Date In: 18 7/20 - 15:04	Jeb description	Date & Time Completed	Done by
Ref No: MA MC20243 /24	SAS e-filing		
Veh No: SMK byy	E-mail (within Shrs, AIC 2hrs)		94
D.O.A: 17/7/19:30	i-Motor Claim Form	M7/1097235-00	1 Ma/20 15:26
OD / P Reporting Only	i-Motor W/O (Within: OD 2h)	- State State of Control of the Cont	
OD : IF reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
Tr Insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: F	ax:
TP Particulars: Veh No: JN	MAGTORY . INC (	)/Non-INC( )	
Owner / Driver: (		Tel:	)
Policy No: ( )	Period: ( )	Cover Type: (	)
Confirmed by : (	Date:	Time:	)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1	1,000 ( )/\$2,000 ( )		
General Remarks;	AND TO SERVICE		Section 1
( ) Walk-In Customer : Customer's in			<del> </del>
( ) Total Loss Case : to e-mail Insu		*	
		owing Co: (	. )
	TOTO PROGRAMMENT AND A CONTACT OF THE PARTY	*	JERNES WYT
Remarks: (INC hotline: 6788 6616)	A AND COURT OF SHEAR AND	Date&Time Completed	Done by
	Carrata and Carra		
	Courtesy Car ( )	-	
2) QC Check / Post Repair Inspection	( )	-	
	( )		
2) QC Check / Post Repair Inspection	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]	( )		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions	( )		Amt (C) Amt (J)
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( ) \$3000] ( )  Invoice Prej	aration Checklist	fit Bill Add Bill
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Actions  January:	( ) \$3000] ( )  Invoice Prep  1) AR: Accident 2) DA: Damage A	aration Checklist Reporting (\$30); Assessment (\$100); INC (\$80	dá Bill Add Bill
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th	aration Checklist,  Reporting (\$30);  Assessment (\$100); INC (\$80 or one)  The control of the co	1 Add Bill Add Bill () () () () () () () () () () () () ()
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2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  laimant's Particulars:-  river/Owner:	Invoice Prep  Invoice Prep  1) AR: Accident  2) DA: Damage A  3) TF: Towing Fe  4) FT: Follow-Th  5) FT: Follow-Th  For claiming ag  6) TR: Re-inspec	aration Checklist,  Reporting (\$30); Assessment (\$100); INC (\$80); Tough Survey \$ Tough Survey (Resurvey) Ajnst JNC Only (wef 10 Jan 2003)	(§ Bill Add Bill ) 545 120 530
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Actions  laimant's Particulars:	Invoice Prep  1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA +	aration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$80);	151 Bill Add Bill 0) 545 120 530
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Laimant's Particulars:  ontact No:  amaged Portion:	Invoice Prep  Invoice Prep  I) AR: Accident  I) DA: Damage A  If the Follow-Th  If the Follow-Th  If the Company as  If the Com	Reporting (\$30); Reporting (\$30); Assessment (\$100); INC (\$80); Frough Survey \$ Frough Survey (Resurvey) Frough Survey (\$800) Frough Survey \$100 Jan 2005) Frough Survey \$200 Froug	(§£Bijl Add Bill ) ) \$45 120 530 575
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  laimant's Particulars:-  river/Owner:	Invoice Prep  Invoice Prep  I) AR: Accident  I) DA: Damage A  If T: Towing Fe  I) FT: Follow-Th  If T: Follow-Th  For claiming as  If T: Re-inspec  Invoice Prep  Invoice	Paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$80);  Frough Survey (\$200);  Frough Survey (Resurvey);  Frough Survey (Resurvey);  Frough Survey (\$200);  Frough Survey	(§£Bijl) Add Bill ) \$45 120 \$30 \$75 160
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Laimant's Particulars:  ontact No:  amaged Portion:  Checked by (Engr-In-Charge):	Invoice Preparation of the state of the stat	Reporting (\$30); Reporting (\$30); Reseasment (\$100); INC (\$80); Reseasment (\$100); INC (\$80); Reseasment (\$100); INC (\$80); Research (\$100); INC (\$80); Research (\$100); Researc	(§£Bijl Add Bill ) ) \$45 120 530 575
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Laimant's Particulars:  iver/Owner:  ontact No:  amaged Portion:  Checked by (Engr-In-Charge):	Invoice Preparation ( )  Invoice Preparation (	Reporting (\$30); Reporting (\$30); Reseasment (\$100); INC (\$80); Reseasment (\$100); INC (\$80); Reseasment (\$100); INC (\$80); Research (\$100); INC (\$100); Resea	(§£ Bill Add Bill )  \$45 120 530 575 160 \$510 525 555
2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Laimant's Particulars:  ontact No:  amaged Portion:  Checked by (Engr-In-Charge):	Invoice Preparation ( )  Invoice Preparation (	Paration Checklist  Reporting (\$30);  Issessment (\$100); INC (\$80);  Frough Survey (\$200);  Frough Survey (Resurvey)  Frough Survey (Resurvey)  Frough Survey (Resurvey)  Frough Survey (\$200);  Frough Survey	(§£Bijl) Add Bill  ) 545 120 530 575 160 555 510 525

