Date In: 2/3/2721	Jeb description		Date &Time Completed	Done	by:
Res NONA (1402007673 /24	SAS e-filing				
Veh No: SUBINA 4	E-mail (within She	rs, AIC 2hrs)			-
D.O.A : 5/6/10-17:20	i-Motor Claim	Form	M7/1093931-002	1 2/2/20 N	:28
	i-Motor W/O (v	Within: OD 2hr:	-	and the second	
OD / TP) Reporting Only	i-Photo Upload	led			
TD 1	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by I	Fax / Hand t	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No:	Ticbyy .	. INC()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	6) [Note-Est. Status (WC)%; P: 21-79%. P: 50	-100%	-
Year of Registration: ()/NO()		
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()			
General Remarks;-				35007	4 1
() Walk-In Customer : Customer's	information strictly Confid	dential & St	ictly NO refer of repairer		2000 - 2001
	surer URGENTLY.		The same of the sa		
	voice: YES () / NO	· · · · · ·	owing Co: (1
Drive-In ()/ Towed-In (); Inv	oice. YES () / NO	(), 1	owing co. (
			1 - 1 -		-
Remarks:- (INC hotline: 6788 6616	6)		Date&Time Completed	Done	by
	CONT. OF STORY STORY STORY STORY OF STORY AND ADDRESS.		Date& Time Completed	Done	by
1) Apply for Transport Allowance (6)) / Courtesy Car ()		Date& Time Completed	Done	by
Apply for Transport Allowance (QC Check / Post Repair Inspection) / Courtesy Car ()		Date& Time Completed	Done	hy
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost:) / Courtesy Car ()		Date& Time Completed	Done Done	Ъу
Apply for Transport Allowance (QC Check / Post Repair Inspection) / Courtesy Car ()		Date&Time Completed	Done	by
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1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions)/Courtesy Car ()	AR : Accident DA : Damage	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (Anif(S) Tit Bill SSO)	Amt
1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions Name Particulars:) / Courtesy Car ()) AR : Accident) DA : Damage) TF : Towing F	Daration Checklist Reporting (\$30); Assessment (\$100); INC (Anit (S) fix Bill 580) 40/545	Amt
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 24/07/2020 12:23

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

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

aloresaid.	
	ACCIDENT STATEMENT
Date Of Report	24/07/2020 12:15
Date Of Accident	05/06/2020 17:20
Exact Location Of Accident	TIONG BAHRU RD TWDS OUTRAM RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB1237A
Insured/Policyholder	
Name Of Registered Owner	HOME LIMOUSINE & MANAGEMENT SERVICES PTE LTD
Co Reg No	2XXXXX715N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98866696
Alternative Phone No	OFFICE-98866696
Vehicle Particulars	
Manufacturer	тоуота
Model	VELLFIRE 2.5Z CVT
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	5116923173
Cover Note Number	
Driver	
Name of Driver	TAN KAY LIN
NRIC No	SXXXX982I
Date Of Birth	01/12/1970
	CUTTOGO

OUTDOOR 22/01/1991

MALE

NOEMAIL

29 YEARS AND 4 MONTHS

(LOCAL) +65-87183183

OFFICE-87183183

BLK 312A SUMANG LINK Address

#03-183

821312 Postcode

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

YES Was any foreign vehicle involved in this accident?

Foreign Vehicle Registration Number JTK6441 (MOTORCYCLE)

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

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.

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200724/2023.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JTK6441

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

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 <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>.
- 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.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature Date & Time: Driver's Signature

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN Buhry Rd twds on tram

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to plice report -7/2020 0714/2023.	
	19

I/We declare Habe or egoing particulars are true in every respect.

