NATIONAL Assessment Ce	ntre Services	twel 1 Jan'06] /	14 14 14 14 14 14 14 14 14 14 14 14 14 1	1		
Date In: 11810 - 16:37	Jeb description		Date & Time Completed	. 1	Done	by
Res No: HASHCDOOFVEYLY	SAS e-filing					
Veh North 17672	E-mail (within	shrs, AIC 2hrs)		T		
D.O.A : 10/10 - 17:10	i-Motor Cla	im Form	M711099449-20	111	the 15	:34
	i-Motor W/6	O (Within: OD 2hr				
OD TP Reporting Only	i-Photo Uple	oaded				
TD Income	Assessment/S	urvey Report				
TP Insurer:	Ass't Report	by Fax / Hand	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:		)
TP Particulars: Veh No: 5	47856ID	, INC(	)/Non-INC( )		8	
Owner / Driver: (		1	Tel:		)	
Policy No: (	Period: (	)	Cover Type: (		)	Art - The second
Confirmed by : (		Date:	Time:	SI PEN.	)	20.20 - N
Insured/Driver Liability: ( %	(a) [Note-Est. Status (	WO): N: 0-2	0%; P: 21-79%. P: 80	-100%	6]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)	925	134 - 155 H	
Excess: (\$ ) Loading:	AND AND THE PARTY OF THE PARTY					
General Remarks:-			Talk Proposition (Carlo)	71153		
( ) Walk-In Customer: Customer's						
		mindential & St	ncuy NO 131er Of reporter			
( ) Total Loss Case : to e-mail In						
Drive-In ( )/ Towed-In ( ); Inv	oice: YES ( ) / I	NO( );T	owing Co: (			)
Remarks;- (INC hotline: 6788 6616	5)		Date&Time Completed	<b>1723</b>	Done	by
	) / Courtesy Car (	)	1	1	Artis America	
2) QC Check / Post Repair Inspection		)	1			
3) Upload Resurvey Photo [Repair Cost		)	<del>                                     </del>	- Carrier		100
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Injury:					(3+6.13 1 3 con	
Date/Time Actions				STREET,	Solour	,
	7					- 1
35 1						
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-						
Na Na		Invoice Pre	paration Checklist		Anit (\$)	Amt (5) Add Bill
4204133		1) AR : Accident	Reporting (\$30);	18000	TREBINS.	- Mod.Dill
laimant's Particulars :-	and the second second second	2) DA : Damage	Assessment (\$100); INC (	The second second		
river/Owner:		3) TF : Towing F 4) FT : Follow-T	The second secon	\$120		
entact No:		5) FT : Follow-T	hrough Survey (Resurvey)	\$30		
mact No.		6) TR : Re-inspec	gainst INC Only (wef 10 Jan 20	05) \$75		
maged Portion;		7) N1 : Idac DA	+ SMRT Survey	\$160	-	
	1	8) NTUC Addition	nal Services:-			
Checked by (Engr-In-Charge):	4	*N5: Courlesy	Car / Tpt Allowanue	\$5		
		*N6: Repair C	o-ordination	510		
iditors' Comments :-		*N7: Fost Rep	air Inspection lect Excess Coordination	\$25 \$5		
1:	A Line of the State of the Stat		(Non INC) against INC	\$20		
		9) N12: Idac Mol		30		union fiche
2/3;		Invalce dated	Fee Charge		编点扩张	
		Invaice dated	Fee Charge	F 19	20010-1	110000000000000000000000000000000000000

operation

### 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.
- 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.

aforesaid.	Security (agreement of the Control o
	ACCIDENT STATEMENT
Date Of Report	11/08/2020 15:07
Date Of Accident	10/08/2020 13:10
Exact Location Of Accident	19 NAPIER RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG1767Z
Insured/Policyholder	
Name Of Registered Owner	TIMOTHY S/O SIVASANKARAN
NRIC No	SXXXX365D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91479392
Alternative Phone No	OFFICE-91479392
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH HYBRID 1.8X CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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
Fleet Policy	NO
Policy Number	5106113085-01
Cover Note Number	
Driver	
Name of Driver	TIMOTHY S/O SIVASANKARAN
NRIC No	SXXXX365D
Date Of Birth	03/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2009
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91479392
Fax Number	
Contact Number	OFFICE-91479392
EMail Address	NOEMAIL

