Date In: 4772-11:77	Job description	on	Date & Time C	ompleted	Don	ic py
Ref No: Na INCLOSO 308714	SAS e-filing	g				
Vch No: Sma6009T	E-mail (with	ig 8hrs, AIC 2hrs)	T			
D.O.A: 14/3/204:20	i-Motor Cla		M7 11096881	100-	विविध	1148
1 ×	i-Motor W/	O (Within: OD 2hr			1776	
OD / TP / Reporting Only	i-Photo Upi		1			
		Survey Report	1	1		
TP insurer:	ļ ————		to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (OJ TRATITUDE	Tel:		ix:	******
TP Particulars: Veh No:		INC (ix:	
Owner / Driver: (221145	. INC (Tel:	.).	- 1	
Policy No: ()	Period: (1	Cover Type: (
Confirmed by : (· orion. (Date:	Time:			
) [Note-Est. Status (200000000			7.0021	
Year of Registration: ()	Warranty: YES (0%, P: 21-79%.	F: 50-10	10%0]	
	A CONTRACTOR OF THE PARTY OF TH)/NO()			
	1,000 ()/\$2,00		Same and the same	e do paración	W. S. D. S. S.	
					Con S	, 5 ³ 5
() Walk-In Customer: Customer's in	nformation strictly Co	onfidential & St	rictly NO refer of	repairer.		
() Total Luss Case : to e-mail Ins	urer URGENTLY.					
Drive-In ()/ Towed-In (): Invo	143 CPUIV 625 (4.57 1.40 4.0) 100 100 100 100 100 100 100 100 100 1			11		
Drive-In ()/ Towed-In (); Invo	oice: YES () /	NO();T	owing Co: (1	-)
		NO();T		<u> </u>	195089801)
Remarks:- (INC horline: 6788 6616))]	NO();T	owing Co: (Date&Time Con	plerad	Done) by
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()		NO();T		t pkerad	Done) by
Remarks:- (INC horline: 6788 6616))]	NO();T		ipke ad	Done) s)by
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()	/ Courtesy Car (NO();T		iple od (6)	Don) by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection	/ Courtesy Car ()))		ipierad	Done) shy
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car (NO();T		iple*ad	Done) Sby
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ()		ipierad	Done	
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Con	ipple?ad		
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Con	ipierad		
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Con	apple and		
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Con	ipierad		
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	/ Courtesy Car ()	Date&Time Con	appierad		
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	/ Courtesy Car ()	Date&Time Con			Amu
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	/ Courtesy Car (Invoice Prep	Date&Time Con			Amu
Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions	/ Courtesy Car (Invoice Prep	Date&Time Con		Anit (\$)	Am (3
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions	/ Courtesy Car (Invoice Prep 1) AR: Accident 2) DA: Darrage A 3) TF: Towing Fe	Date&Time Con aration Checkle Reporting (\$30); Assessment (\$100);	INC (\$80) \$40/5	Amit (\$) fit Bill	Amu
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions aimant's Particulars :- iver/Owner:	/ Courtesy Car (Invoice Prep 1) AR: Accident 2) DA: Darrage A 3) TF: Towing Fe 4) FT: Follow-Th	Date&Time Con aration Checkle Reporting (\$30); Assessment (\$100); e rough Survey	INC (\$80) \$40/\$	Anit (\$) Tit Bill 45	Amu
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions	/ Courtesy Car (Invoice Prep 1) AR: Accident 2) DA: Darnage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th	Date&Time Con aration Checkle Reporting (\$30); Assessment (\$100);	INC (\$80) \$40/5 \$1: \$2) \$	Amit (\$) fit Bill	Am (3