Policyholder Figura Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnell's Signature Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 6 / 10 (DE)/MM/YYYY), TIME:(17 : 10)(HH:MM)
LOCATION: Tiong Boben 12d	fud whom nd
1. DETAILS CENTRICES	
DETAILS OF VEHICLE	21277 0
	B1237 A.
	NTOC
c)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE)	THIRD PARTY / THIRD PARTY FIRE &THEFT)
e]MAKE & MODEL:	
f)TYPE:(SALOON / COUPE / MPV /V	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / C	COMMERCIAL / MOTORCYCLEI
h) PURPOSE OF USING AT ACCIDENT	
I) ARE YOU CLAIMING UNDER YOUR	
IF NO, PLEASE STATE (THIRD PARTY	
2. INSURED / POLICY HOLDER	yer any new circly
AINAME: Home limousine L	management P(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	J CONTACT: 9886 6696
c)ADDRESS:	CONTACT: - 100000 TO
S	
* CONTINUE TO 3.d IF DRIVER ALSO	BOLICAHOLDER
The of personnes DRIVER	POLICTHOLDER
ONAME:	(MARE / FEMALE)
(Including driver) a)NAME:	0
CLO CIADDRESS:	CONTACT: 183 183 183 183 183 183 183 183 183 183
CJADDKESS.	
"d) DATE OF BIRTH: (//	TOD/MAY/YYY
e)OCCUPATION: (INDOOR / OUTDO	ODE)
f) YEARS OF DRIVING EXPRERIENCE	7
4. WAS DRIVER AN EMPLOYEE OF TH	HE INSURED'S COMPANYS (VES /
IF NO, RELATIONSHIP OF THE DR	
5. g) WEATHER CONDITION: (CLEAR / R	
b)ROAD SURFACE: (DRY / WET / OTH	
6. WAS ANYBODY INJURED (YES / NO)	icks_
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	E CT A TION
9 THIRD BARTY VEHICLE	Charles and the Control of the Contr
No of passenger a) VEHICLE NUMBER: STIC (V	(motory de)
Inducting driver) b) DRIVER'S NAME:	MODEL
() NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	CONTACT
	1000000
No of passenger of Delver's NAME	
1 . O ORIVER STANIE.	
f) NRIC/FIN/PASSPORT:	CONTACT:
Cejuin 4740 @ gmail	-com
20 W (0)	
Cmail =	
a same	
la-	140
776 -	
13	
VIINKO = /	357





1 of 3

Report No. T/20200724/2023

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report i 020 11:48	viade:	Vide Report No.: A/20200605/0084	Station Diary No.:		
Informa	nt's Partic	ulars				
Name o TAN KA	f Informant: Y LIN		Address: APT BLK 312A SUMANG LIN PARCVISTA SINGAPORE 82			
	/ ID No.: O / S70429	821	Contact No.: Home/Office:	Mobile: 87183183		
National SINGAP	ity: ORE CITIZ	EN.	Email:			
Sex: Male	Age: 49	Date of Birth: 01/12/1970	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Nar English			
Occupat GOJEK	ion: DRIVER		Driving Licence Information: Class: 2B,3,4	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/06/2020 17:20	Type of Location
Location: Along Road 1 OUTRAM RO)		
CONTRACTOR AND				
Weather:		Road Surface:	F	Road Speed Limit:
		Road Surface: Dry	F	Road Speed Limit:
Vleather: Clear Traffic Flow:		STATE OF THE PROPERTY OF THE P		Road Speed Limit:

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge	
JKT6441	Motorcycle		The second of the second			0	
SLB1237A	Car					0	



T/20200724/2023

2 of 3

Report No. T/20200724/2023

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

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELING ALONG TIONG BAHRU ROAD TOWARDS OUTRAM ROAD. WHEN I SUDDENLY HEARD A LOUD BANG. I QUICKLY STOPPED MY VEHICLE AND CAME DOWN TO TAKE A LOOK AT WHAT HAD HAPPENED AND I THEN SAW A RIDER ON THE ROAD SUBSEQUENTLY THE RIDER WAS CONVEYED TO THE HOSPITAL. I WISH TO STATE THAT I DID NOT MAKE A STOP AT THE STOP SIGN AND I WAS DRIVING STRAIGHT TOWARDS SENG POH ROAD AND THUS FAILURE TO GIVE WAY.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200724/2023