BLK 460 JURONG WEST STREET 41 Address #03-684 Postcode 640460 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 COLLISION - CHANGE/CROSS LANE Type Of Accident Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2 Passenger 1 NAME: : PEI LING GENDER: : FEMALE **Details of Police Action** YES Was the accident reported to the police? If Yes.Please state which Police Station TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name 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? NO If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200811/7004 & T/20200811/2060. Attachment(s) YES Are accident photos available for attachment? Was there any video captured by Car Camera? YES VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons: NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SHD8561D Vehicle Registration Number Vehicle Make/Model/Colour **Details Of Properties** TAXI Vehicle Category WEE LIM TEOW

SXXXX015D

Name of Driver

NRIC/Passport Number

Contact Number

94361883

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TIMOTHY S/O SIVASANKARAN

**NECK & BACK** 

SMG1767Z

YES

NO

# SKETCH PLAN

### IMPORTANT NOTICE

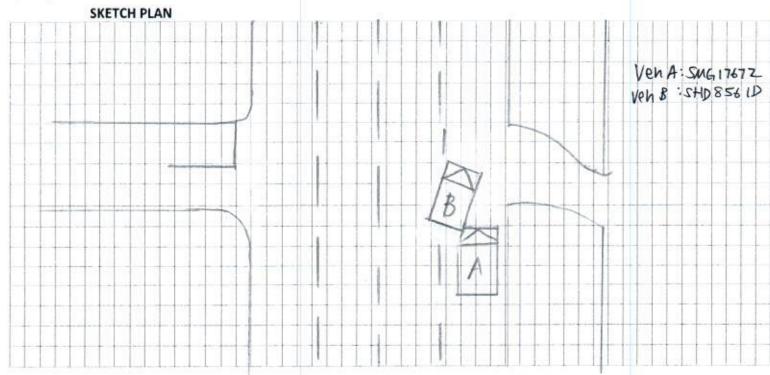
- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- 3) Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding 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)

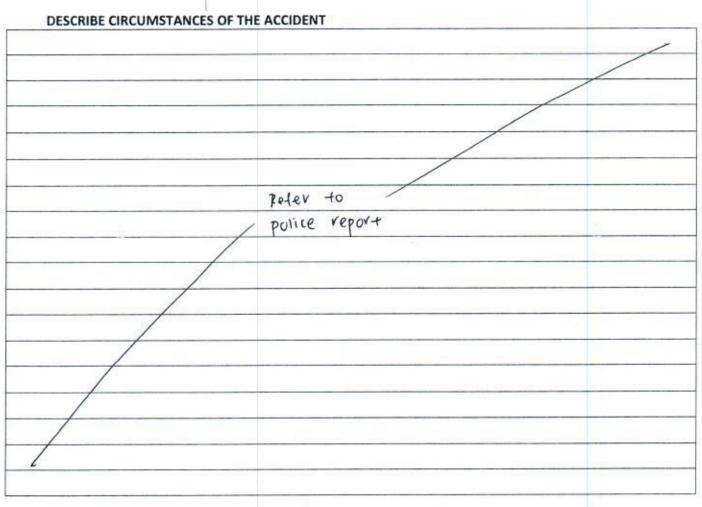
I understand, acknowledge, agree and consent that:

- (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:





## 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 personnel'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.

<b>6.8</b> 2	ACCIDENT DETAILS	
Date of accident	10/08 /2020	(DD/MM/YY)
Time of accident	1316 pm	(HH:MM)
Exact location of accident	Along 19 Napier Road.	