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Date/Time Actions iver/Owner: ntact No:	/ Courtesy Car (Invoice Prep 1) AR: Accident 2) DA: Darnage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec	Date&Time Con Checkli Reporting (\$30); Assessment (\$100); e rough Survey rough Survey (Resurve) ainst INC Only (wef) ion	St.: INC (\$80) \$40/\$ \$1: 29) \$2005) \$30 Jan 2005) \$30 Jan 2005	200 30 75	Am (3
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions aimant's Particulars :- iver/Owner:	/ Courtesy Car (Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspect 7) N1: Idao DA +	Date&Time Con aration Checkli Reporting (\$30); Assessment (\$100); e rough Survey rough Survey (Resurve) ainst INC Only (wef) ion SMRT Survey	INC (\$80) \$40/5 \$1: ey) \$: 0 Jan 2905)	200 30 75	Am (3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions alimant's Particulars :- iver/Owner: intact No: imaged Portion:	/ Courtesy Car (Invoice Prep 1) AR: Accident 2) DA: Darnage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec	Date&Time Con aration Checkli Reporting (\$30); Assessment (\$100); e rough Survey rough Survey (Resurve) ainst INC Only (wef) ion SMRT Survey	St.: INC (\$80) \$40/\$ \$1: 29) \$2005) \$30 Jan 2005) \$30 Jan 2005	200 30 75	Am (3
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Date/Time Actions iver/Owner: ntact No:	/ Courtesy Car (Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idau DA + 8) NTUC Addition OID* *N5: Courtesy	Date&Time Con aration Checkli Reporting (\$30); Assessment (\$100); e rough Survey rough Survey (Resurve) ainst INC Only (wef) ion SMRT Survey hal Services	1NC (\$80) \$40/\$ \$1: \$2) \$2005) \$1:	Anit (\$) Tst Bill 45 20 30 75 60	Am (3
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions aimant's Particulars :- iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge):	/ Courtesy Car (Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idao DA + 8) NTUC Addition OD!* *N5: Courtesy *N6: Repair Co	Date&Time Con aration Checkli Reporting (\$30); Assessment (\$100); e rough Survey rough Survey (Resurve) ainst INC Only (wef) ion SMRT Survey hal Services: Cer/Tpt Allowance cerdination	INC (\$80) \$40/\$ \$1: \$2) \$1: \$1: \$1:	Anit (\$) 751 Bill 45 20 30	Ami (S
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions alimant's Particulars :- iver/Owner: intact No: imaged Portion:	/ Courtesy Car (Invoice Prep 1) AR: Accident 2) DA: Damage / 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idao DA + 8) NTUC Addition OD!* *N5: Courtesy *N6: Repair Co *N7: Fost Repa *N8: DV / Colle	Date & Time Con aration Checkin Reporting (\$30); Assessment (\$100); e rough Survey rough Survey (Resurve) ainst INC Only (wef) ion SMRT Survey hal Services: cer/Tpt Allowance erdination in Inspection cet Excess Coordination cet Excess Coordination	1NC (\$80) \$40/\$ \$1: 2y) \$5: \$1: \$5: \$5: \$7: \$5: \$7: \$7: \$7: \$7	Anit (\$) Tst Bill 45 20 30 75 60	Ami (\$
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions aimant's Particulars :- iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge):	/ Courtesy Car (Invoice Prep 1) AR: Accident 2) DA: Damage / 3) TF: Towing Fe 4) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idao DA + 8) NTUC Addition OD!* *N5: Courtesy *N6: Repair Co *N7: Fost Repa *N8: DV / Colle	Date & Time Con ar ation Checkin Reporting (\$30); Assessment (\$100); e rough Survey rough Survey (Resurve) ainst INC Only (wef) ion SMRT Survey hal Services: cer/Tpt Allowance	INC (\$80) \$40/5 \$1: 240/5 \$1: 250 \$1: \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	Anit (\$) Tst Bill 45 20 30 75 60 \$5 10 25	