#### 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.	
	ACCIDENT STATEMENT
Date Of Report	18/07/2020 15:04
Date Of Accident	17/07/2020 19:30
Exact Location Of Accident	JUNC CAIRNHILL RD & GRANGE RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK6714Y
Insured/Policyholder	
Name Of Registered Owner	TANG JIAN LONG
NRIC No	SXXXX909J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88680784
Alternative Phone No	OFFICE-88680784
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C 180 BLUEEFFICIENCY
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5110346592-01

Cover Note Number

#### Driver

Name of Driver TANG JIAN LONG

 NRIC No
 SXXXX909J

 Date Of Birth
 07/11/1996

 Occupation
 OUTDOOR

 Date Of Driving Pass
 19/03/2016

Driving Experience 4 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88680784

Fax Number

Contact Number OFFICE-88680784

EMail Address NOEMAIL

BLK 302B PUNGGOL PLACE Address

#14-235

2

NO

822302 Postcode

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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

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

ambulance?

YES Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

NO

Police Station Address SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200718/7009.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SMA6502U Vehicle Registration Number VOLVO Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 18

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

TANG JIAN LONG

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle?

SMK6714Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

# SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 insurer(s) 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:
  - (I) 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: PONCE VEPORT

### **DECLARATION**

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

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

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please 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.

ACCIDENT DETAILS							
Date of accident	NINT FI	2020	)	2	N. Partie		(DD/MM/YY)
Time of accident	7:30PM						(HH:MM)
Exact location of accident	Junction	of	Cairnhill	rd	and	Grange	Ruad.

		DETAILS OF	F VEHICLE			
Vehicle registration number		SMK	67144			
Vehicle make and model		Mercedes CI80				
Type of vehicle	Saloon D	MPV  Bus				
Vehicle category	Private	Comm	nercial   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 □			

<b>应性指指的</b> 指数的最高。	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only □

	INSURED / POLICY HOLDER	
Name	Tang Jian Long	Male Female 🗆
NRIC / Fin / Passport number	S9641909J	
Contact	8868 0784.	
Address	BIK 3028 Punggol Prive Place 3 5(822302)	#14-235

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male  Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	
Date of birth	07 / 11 / 1996
Occupation	Indoor  Outdoor
Driving date pass	19/03/2016

<b>经过度</b> 了数据提出了19	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No 🗹	THE ACCIDENT	1000 A
the insured's company?			driver and insured:	owner
Accident captured by camera?		No 1	inver and modred.	
Weather condition	Clear	0.000 (0.000)	Others:	
Road surface	Dry	Wet 🗆	Others.	
No of passenger	1	***************************************		(Inclusive of driver
passer 8c.				(inclusive of driver
	R. Tall The Late	PASSENGER	1 (2) (3) (3) (3) (3)	
Name		TASSENGEN		
Gender	Male	Female		
	mule	remare D		
		PASSENGER	2	
Name		T ASSENCE		HEROTE BENEFIT HEROTE BENEFIT HEROTE
Gender	Male 🗆	Female		Access to the second se
	1	Temale L		
THE PROPERTY OF THE PARTY OF TH	- BIS 5	PASSENGER	2	
Name		PASSENGER		
Gender	Male 🗆	Female		
Circui	IVIAIC L	remale 🗆		
	West and less	DASSENGER		
Name	202	PASSENGER	4	
Gender	Male 🗆	Female		
Gender	iviale 🗆	remaie 🗆		
Company of the second s	NOT TO ST			
Name	AND DEC	PASSENGER	5	<b>《中国人》</b>
Gender	Male 🗆	Female		
AS LINE OF STREET STREET, STREET				
		PASSENGER	6	
Name				
Gender	Male 🗆	Female		
		William Today St. Commission		
		OTHER INFORMA	ATION	<b>在创发的电影</b>
Was anybody injured?	Yes	No		
Was other vehicle damaged?	Yes	No 🗆		
<b>2000年10日 1000日 1000日</b>		OF POLICE STA		
Reported to police?	Yes	No □ If yes	, please state which p	oolice station.
Police station name	10 nb	1 Ave 3		
AND AND ASSESSMENT OF THE PARTY		WITNESS 1	Charles and the second	<b>文学的表现是是</b>
Name				
<b>是我会是是自己的一种的。</b>		WITNESS 2		
Name				

. .