<b>这些特别的</b>	DETAILS OF VEHICLE
Vehicle registration number	SMG 1767 Z
Vehicle make and model	Toyota Noah
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No if no, please select: Third part claim  Reporting only D

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only 🗆

<b>,在1997年</b> ,在1997年,	INSURED / POLICY HOLDER	45	
Name	Timothy S10 Sivasankaran	Male	Female
NRIC / Fin / Passport number	S8904365D		
Contact	9147 9392		
Address	BIK 460 Jurong West street 41 s(640460)	# 03-6	8871

	/	
DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	
Name	Male	Female
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	03/02/1989	
Occupation	Indoor  Outdoor	
Driving date pass	22/01/2009	

<b>张生物是他是的特殊的</b>	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No P
the insured's company?	If no, relationship of the driver and insured:OWNEY
Accident captured by camera?	Yes No D
Weather condition	Clear Raining Others:
Road surface	Dryd Wet a
No of passenger	2 (Inclusive of driver)
<b>主义主义系统企业主义是</b>	PASSENGER 1
Name	Pei Ling
Gender	Male   Female
<b>自然</b> 的复数 医毛毛 医	PASSENGER 2
Name	STOCK TO STOCK TO STOCK THE SECRET AND A SECRET AS A STOCK TO STOC
Gender	Male D Female D
	PASSENGER 3
Name	
Gender	Male  Female
A	PASSENGER 4
Name	
Gender	Male  Female
Gender	Wale G Pelliale G
	PASSENGER 5
Name	PASSENGERS
Gender	Male   Female
Centuci	Trace D Terrate D
	PASSENGER 6
Name	FASEIIGEN
Gender	Male   Female
Gender	Male E Temale E
	OTHER INFORMATION
Was anybody injured?	Yes No 🗆
Was other vehicle damaged?	Yes No D
Trus other remere damaged:	1100
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No I If yes, please state which police station.
Police station name	10 Nb) Ave 3
Tonce station name	1.50 P. 1.1.CO
	WITNESS 1
Name	WIINESS 1
Walife	
	WITNESS 2
Name	WITNESS 2
Name	

<b>美国联系的公司首都</b>	THIRD PARTY VEHICLE 1
Vehicle registration number	SHD 8561 D
Vehicle make model	јхет
Name	Wee Lim Teow
NRIC / Fin / Passport number	50836015D
Contact	9436 1883 .
<b>数15</b> 7.55数据20 总。运动指动多数	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THE DARWAY WELL O
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
HAPAL TRACKING MARKET	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
Name NRIC / Fin / Passport number	
Name	
Name NRIC / Fin / Passport number	
Name NRIC / Fin / Passport number	THIRD PARTY VEHICLE 6
Name NRIC / Fin / Passport number	THIRD PARTY VEHICLE 6
Name NRIC / Fin / Passport number Contact	THIRD PARTY VEHICLE 6
Name NRIC / Fin / Passport number Contact  Vehicle registration number Vehicle make model	THIRD PARTY VEHICLE 6
Name NRIC / Fin / Passport number Contact Vehicle registration number	THIRD PARTY VEHICLE 6

	THIRD PARTY VEHICLE 7	
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

化工作 经通信 法证明		INJURED PERSON 1
Name	Tin	nothy 310 Sivasan Karan.
Injuries sustained	Ne	ck 4' Back
Which vehicle person in?	Dn	ive V
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No
hospital by ambulance?		
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
SECULE STREET		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
Allows the received and the		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?	res	NO LI
nospital by ambulance:		
		INJURED PERSON 6
Name		TRIBALD I LASON V
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No 🗆
hospital by ambulance?	163 [	110 11





1 of 3

Report No. T/20200811/7004

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

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 10:21	Made:	Vide Report No.: E/20200810/0085	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: TIMOTHY S/O SIVASANKARAN			Address: 460 JURONG WEST STREET 41 #03-684 SINGAPORE 640460		
	/ ID No.: D / S890436	65D	Contact No.: Home/Office: Mobile: 91479392		
National SINGAP	ity: ORE CITIZ	EN	Email: TIMOTHYSIVA89@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 03/02/1989	Type of Informant:		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Telecommunications engineer		s engineer	Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation of the Accident			0.000	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/08/2020 13:10		Type of Location: Straight Road
Location:					
NAPIER ROA	AD.				
Weather: Clear		Road Surface: Dry		Road	Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Light	Volume:
Type of Collis Between Mov	ion: ing Vehicles - Head To S	ide		Anyor	ne conveyed by lance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SHD8561D	Car			Yellow		0
SMG1767Z	Car	ТОУОТА	NOAH HYBRID 1.8X CVT	White		0