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

	ACCIDENT STATEMENT
Date Of Report	15/07/2020 11:07
Date Of Accident	14/07/2020 09:20
Exact Location Of Accident	SERANGOON RD TWDS PIE (TUAS)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMQ6009T
Insured/Policyholder	
Name Of Registered Owner	SMOKEVOXY
Co Reg No	5XXXX826D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VOXY HYBRID 1.8V AT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE

NO Fleet Policy

Policy Number 5114412079

Cover Note Number

Driver

TAN LEE GEAT (CHEN LIYI) Name of Driver

SXXXX116Z NRIC No Date Of Birth 15/11/1981 OUTDOOR Occupation 31/03/2006 Date Of Driving Pass

14 YEARS AND 3 MONTHS **Driving Experience**

Gender

(LOCAL) +65-97410856 Mobile Number

Fax Number

OFFICE-97410856 Contact Number

NOEMAIL EMail Address

Address BLK 804A KEAT HONG CLOSE

#13-08

Postcode 681804

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

*

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

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.

NO

YES

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

EL NO: 65470000 - FAX

Circumstances of Accident

REFER TO POLICE REPORT - T/20200714/7019.

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 SLS5154P

Vehicle Make/Model/Colour SUBARU FORESTER

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 OTHER VEHICLE PROPERTY 2

SGD2326T Vehicle Registration Number

Vehicle Make/Model/Colour NISSAN SUNNY

Details Of Properties

PRIVATE CAR Vehicle Category

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

NO

Name TAN LEE GEAT (CHEN LIYI)

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? SMQ6009T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

Page 3 of 20

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 clealing 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.

Policyholder's Signature

Driver's Signature (If ciriver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN A: SMG6009T B: SLS 5154P L: SG02326T DESCRIBE CIRCUMSTANCES OF THE ACCIDENT report Refer police tu DECLARATION I/We declare the foregoing particulars are true in every respect. Driver's Signature Policy Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: Date & Ti Date & Time: MRIC/FIN No :

ather standard are we

Date of Accident	: 14/07/2020 Accident Time: 0920 3m (24-HR-Format)
Accident Place	: PIE towards tuds, KALLANG SLIP road to CTE/LIA
Vehicle Reg. No. (Car Plate No.)	(5) 1544 M 10 10 10 10 10 10 10 10 10 10 10 10 10
Vehicle Make/Model	TOYOTA HOT VOXY Hybrid.
Insurance Company	: NTUC Policy No. 5114412079
Owner or Company Name /IC No	. : SMOKE VOXY
Owner or Company Contact No.	SMOKE VOXY Owner's HpCompany Tel
DRIVER'S Name / IC No.	TAN. LEE GEAT 581381167
DRIVER'S Date Of Birth	: 15/11/1981 DRIVER'S License Pass Date 31/03/2006
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 0000
DRIVER'S Address	: 804A KEAT HONG CLOSE #13-08 5 (68-1804)
DRIVER'S Contact No./ Alt No.	:1) 9741 0856 2)
DRIVER'S Occupation	: INDOOR (OUTDOOR (e.g. working inside or outside office)
Email Address	: admi1@mycar.sq
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	; Reporting Only (Claim Other Party) Claim Own Insurance
Number of Passengers (Including I	Driver):O
Was there any video Captured by c Exact purpose for which vehicle w	car camera (YES) NO ras being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (If any)
Vehicle Reg. No: SGD 232	6T (c) Vehicle Reg. No: SLSS154P (3)
Vehicle Make Wodel: NissaN	
Name Driver:	
IC No. Driver:	
Driver's Contact & Add:	particular and the contract of

* * *





1 of 3

Report No. T/20200714/7019

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

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 14/07/20	ne Report M 020 17:50	lade:	Vide Report No.: A/20200714/0026	Station Diary No.:		
Informa	nt's Particu	ulars				
Name of TAN LEE	Informant: E GEAT		Address: APT BLK 804A KEAT HONG 681804	CLOSE #13-08 SINGAPORE		
ID Type NRIC NO	/ ID No.: O / S81381	16Z	Contact No.: Home/Office:	Mobile: 97410856		
Nationality: SINGAPORE CITIZEN			Email: SMOKEOUTS@YMAIL.COM			
Sex: Male	Age: 38	Date of Birth: 15/11/1981	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Nar English			
Occupation: Grab Driver			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/07/2020 09:20	Type of Location Straight Road
Location: SERANGOOI Weather:	N ROAD	Road Surface:		Road Speed Limit:
Clear Traffic Flow:		Dry Traffic Control:		60 Km/h Traffic Volume:
		Not Controlled		Moderate
One Way		The state of the s		

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SGD2326T	Car	NISSAN			Seriously Damaged	0		
SLS5154P	Car	SUBARU		White	Seriously Damaged	1		
SMQ6009T	Car			Black	Seriously Damaged			

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





2 of 3

Report No. T/20200714/7019

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

CONTINUATION OF REPORT

Driver		See See		STREET,	SECTION AND ADDRESS OF THE PARTY OF THE PART		
Name	TAN LEE GEAT			ID No		S8138116Z	
Related Vehicle	SMQ6009T (Car)				Contact No. 974108		
Hospital/Clinic	NIL				of g ce & / Date	Class: NIL Date of Expiry: NIL	
Date Treatment	14/07/2020	Date Disc	harge	14/07	7/2020		
No. of Days gran	ted Medical Leave	05	Degree of	fInjury	Sligh	t	

Brief Details.