<b>计划是图图表点的数字是对对</b>	THIRD PARTY VEHICLE 1
Vehicle registration number	SMA 65024
Vehicle make model	ATA ADJAM . N.O.INO .
Name	The state of the s
NRIC / Fin / Passport number	
Contact	
	THIRD DARTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
A DOMESTIC OF THE RESIDENCE OF THE PARTY OF	THER PARTY VEHICLE :
Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	THIS TAILT VEHICLE O
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD DARTY VEHICLE 7
Vehicle registration number	THIRD PARTY VEHICLE 7
Vehicle make model	
venicle make model	

Name

Contact

NRIC / Fin / Passport number

		INJURED PERSON 1
Name	-	Tang Jian Long
Injuries sustained		Neck 4 Back
Which vehicle person in?		Dilver
Were seat belts worn?	Yes	No
Was injured conveyed to	Yes 🗆	No
hospital by ambulance?	O-Systematics of the state of t	
SHIP TO SHIP THE PARTY OF THE P		INJURED PERSON 2
Name	The second second	INJUNED PERSON 2
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1030	110 0
	-15	
<b>12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 </b>	o we we	INJURED PERSON 3
Name		INJURED PERSON 3
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	V	N.
	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆
nospital by ambulancer		
	SIN COLUMN	
Name		INJURED PERSON 4
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆
nospital by ambulance?		
		- I Water con an executive in
		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
<b>自由企业企业企业</b>	是在这里	INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆 Yes 🗅	No :





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20200718/7009

## REPORT OF A TRAFFIC ACCIDENT

	18/07/2020 14:38		Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars		
Name of TANG J	Informant: IAN LONG		Address: APT BLK 302B PUNGGOL P 822302	PLACE #14-235 SINGAPORE
ID Type / ID No.: NRIC NO / S9641909J		09J	Contact No.: Home/Office: Mobile: 88680784	
Nationality: SINGAPORE CITIZEN		EN	Email: jianlong0711@gmail.com	
Sex: Male	Age: 23	Date of Birth: 07/11/1996	Type of Informant: Driver	
Race: Chinese		•	Language: Institution / School National English	
Occupation: Gojek driver			Driving Licence Information: Class: 3	Date of Expiry:

General Infor	mation of the Acc	dent		
Type of Accident:	Injury Others	Drink Drive; No	Date/Time of Accident: 17/07/2020 19:30	Type of Location: X-Junction
Location:		1140	11/10/1/2020 19.30	A STATE OF THE STA
CAIRNHILL F	ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis Between Mov		Swipe - Opposite Direction	on	Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMA6502U	Car				Condition	0
SMK6714Y	Car	MERCEDES BENZ	C 180 BLUEEFFICI ENCY	Black		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK6714Y	NTUC Income Insurance Co-Operative Limited	5110346592-01	15/07/2020	14/07/2021





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

2 of 3 Report No. T/20200718/7009

# CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved	CONTRACTOR OF				
Any Pedestrian I	nvolved: No				2.73	
No. of Pedestriar	ns Injured: NIL		Use of Pe	edestriar	Cross	sing: NA
Driver		VENT BIND			. 0,000	ang. Tiri
Name	TANG JIAN LONG	JIAN LONG				S9641909J
Related Vehicle	SMK6714Y (Car)		Contact No.		88680784	
Hospital/Clinic	AMK FAMILY CLIN		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	17/07/2020		Date Disc	harge	17/07	7/2020
No. of Days gran	ted Medical Leave	03	Degree of		Slight	

# Brief Details.

I was at the 3rd lane of Cairnhill road waiting for the traffic light to turn green before turning left onto Orchard road. When the traffic lights turned green , I proceeded to Turn Left. While turning , vehicle B on the right lane made a sharp left turn and cut onto my lane. I came to a stop but vehicle B still collided onto the right portion of my vehicle.