Details of V	ehicle Insurance	TO STATE OF THE PARTY OF THE PA	STEEL BOOK	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

# T/20200811/7004

Report No. T/20200811/7004

#### CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG1767Z	NTUC Income Insurance Co-Operative Limited	5106113085-01	07/12/2019	06/12/2020

<b>Details of Perso</b>	n Involved	De Toler	ME HOLD	Salty Salty		100		100 110 110
Any Pedestrian II	nvolved: No							
No. of Pedestrian	ns Injured: NIL			Use of Peo	lestriar	Cross	sing: NA	
Driver		-	1000	ALCOHOL:	Alfred	RIA SE		
Name	TIMOTHY S/O SI	SIVASANKARAN			ID No		S8904365D	
Related Vehicle	SMG1767Z (Car)				Conta	ct No.	91479392	
Hospital/Clinic	OUR FAMILY PH SURGERY	PHYSICIAN CLINIC &		C &	Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expir	y: NIL
Date	NIL			Date		NIL		
No. of Days gran	ted Medical Leave	05		Degree of		Sligh		

### Brief Details.

On the 10/08/2020 about 1310 hrs, I was travelling straight along 19 Napier road. While i was going straight, a taxi with the vehicle plate (SHD8561D) suddenly cut into my lane without signalling that he wanted to turn right. But according to the road sign on the floor, he wasn't allowed to turn into the small road on the right. I had car video footage to prove my statement that he cut into my lane and jammed brake trying to turn right. Thus, the incident caused me to have some discomfort and i went to consult a doctor and was given 5 days of medical leave.



Sketch Plan

NP168



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

Informant is not able to provide sketch

3 of 3 Report No. T/20200811/7004

### CONTINUATION OF REPORT

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: 11/08/2020 10:21
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp	





Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999 1 of 4 Report No. T/20200811/2060

## REPORT OF A TRAFFIC ACCIDENT

	me Report N 020 14:15	Made:	Vide Report No.: T/20200811/7004	Station Diary No. 22		
Informa	nt's Partic	ulars				
	f Informant: IY S/O SIV	ASANKARAN	Address: APT BLK 460 JURONG WES SINGAPORE 640460	ST STREET 41 #03-684		
ID Type / ID No.: NRIC NO / S8904365D			Contact No.: Home/Office: Mobile: 91479392			
National SINGAP	ity: ORE CITIZ	'EN	Email:			
Sex: Male	Age:	Date of Birth: 03/02/1989	Type of Informant: Driver			
Race: Indian			Language: English	Institution / School Name:		
Occupat TECHNI	ion: CAL OFFIC	ER	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Attended by Po	lice	Drink Drive: No	Date/Time of Accident: 10/08/2020 13:1		Type of Location Straight Road
Location: Along Road 1 NAPIER ROA  Near exit of m Weather:		Road	d Surface:		Road S	Speed Limit:
Clear		Dry				pood Linnii
Traffic Flow: One Way		Traff	ic Control:		Traffic	Volume:
	ion:				Anyone	conveyed by

Details of V	ehicle Invo	lved		STATE OF THE PARTY		SE SE SE VE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD8561D	Car				Slightly Damaged	0
SMG1767Z	Car	ТОУОТА	NOAH HYBRID 1.8X CVT	White	Seriously Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





T/20200811/2060

2 of 4

Report No. T/20200811/2060

Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999

### CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG1767Z	NTUC Income Insurance Co-Operative Limited	5106113085-01	07/12/2019	06/12/2020

Details of Perso	on Involved		SMILL		BEAU.		MUN
Any Pedestrian I	nvolved: No						
No. of Pedestria	ns Injured: NIL		Use of Pe	destria	n Cross	sing: NA	
Driver		Control de la co			Edile	SHOE TO LAND	SEX B
Name	WEE LIM TEOW			ID No	).	S0836015D	
Related Vehicle	SHD8561D (Car)			Conta	ect No.	94361883	
Hospital/Clinic	NIL		10	Class Drivin Licen Expin	g	Class: NIL Date of Expiry	r: NIL
Date Treatment	NIL		Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	The second second		HARDESE	
Driver						TALE FOR SALE	
Name	TIMOTHY S/O SIV	VASANKARA	AN	ID No.		S8904365D	
Related Vehicle	SMG1767Z (Car)			Contact No.		91479392	
Hospital/Clinic	CENTRAL 24HRS WEST)	S CLINIC (JURONG		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry	: NIL
Date Treatment	10/08/2020		Date Disc	harge	NIL		
No. of Days grant	ed Medical Leave	05	Degree of	Injury	NIL		-0.00

