The Control of the Co		NA 10063118	100 NO	
Date In: 27612-14:39	Jcb description	Date & Time Completed	Done b	Υ.
Res No: 4/4(20)770174	SAS e-filing			
Veh No: JULGET 3B	E-mail (within Shrs, AIC 2hrs)			9.0
D.O.A: 4/9/2-13:15	i-Motor Claim Form	100-1008601LW	27/7/20	17:41
OD TP Reporting Only	i-Motor W/O (Within: OD 2h	(5, 7'P 4hrs)		
OB . IF I 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: At	springya 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	,000()/\$2,000()			-
General Remarks:-			Sec. 9	. 19
( ) Walk-In Customer: Customer's in	formation strictly Confidential & Si	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.	-44		50.1 5055.1578A.E
Drive-In ( )/ Towed-In ( ); Invoi	ce: YES( ) / NO( ); T	owing Co: (		)
Remarks: (INC horline: 6788 6616)	Comment of the second	Date&Time Completed	Done by	,
	****	Date estable Stelliple St.	Section of the sectio	,
1) Apply for Transport Allersance ( )/				
	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > 5]	( )			
2) QC Check / Post Repair Inspection	( )	12		
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:	( )		State California (California (	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )		2.2.2.3.04.13.	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )		72-93-04:13-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	7-10 S.1.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	( )		32.5C3.33	51, 51,
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( )	paration Checklist.	Anit (S)	Am.(3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( ) \$3000] ( ) Invoice Pre	paration Checklist.  Reporting (530):	Ant (5)	Amt (\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	( ) \$3000] ( )  Invoice Pre  1) AR : Acciden 2) DA : Damage	Reporting (\$30); Assessment (\$100); INC (\$8	Ant (5) (1) Bill	C. V. C. C. V.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  LA 2354 94  laimant's Particulars:-	Invoice Pre  1) AR : Acciden 2) DA : Damage 3) TF : Towing I	Reporting (\$30); Assessment (\$100); INC (\$8	Ant (5) Ist Bill 0) /545	Carrier Salve
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  LA 2224 94  Laimant's Particulars:- river/Owner:	Invoice Pre  1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) i-T : Follow-T	Reporting (\$30);   Assessment (\$100);   INC (\$8   \$40   hrough Survey   1   hrough Survey (Resurvey)	Anit (5) 1st Bill 0) 7545 5120 530	C. V. C. C. V.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  HA 2224 94  mimant's Particulars:-  iver/Owner:	Invoice Pre	Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 hrough Survey (Resurvey) goinst JNC Only (wef 10 Jan 2005)	Anit (5) 1st Bill 0) 7545 5120 530	Carrier Salve
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  HA 2224 94  mimant's Particulars:-  iver/Owner:	Invoice Pre  1) AR : Acciden 2) DA : Damege 3) TF : Towing I 4) FT : Follow-T For cleiming s 6) TR : Re-inspe 7) N1 : Idae DA	Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 hrough Survey (Resurvey) geinst INC Only (wef 10 Jen 2005) ction + SMRT Survey	Ant (5) 1st Bill 0) 7545 5120 \$30	C. V. C. C. V.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  HA 2224 99  Inimant's Particulars:-  iver/Owner:  Intact No:  Imaged Portion:	Invoice Pre  1) AR : Acciden 2) DA : Damage 3) TF : Towing I 4) FT : Follow-T 5) FT : Follow-T For cleiming s 6) TR : Re-inspe 7) N1 : Idae DA 8) NTUC Addibi	Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 hrough Survey (Resurvey) geinst INC Only (wef 10 Jen 2005) ction + SMRT Survey	Ant (\$)  Tel Bill  0)  /545  \$120  \$30  575	C. C. C. C. C.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  HA 2224 99  Inimant's Particulars:-  iver/Owner:  Intact No:  Imaged Portion:	Inveice Pre  1) AR : Acciden  2) DA : Damege  3) TF : Towing I  4) FT : Follow-T  5) FT : Follow-T  For cleiming a  6) TR : Re-inspe  7) N1 : Idae DA  8) NTUC Additi  OD*  *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Arough Survey (Resurvey) Rejust INC Only (wef 10 Jen 2005) Ction + SMRT Survey (Samuel Survey) Relational Services:-	756 Bill (55) 756 Bill (56) 7545 5120 530 575 5160	C. V. C. C. V.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  HA 2224 94  mimant's Particulars:  iver/Owner:  ontact No:  maged Portion:  C Checked by (Engr-In-Charge):	Inveice Pre  1) AR : Acciden  2) DA : Damege  3) TF : Towing I  4) FT : Follow-T  5) FT : Follow-T  For cleiming a  6) TR : Re-inspe  7) N1 : Idae DA  8) NTUC Additi  OD*  *N5: Courtesy  *N6: Repair C	Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey onal Services:- Car / Tpt Allowance	756 Bill (5) (7545 Bill (5) (5) (5) (5) (5) (5) (5) (5) (5) (5)	A 100 A 11
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5  Injury:  Date/Time Actions  LA 2224 99  Inimant's Particulars:-  river/Owner:  Ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	Inveice Pre  1) AR : Acciden  2) DA : Damege  3) TF : Towing I  4) FT : Follow-T  5) FT : Follow-T  For cleiming a  6) TR : Re-inspe  7) N1 : Idae DA  8) NTUC Additi  OD*  *N5: Courtesy  *N6: Repair C  *N7: Fost Rep  *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey 5 onal Services:- Car / Tpt Allowance to-ordination mit Inspection llect Excess Coordination	375 310 3120 330 375 3160 35 35 310 35 35	A 100 A 11
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3  Injury:  Date/Time Actions	Inveice Pre  1) AR : Acciden  2) DA : Damege  3) TF : Towing I  4) FT : Follow-T  5) FT : Follow-T  For cleiming a  6) TR : Re-inspe  7) N1 : Idae DA  8) NTUC Additi  OD*  *N5: Courtesy  *N6: Repair C  *N7: Fost Rep  *N8: DV / Co	Reporting (\$30); Assessment (\$100); INC (\$8 See \$40 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) ction + SMRT Survey \$ onal Services:- Car / Tpt Allowance to-ordination mir Inspection liect Excess Coordination (Non INC) against INC	375 310 355 310 325	A 100 A 11

## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

	ACCIDENT STATEMENT
Date Of Report	27/07/2020 14:39
Date Of Accident	24/07/2020 13:15
Exact Location Of Accident	CASHEW RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG6553B
Insured/Policyholder	
Name Of Registered Owner	NG WAN BOON
NRIC No	SXXXX384I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98250255
Alternative Phone No	OFFICE-98250255

#### Vehicle Particulars

Manufacturer HONDA Model FIT 1.3G A

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?

THIRD PARTY If No, Please state action to be taken Vehicle Category PRIVATE CAR

#### Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5117808988 Policy Number

Cover Note Number

#### Driver

NG WAN BOON Name of Driver SXXXX384I NRIC No 02/10/1976 Date Of Birth INDOOR Occupation 22/09/2016 Date Of Driving Pass

3 YEARS AND 10 MONTHS Driving Experience

FEMALE Gender

Mobile Number (LOCAL) +65-98250255

Fax Number

OFFICE-98250255 Contact Number

NOEMAIL EMail Address

**BLK 248 BANGKIT ROAD** Address

#09-270

670248 Postcode

NO Was driver an employee of the Insured's Company

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

NO

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: AMANDA LOO YING YING

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes. Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

YES

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

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/20200725/7018.

Was there any video captured by Car Camera?

Attachment(s)

YES Are accident photos available for attachment? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBF2294A Vehicle Registration Number TOYOTA HIACE

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

KWOK JUN HUI Name of Driver SXXXX720G NRIC/Passport Number

Contact Number

96480950

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name NG WAN BOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG6553B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## **DETAILS OF INJURED PERSON 2**

Name AMANDA LOO YING YING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJG6553B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### 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.
- 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)

Lunderstand, 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:
  - 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 Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Reporting Centre Personnel's Reporting Name:

NRIC/FIN No .:

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personner's Signature Name: NRIC/FIN No.:

annound statelight growing MS

Date of Accident	: 24/01/2020 Accident Time: 1315 (24-HR-Format)
Accident Place	: CASHEW ROAD
Vehicle Reg. No. (Car Plate No.)	:SJG 6553B
Vehicle Make/Model	HONDA FIT
bisurance Company	:NTOCPolicy No
Owner or Company Name /IC No.	: NG WAN BOON
Owner or Company Contact No.	98750755 Owner's Hp Company Tel
DRIVER'S Name / IC No.	:NG WAN BOON 57631384I
DRIVER'S Date Of Birth	: 22   09/7016 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Ohers: Owner
DRIVER'S Address	BLK 248 BANGKIT ROAD .
DRIVER'S Contact No./ Alt No.	:1)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Dr	iver): 2   fem ale.
Was there any video Captured by car Exact purpose for which vehicle was	camera: KES \ NO being used at the time of accident: Private use \ Work purpose
<b>A</b>	arty Driver's Particular (if any)
Vehicle Reg. No: &BF 229	Vehicle Reg. No:
Vehicle Make Wodel: Toyota H	
Name Driver: IZWOK JUN	
IC No. Driver: 596 157 200	IC No. Driver:
Driver's Contact & Add: 96118	Driver's Contact & Add:
2 female.	





