Experience	36		
ntact No.(Mobile)	97213817	Contact No.(Office)	0	Contact No.(Home)	0		
idress 1	SLK 3168	Address 2	PUNGGOL WAY	Address 3			
Idress 4	SINGAPORE 822316	Address Type			WATERWAY CASCADIA		
Vt No.		Address Type	Singapore address	Post Code	822316		
oes he own a Singapore	02-717						
egistered car?	○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company			
claration eathalyser or Blood Test							
eading?	0 mg	Any injury?	⊕ Yes ○ No				
dification History							
10000000000000000000000000000000000000							
Claim 001 New							
im Type *	OD-MX	Insured Name	NEO BOON FENC	Serviced AUSTO	C+C+9C9**		
	-		NEO BOON SENG	Insured NRIC	S1548596E		
ntact No.(Mobile)	97213817	Contact No.(Home)	65812580	Contact No.(Office)	67825215		
ari Address		OI Vehicle Number	SMH3809T	TP Vehicle Number	SKV8397G		
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select				
imant Name *	22	Owmant NR3C *					
imant Address							
m Description	SMH3809T / SKV8397G ON 20 Jun 202	0		Name of Preferred Workshop			
ferred Workshop Contact		Insured Liability *	Not at Fault				
guire Finalisation	Yes 🔍	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received		
e Registered	22/06/2020 16:45	Claim Close Date		Date Received	22/06/2020 00 00		
	Nackson	Section Service (1916)		mark bangisas	22/07/2020/00/00		
port Taken By	AND THE PROPERTY OF THE PROPER						
Print AK letter							
		<b></b>	Save Submit				
		8					
ttachment							
90	metile ride						
ident No.	MT/1094978	Claim No.	001				
t Doc. Received	● Yes ○ No	Upload Date	22/06/2020 16:47				
	Path +	47 4570544-43	Category *	Confidential Urger	ncy • Description		
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/ideo List		ONAL ASSESSMENT CENTRE SERVI Jun 2020 16:46	Photos		Normal		Photos 2020-6-22	
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	NAC_PAYA_UB1_B00601[ NAT3 CES) on 22	DNAL ASSESSMENT CENTRE SERVI Jun 2020 16:46	Photos		Normal		Photos 2020-6-22	
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0	NAC_PAYA_UB3_B00601( NATI CES) on 22	ONAL ASSESSMENT CENTRE SERVI Jun 2020 16:46	Photos		Normal		Photos 2020-6-22	
21	NAC_PAYA_UB1_800601( NATI CES) on 22	ONAL ASSESSMENT CENTRE SERVI Jun 2020 16:46	Photos		Normal		Photos 2020-6-22	
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