### Brief Details.

On 10/08/2020 at about 1310hrs, I was travelling on the first lane along 19 Napier road near the exit of Middlesex road when a Yellow taxi (SHD8561D) from the left second lane cut into my lane without signaling. I slowed down my car but the taxi driver suddenly jam brake as he wanted to turn right into a road that he was not allowed to turn to. I could not stop my car in time and the front part of my car hit into the read side of the taxi. My car suffered a broken bumper on the front left side. There was a passenger in my car but she was fine and did not suffer any injury from the accident.

The taxi driver claimed that he was going straight and denied making the right turn. Normal police came to the scene, myself and the taxi driver exchanged particulars before leaving the scene. No ambulance or Traffic Police came to the scene.

After the whole accident, I went to see the doctor at Central 24hrs Clinic (Jurong west) located at Blk 492 Jurong West Street 41 #01-54, S640492 and was given 5 days Medical leave(MC) that ends on the 14/08/2020





3 of 4

Report No. T/20200811/2060

Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999

CONTINUATION OF REPORT

I have a in car camera in my car and have the footage of the whole accident.





Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999 4 of 4 Report No. T/20200811/2060

CONTINUATION OF REPORT

## Sketch Plan

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.	Signature Of Informant:
Sgt 2 MUHAMMAD NUR HAQIM BIN ABU MANSOR	1
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2020 14:15
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp	



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'el (65) 522- ¥ C F Operating Hours Mondaring fill divide 74 a duals received the Area for a received to PERCH AND 18th CRTAINY ACTS: Pleases: Emitted completed Addensum form to traggers a Audionses Reporting Centre with whom you submitted the Original Revor. ADDENDUM (A) PART CULARS OF PERSONNIA RIVET BEAMEROMENTS: Original Report les : MNA 120067634 Vernicle Region Son Voi: SMG 1767Z La restaultion in del 1: Timothy Sto Sivasankaran Na C/ 1/2055 or Po : S89043650 ("Varicie Criver/Vehicla Owner) (#) Please derete as a paroprises : BIK 460 Jurong West Street 41 #03-684 Singapore 640460 Ac ciress Constit(Tel) \_\_\_\_\_\_\_Mobile No.: 9H17 9392 Empli Address Date of Accident : 10/08/ 2020 Time of Accidence /310 Place of Accident : Along Hapler Road Insurance Company: NTUC (B) ADDITIONAL INFORMATION / AMENOMENTS: have made a report on the above mentioned accident and would like to include additional information or make the following for enoments: Singapore traffic police Report. Amend

Policyhalder / Oriver's Signature Date:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No .:

Date:

<b>eBao</b> Tech								HARRY IN	Gener	alClaim
Hello, NAC_PAYA_UBI_	800601		The state of the s		The second second	+ Chan	ge Languag	e · Chan	ge Password	• Log Out
My Desktop Notice of Loss	<b>Policy Query</b>									15
	Policy No.				Date	of Accident		10/08/2020	13:10	
	Vehicle No.(Far Motor)	5MG1	7672		Certi	ficate Number	a [			
				100	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5106113085- 01		TIMOTHY S/O SIVASANKARAN	S8904365D	GPC	drivo CLASSIC	SMG1767Z	SMG1767Z	07/12/2019	06/12/2020
				(	Continue					