1 of 4

Report No. T/20200725/7018

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

25/07/202	e Report N 20 18:27	Made:	Vide Report No.: Station Diary N					
Informan	t's Partic	ulars						
Name of	Informant:		Address:					
NG WAN	BOON		APT BLK 248 BANGKIT ROAD #09-270 SINGAPORE 670248					
ID Type / ID No.:			Contact No.:					
NRIC NO / S7631384I			Home/Office: Mobile: 98250255					
Nationalit	y:	EN	Email:					
SINGAPO	ORE CITIZ		serene_vsn@yahoo.com					
Sex:	Age:	Date of Birth: 02/10/1976	Type of Informant:					
Female	43		Driver					
Race:			Language: Institution / School Nam					
Chinese			English					
Occupation: ADMIN			Driving Licence Information: Class: 3A Date of Expiry:					

General Inform	mation of the Acci	dent				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2020 13:30	Type of Location Bend		
Location: CASHEW RO	PAD					
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light		
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No		

Details of Vehicle Involved										
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger				
GBF2294A	Van	TOYOTA	Hiace	White	Slightly Damaged	1				
SJG6553B	Car	HONDA	FIT 1.3G A	Black	Seriously Damaged	1				

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SJG6553B	NTUC Income Insurance Co-Operative Limited	5117808988	10/07/2020	09/07/2021			





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20200725/7018

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved	HO STOR	NAME OF THE OWNER.			THE STELL ASSITE			
Any Pedestrian I	nvolved: No								
No. of Pedestrian	ns Injured: NIL		Use of Ped	lestriar	Cross	sing: NA			
Driver		THE RESERVE	(In an annual or No.	Dell'in					
Name	KWOK JUN HUI			ID No		S9615720G			
Related Vehicle	GBF2294A (Van)			Conta	ct No.	96480950			
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL			
Date Treatment	NIL		Date Disch	arge	NIL				
	ted Medical Leave N	VIL	Degree of		NIL				
Driver				,,-,,	THE RES				
Name	NG WAN BOON		ID No.		S7631384I				
Related Vehicle	SJG6553B (Car)		Contact No.		98250255				
Hospital/Clinic	MOUNT ALVERNIA HO		Class Drivin Licent Expiry	g ce &	Class: 3A Date of Expiry: NIL				
Date Treatment	24/07/2020		Date Disch	ischarge 24/07/2020					
		)5	Degree of						
Passenger		Fisher As							
Name	AMANDA LOO YING Y	ING		ID No		T0105761D			
Related Vehicle	SJG6553B (Car)			Contact No.		83894640			
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL			
Date Treatment	24/07/2020		Date Disch	arge	24/07	/2020			
No. of Days grant	ed Medical Leave 0	5	Degree of I		Slight				

## Brief Details.

On the date and time mentioned above, I was driving with my daughter Amanda Loo Ying Ying (T0105761D) along Cashew Road towards Petir Road turning out from a slip road. While checking for upcoming vehicle, I stopped before I was safe to move off. Out of a sudden, i felt a huge impact from the rear of my vehicle and realised that a vehicle bearing (GBF2294A) collided into my vehicle bearing (SJG6553B). Afterwards, we went down to check on our vehicle and exchanged our particulars and agreed to proceed with insurance claim. So I arranged for towing service to tow my vehicle to a workshop for accident report and get a replacement vehicle. Few hours later, my daughter and I went to Mount Alvernia Hospital to consult a doctor due to pain in Neck, Shoulder & Lower back as we got a huge impact from the accident.





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 4

Report No. T/20200725/7018

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20200725/7018

## CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

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: 25/07/2020 18:27
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:

Hello, NAC_PAYA_UBI_80	0601						Change	Language	Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	vo.				Date o	f Accident	2	4/07/2020 1	3:15	
	Vehicle	No.(For Motor)	SJG655	38		Certific	cate Number				
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5117808988		NG WAN BOON	S7631384I	GPC	driva CLASSIC	SJG6553B	SJG65538	10/07/2020	09/07/2021

Sequen	ce Date of Endorsemen	nt E	ndorsemer	nt Type	Endorsement	Status	Endorsement Content
□ Endorse	ements						
Insured	Object: SJG6553B						
Jnit No.		Relate Numbe	d Policy er	5117808988			
Address 4		Addres	s Type	Singapore address	9	Post Code	670248
Address 1	BLK 248 #09-270	Addres	ss 2	BANGKIT ROAD		Address 3	SINGAPORE 670248
	older Mailing Address						
Certificate Info							
Open Policy Info							
nsurance Flag	No						
Co-	ALL						
Agent	ASSURE PTE. LTD.	Agent Tel.	68489119		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess Own					
Policy issue Date	10/06/2020	Effective Date	10/07/20	20 00:00	Expiry Date	09/07/2021	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 248 #09-270 BANGKIT RO	DAD SINGAPOR	E 670248				
Certificate No.					11746		
Policy No.	5117808988	Policyholder Name	NG WAN	BOON	Policyholder NRIC	576313841	