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / BERNARD KOH REN JUN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/07/2020 11:48
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp	The state of the s

Hello, NAC_PAYA_UBI_8	00601				The second second	THE RESERVE AND ADDRESS.	· Chang	e Languag	c + Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query					332-500000-			ge rassword	- Log Ou
Notice of Loss	Policy N	Vo.				Date	of Accident	K	05/06/2020	17:20	
	Vehicle	No.(For Motor)	SLB12	37A		Certifi	cate Number	Ī			
						Search					1000 T
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116923173		HOME LIMOUSINE & MANAGEMENT SERVICES PTE LTD	201529715N	GPC	drivo CLASSIC		5LB1237A	17/05/2020	27/03/2021

Accident MT/1093931 Policy No.	5116923173	44200000					
Certificate No.	2110342112	Vehicle No.	5LB1237A		GST Registration	No.	
Policyholder Name	HOME LIMOUSINE & MANAGEM	INT SERVICES PTE : TO			960000000000000000000000000000000000000		
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Policyholder NR3	9	201529715N
Contact No.(Modile)	NA.	Contact No. (DMice)	unto consiste		Loading		0
Email Address		Special Remark			Contact No.(Hor	18)	P
KPK	® No ⊜Yes	TGA	® No ⊜Yes		eCode eCode Reason		N. Y.
NCD Protection	No	NCD Entitlement(%)	20				Mark accompanies
P Accident Details		State of the state of the	55		Private Hire		Not available
Report Date	08/06/2020 15:10	Accident Report Wittin 24 hrs	Yes		Accident Type		Others
Date of Accident	05/06/2020	Time of Accident hhomm	17:00			CLeO:	
teporting Centre		Orange Force	20070		Country of Acade 10M No.	ent :	Singapore
Accident Location	ALONG OUTRAM ROAD	0.000000			Tury my.		
Total Excess Applicable	in .						
xcess Tyge	Per Accident	Windscreen Excess		100.00			
O Standard Excess	2,000.00	TP Standard Excess	1,5	500.0d			
IED OD Excess		YIED TP Excess			Driver is Covered	ř	Not Applicable
dditional Excess	0						
ital OD Excess Applicable	2000.00	Total TP Excess Applicable	1,5	500.00			
▽ Benefits							
GST Registered Inform TRegisteres							
s Fregistered ST Registration No.	No		GST Registration D				
addication History	08/06/2020 15:1	1:31 System changed GST Status venified fro	GST Status Verified m No to Yes	4	Yes		
Policyholder Mailing Ad	ddress						
ddress 1	BLK 9 #04-32	Address 2	SELECIE ROAD		Address 3		SELEGIE HOUSE
ddress 4	SINGAPORE 180009	Address Type	Singapore address		Post Code		180009
nt No.	04-32	Related Policy Number	5116923173				
OI Driver Info		0.0000000000000000000000000000000000000	section and fill				
river Name		Driver Type					
named driver Name							
married driver stame		Driver NRIC			Driver DOB		
		Driver Age			Driver DOB Driving Expenience	ě	
egister Date of Driver License							
egister Date of Driver License oritact No.(Mobile) ddress 1		Driver Age			Driving Expenience		
egister Date of Driver License offact No.(Mobile) ddress 1		Driver Age Contact No.(Office)	Foreign address		Driving Expenses Contact No. (Home		
egister Date of Driver License oritact Na. (Mabile) ddress 1 ddress 4 rst No.		Driver Age Contact No.(Office) Address 2	Foreign address		Driving Experience Contact No. (Home Address 3		
egister Date of Driver License ontact No. (Mobile) ddress 1 ddress 4. Int No. Des he own a Singapore aptiered car?	○ Yes • No	Driver Age Contact No.(Office) Address 2	Foreign address		Driving Experience Contact No. (Home Address 3)	
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