Sequenc	e Date of Endorsemen	nt En	dorsement	Туре	Endorsement :	Status	Endorsement Content
<b>▽</b> Endorse	ments						
♪ Insured	Object: SMG1767Z						
Init No.	03-684	Related Number		5106113085-01			
ddress 4		Address	Туре	Singapore address	F	ost Code	640460
ddress 1	BLK 460 #03 684	Address	2	JURONG WEST STR	EET 41 /	Address 3	SINGAPORE 640460
▽ Policyho	older Mailing Address						
Certificate nfo							
Open Policy Info							
nsurance lag	No						
Sgent Co-	INSUREMYCAR.COM.SG	Agent Tel.	83669933		GST Flag	Y	
DD Excess	HITCH DV NO HANWY ACTRECINA MARKET MARK II	TP Excess	1500			Youn	g/Inexperience Driver Excess
Outside Singapore	2000	Outside	4500				
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 issue Date	30/10/2019	Effective Date	07/12/201	9 00:00	Expiry Date	06/12/2020	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address							
Certificate No.		Name			NRIC	2030-10000	
Policy No.	5106113085-01	Policyholder Name	TIMOTHY 5	S/O STVASANKARAN	Policyholder	S8904365D	

Claim Handling					
Accident MT/1099449					
Policy No.	510611,0085-01	vehicle No	SMG1767Z	GST Registration No.	
Certificate No.					
Policyholder Name	TIMOTHY S/O SIVASANKARAN			Policyholder NR3C	5890436\$D
Product Code	PRIVATE CAR INSURANCE	Cover Type	67% CLASSIC	Loading	0
Contact No.(Mobile)	91479392	Contact No.(Office)	0	Contact No (Home)	0
Ermait Address		Special Remark		wCode	[ - x:
KPK .	Np ○ Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	Na	NCD Entitlement(%)	50	Private Hire	Yes
<ul> <li>Accident Details</li> </ul>					
Report Date	11/08/2020 15:37	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	10/08/2020	Time of Acodem hhomm	13:10	Country of Acodent	Singapore
Reporting Centre		Orange Force		3CM No.	
Accident Location	19 MAPIER RD				
→ Total Excess Applicable	14				
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0	200100-00000000000000000000000000000000	24/329422		
Total OD Expess Applicable	2000.00	Total TP Excess Approache	Excess Approable 1,500.00		
□ Benefits	Liver and the second se				
□ GST Registered Inform GST Registered	No.		GST Registration Date		
GST Registration No.	NO		GST Status Venfied	Yes	
Modification History					
⇒ Policyholder Mailing Ad	ddress				
Address 1	BLK 460 #03-684	Address 2	JURONG WEST STREET 41	Address 3	SINGAPORE 640460
Address 4		Address Type	Singapore address	Post Code	640460
WHI NO.	03-684	Related Policy Number	5106113085-01		
O OI Driver Info					
Driver Name	TIMOTHY S/O STVASANKARAN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	589043650	Driver DOB	03/02/1989
Register Date of Driver License	22/01/2009	Driver Age	31	Driving Expenence	11
Contact No.(Mobile)	91479392	Contect No. (Office)	0	Contact No.(Home)	D
Address 1	BLK 460	Address 2	JURONG WEST STREET 41	Address 3	SINGAPORE 640450
Address 4		Address Type	Singapore address	Post Code	640450
Unit No.	03-684				
Does ne own a Singapore Registerest car?	○ Yes ® No	Onver Vehicle No.	hicle No.		
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	® Yes ○ No		
- 15					
Modification History					
2 southweight states &					
Claim 001 New					
Claim Type +	OD-MX	Insured Name	TIMOTHY S/O SIVASANKARAN	Insured NRIC	58904365D
Contact No.(Mobile)		Comect No. (Home)		Contact No.(Office)	
Email Address		Of Vehicle Number	SMG17672	TP Vehicle Number	SHD8561D
Claimant Type Claimant Type *	Please Select	Type of benefit *	Prease Select		
Claimant Name *	22	Claimant NRJC +			
Claimant Address				F	
Claim Description	SMG17672 / SHD8561D ON 10 Aug 2020			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/08/2020 15:39	Claim Close Date		Date Received	11/08/2020 00:00
Report Taken By	Jackson				
Print AK letter	1-Lucionis				
(2) Fine on least					
			Save Submit		
Attachment					
e e					
Accident No.	MT/1096449	Claim No.	001		
Last Doc Received	● Yes ○ No	Upload Date	11/08/2020 15:40		
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	Path *	Browse.	Category *	Confidential Urgen	cy * Description *
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