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

3 of 3 Report No. T/20200718/7009

### CONTINUATION OF REPORT

Sketch Plan	
Informant is	not able to provide sketch pla

NP168

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: 18/07/2020 14:38
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

Hello, NAC_PAYA_UBI_80	0601						· Chang	e Languag	e Chan	ge Password	+ Log Ou
My Desktop	Poli	cy Query					COMPANDED .	0,20008-005	50 3030000		
Notice of Loss	Policy 1	No.				Date	of Accident	1	17/07/2020 1	9:30	
	Vehicle	No.(For Motor)	SMK67	14Y		Certi	Cate Number	Î			
						Search					
	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110346592- 01		TANG JIAN LONG	596419093	GPC	drivo CLASSIC	SMK6714Y	100	15/07/2020	14/07/2021

Sequenc	e Date of Endorsement	E	ndorsement	Туре	Endorsement S	Status	Endorsement Content
□ Endorse	ements						
Insured	Object: SMK6714Y						
nit No.	14-235	Related Numbe		5110346592-01			
ddress 4	SINGAPORE 822302	Addres	s Type	Singapore address	P	ost Code	822302
ddress 1	BLK 302B #14-235	Addres	s 2	PUNGGOL PLACE	A	Address 3	CORALINUS
Policyh	older Mailing Address						
ertificate nfo							
pen olicy Info							
o- nsurance lag	No						
igent	QUOTIGO PTE. LTD.	Agent Tel.	63853303		GST Flag	Υ	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Additional excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	06/07/2020	Effective Date	15/07/202	0 00:00		14/07/2021 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 302B #14-235 PUNGGOL P	LACE CORALIN	IUS SINGAR	PORE 822302			
Certificate No.					NKIC		
	5110346592-01	Policyholder Name	TANG JIAN	N LONG	Policyholder NRIC	S96419093	

Continue Cancel

oricy No.					
oncy No.					
Pertificate No.	5110346592-01	Waricle No.	SMK8714V	GST Registration No.	
olicyholder Name	TANG JIAN LONG				
roduct Code	PRIVATE CAR INSURANCE	12010100000		Policyholder NRTC	596419091
ontact No.(Mobile)	59530784	Cover Type	drive CLASSIC	Loading	0
nell Address	00000704	Contact No. (Office)	0	Contact No.(Home)	0
K	@ No C) Vis	Special Remark		eCode	to V
D Protection	® No ○ Yes No	TCA	® No 🔾 Yes	eCode Reason	
Accident Details	1-N0	NCD Entitlement(%)	10	Private Hira	Yes
port Date	10107-2000 - 5-05				
te of Accident	18/07/2020 15:25	Accident Report Within 24 hrs		Accident Type	Side Swipe
porting Centre	17/07/2020	Time of Accident filtimm	39:30	Country of Accident	Singapore
ident Location	Charles the same of the same of the	Orange Force		3CM No.	
Total Excess Applicable	JUNC CAIRNHILL RO & GRANG	е ир			
иля Туре	Per Accident				
	Par Recognit	Windscreen Excess	100.00		
Standard Excess	2.000.0	0 TP Standard Excess	1,500.00		
D DD Excess	90.0		0.00	Driver is Covered?	Market Spirit
itional Excess		0	. 0.00	Driver is Covered?	Covered
I OD Excess Applicable	2000.0				
Benefits		7	1,500.00		
GST Registered Inform	sation				
Registered	Na		GST Registration Date		
Registration No.			GST Status Ventiled	Yes	
fication History					
	1900				
Policyholder Mailing Ar					
rexe 1	BLK 3028 #14-235	Address 2	PUNGGOL PLACE	Address 3	CORALINUS
rest 4	SINGAPORE 822302	Address Type	Singapore address	Post Code	622302
No.	14-235	Releted Folloy Number	5110346592-01		
OI Driver Info	Constitution				
er Name	TANG JIAN LONG	Driver Type	Main Driver		
amed driver Name	60000	Driver NRIC	596419093	Driver DOB	07/11/1996
ster Date of Driver License		Onver Age	23	Driving Expenence	4
act No.(Hobies)	88690794	Contact No. (Office)	0	Contact No.(Home)	0
ress t	BLK 302B	Address 2	PUNGGOL PLACE	Address 3	CORALINUS
855 A	SINGAPORE 822302	Address Type	Singapore address	Post Code	822302
No.	14-235				
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