Claim Handling										
Accident MT/1098001										
folicy No.	5117808988		Venice No.		S1G6553	9		GST Registration N	9.	
Certificate No. Policyholder Name	NG WAN BOON									
Product Code	PRIVATE CAR INSURANCE				to a first			Policyholder NRJC		576313841
Contact No. (Mobile)	96250258		Cover Type Contact No (Office	į.	driva CLA	3510		Loading		a
mail Address	100.002.00		Special Remark	7	0.			Contact No.(mome)		0
DEC.	® No ○ Yes		TCA		® No 🔘	V-s		eCode Reason		100
ICD Protection	No			200						
Accident Details	140		NCD Entitlement(5	6)	10			Private Hire		No
eport Data										
	27/07/2020 14:49		Accident Report W		Yes			Acodent Type		Collision - Head to Rear
ate of Accident	24/07/2020		Time of Accident h	b:mm	13:15			Country of Accident		Singapore
eporting Centre			Orange Force					1CM No.		
coident Location  Total Excess Applicable	CASHEW RD									
xoess Type	Per Accident									
1434	Per Hoosen		Windscreen Excess			100.00				
D Standard Excess	600	00	TP Standard Excess	i i		0.00				
FD OD Excess	٥	00	VIED TP Excess			0.00		Driver is Covered?		Covered
admonal fixoess		n								2010-20
tel OD Excess Applicable	600		Total TP Excess Ap.	plicable		0.00				
V Benefits		100		5000		0.00				
GST Registered Inform	ation									
ST Registered	No				Cit	T Registration Date				
iT Registration No.						T Status Verified		Yes		
odification History										
Policyholder Mailing Ad	Idress									
doress 1	BLK 248 #09-270		Address 2		BANGKIT	ROAD		Andress 3		53%GAPORE 670248
ddress 4			Address Type		Singapore	address		Post Code		670248
nit No.			Related Policy Num	ber	51178089	88				
Of Driver Info										
iver Name	NG WAN BOON		Driver Type		Main Drivi	r				
mames driver Name			Driver NR3C		87631384	1		Driver DDB		02/10/1976
gister Date of Driver License	32/09/2016		Driver Age		43			Driving Experience		3
intact No.(Mobile)	98250255		Contact No.(Office)		0			Contact No.(Home)	0	
idress 1	BLK 248		Address 2		BANGKIT	CAO		Address 3		SINGAPORE 670246
Idress 4			Address Type		Singapore	address		Post Code		670248
nit Na	09-270									
oes he own a Singapore egistered car?	○ Yes ® No		Driver Vehicle No.					Driver Insurer Comp	amv:	
gratures car.								20000-0000-000-00-00-00-00-00-00-00-00-0		
daration										
reathalyser or Blood Test eading?	0 mg		Any injury?		® Yes ○	No				
adification History										
someation History										
Claim 001 New										
sim Type •	00 MX	27	141000040000	9		222		198100000000		
	00-MX	~	Insured Name	. 9	NG WAN B	OON		Insured NRIC		\$7631384[
ntact No.(Mobile)			Contact No.(Home)	- 1				Contact No. (Office)		
nail Address	(alloward)	-	OI Vehicle Number		S1G6553B			TP Vehicle Number		GBF2294A
imant Type Clement Type *	Please Select	4	Type of Benefit *	1	Please Sei	ect 🔻				
imant Name +		22	Claimant MRIC *							
imant Address	Section 2	01/20/70								
im Description	SJG65538 / GBF2294A ON 24	Jul 2020						Name of Preferred W	orkshop	
eferred Workshop Contact			Insured Liability *	1	Not at Fau	ı y				
guire Finansation	Yes 3	ZI .	Preference Repair Oy	ption	Preferred.	Workshop, Name unknow	is V	GIA report		Received
te Registered	27/07/2020 14:51	3	Claim Close Date	1				Date Received		27/07/2020 00:00
port Taken By	Sackson									
Print AK letter										
					and the same					
				S	ave Sut	me				
Attachment										
,										
	MT/LODGOT		19:2299788	5001		22.00				
cident No.	MT/1098001		Claim N			001				
n Doc, Received	● Yes ○ No		Uplaed I	Date		27/07/2020 14:53				
	Path *				WOLKS	Category *		Confidential	Urgeno	y * Description
		11172		Browse	Clear	Please Select	V	No U	Normal	•
				Browse	Clear	Please Select	V	THE VI	Normal	V
				Browse	Clear	Please Select	v	Fig. V	Normal	-
							1	0.00		
				Browse	Clear	Please Select	V	WG 36	Normal	Y
				Browse	1	Please Select	~		Normal Normal	V