I was travelling along serangoon Road towards PIE tuas on Lane 2, suddenly the vehicle in front slow down and stop, I follow suit. But the vehicle behind me bearing vehicle number SLS5154P could not brake in time and collided onto my vehicle rear portion. The impact was so great that my in car camera also flew off. The impact causes my vehicle to propel forward and hit onto vehicle SGD2326T. We alighted exchange particulars and the last vehicle passenger is injured and got conveyed to the hospital by ambulance. I wish to state that I manage to brake in time in stationary position before SLS5154P hit onto my rear. I suffer some cuts and bruises after the accident and was treated by the paramedic. I consulted a doctor at intermedical 24hr clinic and was referred to Amk polyclinic for an x-ray.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200714/7019

CONTINUATION OF REPORT

Sketch Plan				
Informant is	not able	to provide	sketch	nla

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2020 17:50
Officer In Charge Of Case: TP / TPIB / ABDUL MUHAIMIN BIN HUSSAIN Contact No.: 65476845	Classification Of Case:

Authentication Stamp NP168



Policy No.	5114412079	Policyholder Name	SMOKEVO	KY	Policyholder NRIC	53405826D	
Certificate No.		Name			NRIC		
Address	BLK 804A #13-08 KEAT HON	G CLOSE KEAT H	ONG PRIDE	SINGAPORE 681804			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	28/11/2019	Effective Date	29/11/201	9 00:00	Expiry Date	19/12/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	500	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co-	2000						
insurance Flag	No						
	No						
Flag Open	No						
Flag Open Policy Info Certificate Info	older Mailing Address						
Flag Open Policy Info Certificate Info		Addre	ss 2	KEAT HONG CLOSE		Address 3	KEAT HONG PRIDE
Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address		ss 2 ss Type	KEAT HONG CLOSE Singapore address		Address 3	KEAT HONG PRIDE 681804
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4	older Mailing Address BLK 804A #13-08	Addre	ss Type d Policy				
Flag Open Open Policy Info Certificate Info Policyh Address 1 Address 4 Jnit No.	older Mailing Address BLK 804A #13-08 SINGAPORE 681804	Addre Relate	ss Type d Policy	Singapore address			
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address BLK 804A #13-08 SINGAPORE 681804 13-08 I Object: SMQ6009T	Addre Relate	ss Type d Policy	Singapore address			
Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Jnit No.	older Mailing Address BLK 804A #13-08 SINGAPORE 681804 13-08 d Object: SMQ6009T ements	Addre Relate Numb	ss Type d Policy	Singapore address 5114412079		Post Code	

Cartington Name Proposed Code Proposed Co	Claim Handling										
The Propose Design	Accident MT/1096886										
Marchand	Policy No.	5114412079		Vehicle No.	SMQ600	9T		GST Registration No	h.		
Production Pro	Certificate No.										
Contact Cont	Policyholder Name	SMOKEVOXY						Policyholder NR3C		53405	8260
Speak	Product Code	PRIVATE CAR INSURANCE	E	Cover Type	drive CL	ASSIC		Loading		0	
March Mar	Contact No. (Mobile)	0			0			Contact No.(Home)			2
Marchane		Macan			102/2006					11:0	
March content)Yes					
March Schell Sc		No		NCD Entitlement(%)	0			Private Hire		Yes	
The process ACCOUNT ACCOUNT ACCOUNT Sequence Decompt True Account Sequence Sequ				SI SUES TERRITORIS							
Marcial Science Micros M										Chain	Collision
Part		14/07/2020			09:20					Singap	Ore .
## Products Four Service 1,000,000 1,				Orange Force				ICM No.			
Decision Part Accorder P			E (TUAS)								
00 Standard Goldes				1100000000000000		950000					
Mile	Excess Type	Per Accident		Windscreen Excess		100.00					
Mile	OD Standard Excess	2.0	000.00	TP Standard Excess		1,500.00					
Table To Excess Approach Table Tabl	YIED OD Excess		0.00			0.00		Driver is Covered?		Covers	ed .
## 156 February 150 150 February 150 150 February 150 F	Additional Excess		500								
## CONT Requirement District OUT Requirement	Total GD Excess Applicable	21	500.00	Total TP Excess Applicable		1,500.00					
Control No	♥ Senefits										
### CONTROLLED NOTES 1945	♥ GST Registered Inform	ation									
### Participation ####################################	GST Registered	No				and the state of t					
## Participation Material ### Address 2 SEAT HOUG CLOSE	GSF Registration No.				G	ST Status venified		ves			
Address 1	Modification History										
Address 1	St. Relicyhelder Maillen As	(drawa									
Address 4				Address 5	PRAY HA	with on need		Arhtmas 9		VEST	HONE BRIDE
Date No.											
Direct Name TAN LEE GEAT								rust code		00100	
Direct Name TANULE GEAT		13-08		Kelebed Porcy Number	3114412	5279					
Driver Roller Driver CODE 17/1/1961 Driver Roller Driver Roller Driver CODE 14 Driver CODE Driver CODE 14 Driver CODE Driver		TAN LEE GEAT		Driver Type	Main Driv	ver.					
Contact No. (Principle) 971 (2856) Contact No. (Office) 0 Contac	Unnamed driver Name	7747.444.60471						Driver DOB		13/11	/1981
Address 1 BLX BOAR Address 2 REAT HONG CLOSE Address 3 CEAT HONG GRIDE Address 6 SINGHONE 689004 Address Type Singsore address Past Code 699004 Dels No on a Singsore Register Regist	Register Date of Driver License	31/03/2006		Driver Age	38			Driving Experience		14	
Address 4 Structure College Structure Co	Contact No.(Mobile)	97410856		Contact No.(Office)	0			Contact No.(Home)		0	
Date Name of Singapore Que Que No Driver Vertice No. Driver No. Driver Vertice No. Driver No.	Address 1	BLK 804A			KEATHO	ING CLOSE				KEAT	HONG PRIDE
Delay Delay Delay Delay Delay Delay Vet.	Address 4	SINGAPORE 681804		Address Type	Singapor	e address		Post Code		68180	4
Decisation Preservatives or Bood Test Readings Any rejury? Omg Any rejury? Omg Any rejury? Omg Any rejury? Omg One Any rejury? Omg One Any rejury? Omg One Any rejury? Omg One One Any rejury? Omg One	Une No.	13-08									
Properties of Properties Contact No. Conta	Does he own a Singapore	○ Yes ® No		Driver Vehicle No.				Driver Insurer Comp	parry		
Brasinayses or Blood Test Omg Any injury? Over \ No Nosification History Calim 901 New Contact No. (Portion Contact No. (Portion One Notice Number One Notic	meyene su sarr										
Reading? Calm 001 New Calm 17ye * GO-MX	Declaration										
Colim 001 New Claim 1/ye * GD-MX	Breathalyser or Blood Test Reading?	0 mg		Any injury?	® Yes () No					
Claim 001 Next Chaim Type * OD-MX	The state of the s										
Claim 001 Next Chaim Type * OD-MX	Modification Withou										
Claim Type * QD-MX	Pagancation regiony										
Contact No. (Mosie) \$74.10856 Contact No. (Horne) Got Vehicle Number SMQ6099T The Vehicle Number SLS51549 The Vehicle Number Type of Benieft + Pease Seest Claimant Type - Please Select Vehicle Number Type of Benieft + Pease Seest Claimant RRC + Claimant Address Claimant RRC + Claimant R	Claim 001 New										
Contact No. (Mosie) \$74.10856 Contact No. (Horne) Got Vehicle Number SMQ6099T The Vehicle Number SLS51549 The Vehicle Number Type of Benieft + Pease Seest Claimant Type - Please Select Vehicle Number Type of Benieft + Pease Seest Claimant RRC + Claimant Address Claimant RRC + Claimant R											
Contact No. (Mosie) \$74.10856 Contact No. (Horne) Got Vehicle Number SMQ6099T The Vehicle Number SLS51549 The Vehicle Number Type of Benieft + Pease Seest Claimant Type - Please Select Vehicle Number Type of Benieft + Pease Seest Claimant RRC + Claimant Address Claimant RRC + Claimant R	Claim Time 4	CO. HV	101	Invested Name	EMONEY	Day		focused MRTC		53405	906h
Emei Address Claimant Type Glamant Type Paskas Select: V Type of Benefit * Pease Select: V Claimant Address Claimant Name *		to come	1		SHIDNEY	OK P				33403	1200
Claimant Type Claimant Type Please Select Claimant Name + Claimant Name		Avernmon			SMOSOO	QT .				8/851	CAD
Claimant Name +		Please Select	707		annount for the	7117		The Walliage Hamilton		2000	
Claim Description SMQ5009T / SLSS1S4P ON 14 Jul 2020 Preferred Workshop Contact No. Require Pinalsation Yes Preferred Repair Option Report Received IS07/2020 11:18 Claim Close Date Date Received IS07/2020 00:00 Report Received IS07/2020 00:00 Receiv											
Insured Liability * Not at Fault Ves Preference Repair Option Preferred Workshop, Name unknown V GIA report Received V Dee Registered IS/07/2020 11:18 Claim Close Date Date Date Date Date Date Date Dat	Claimant Address										
Require Finalisation Ves	Claim Description	SMQ6009T / SLSS154P 0	N 14 3H 2020					Name of Preferred V	Vorkshop		
Attachment Ty Actachment Ty	Preferred Workshop Contact		TO STATE OF THE PARTY OF THE PA	Insured Liability *	Not at F	aut V					1 - 37
Date Registered 15/07/2020 11:18 Claim Close Date Date Date Received 15/07/2020 00:00 Report Taken By Jackson Print AK letter Attachment The Accident No M1/1096886 Claim No. 001 Lest Doc. Received 9 Yes No Upfoad Date 15/07/2020 11:19 Path * Category * Confidencial Urgency * Description * Path * Description * Descript		Yes		Preference Repair Option	Preferre	d Workshop, Name unknown	V	GIA report		Receiv	red 🗸
Report Taken By Dackson Dackson		22 11 12 20 20 20 20 20 20 20 20 20 20 20 20 20								15/07	30 Mary 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Print AK letter Seve Submit		A									
Attachment To Accident No MT/1096886 Claim No. 001 Last Doc. Received		Roma Cou									
Attachment 2 Accident No. MT/1096886 Claim No. 001 Lest Doc. Rockived Yes No. Upfoad Date 15/07/2020 11:19 Path * Category * Confidencial Urgency * Description * Browse Claim Rease Select V 10 V Normal V Browse Claim Rease Select V 10 V Normal V Browse Claim Rease Select V 10 V Normal V Browse Claim Rease Select V 10 V Normal V Browse Claim Rease Select V 10 V Normal V Browse Claim Rease Select V 10 V Normal V	E Print An, recter										
Accident No. MT/1096886 Claim No. 001 Lest Doc Rockived Yes No. Upload Date 15/07/2020 L11:19. Path * Category * Confidencial Urgency * Description * Browse Clear Prease Select V No. Normal V Normal V Normal V Normal V					Seve S	ubmit					
Accident No MT/1096886 Claim No. 001 Lest Doc. Received	Attachment										
Accident No MT/1096886 Claim No. 001 Lest Doc. Received	4										
Lest Doc. Received *Yes \ No. Upload Date 15/07/2020 11:19 *Path * Category * Confidencial Urgency * Description * Browse Clear Rease Select											
Path * Category * Confidencial Urgency * Description *	Accident No.										
Browse Clear Rease Select V 10 V Normal V Browse Clear Rease Select V 10 V Normal V Browse Clear Rease Select V 10 V Normal V Browse Clear Rease Select V 10 V Normal V	Last Doc. Received			Upload Date							
Browse Clear Rease Select V W Normal V Browse Clear Rease Select V W Normal V Browse Clear Rease Select V W Normal V		Pati	h •		1 10000	A CONTRACTOR OF THE PARTY OF TH	-				Description *
Browse Clear Please Select V Normal V Browse Clear Please Select V Normal V					I limeter		1950				
Browse Clear Please Select V III V Normal V											
							-		De la constantina		
Browse Clear Please Solect:				Browse	1		. 100		2000		
				Browse	Clea	Please Select	V	NG Y	Normal	v	

