NATIONAL Assessment Centre	Der rices 1	11	Date & Time Completes	1] [	one by	==90
Date In: 23/12-15-56	Jeb description		Jac term			5500000
Ref No: 49/14(200877) 174	SAS e-filing	1		<del>-</del>		
Veh No: {m45319y	E-mail (within Shrs,			1-10/10	a 11:37	
D.O.A: 1/1/272-14:72	i-Motor Claim F	orm	M7/1100574-001	PAL		
	i-Motor W/O (Wi	ithin: OD 2hrs, T	P 4hrs)	-		
OD : (TP.) Reporting Only	i-Photo Uploade	d		-		
	Assessment/Surve	A STATE OF THE PERSON NAMED IN COLUMN 1				
TP Insurer:	Ass't Report by F	ax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:		
TP Particulars: Veh No: SK	718.7	. INC(	)/Non-INC( )			
Owner / Driver: (	/10 ]		Tel:		)	
	riod: (	)	Cover Type: (			
Policy No. (		Date:	Time:		)	
Insured/Driver Liability: ( %) [	Note-Est. Status (WO	); N: 0-20	%; P: 21-79%. F:	80-100%]		
IIISUICE DILITOR DISTRICT		)/NO(	)	-		
Excess: (\$ ) Loading: \$1,0	000()/\$2,000(	)		et 25815 (		
A STATE OF THE PARTY OF THE PAR	地區用名		(2) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		10.	
General Remarks:- ( ) Walk-In Customer: Customers info	rmation strictly Confid	dential & Stri	ctly NO rafer of repa	irer.		
	IDCENTI V	i de la constante de la consta		48		
( ) Total Loss Case : to e-mail Insur		) · T	owing Co: (			)
			WILLE CO. (			
Drive-In ( )/ Towed-In ( ); Invoice	e: YES ( ) / NO	), 10		#28K23240	Done b	v
Dive-in( )	e: YES( )/ RO	, , , ,	Date&Time Comple	Sd V	Done b	y
Remarks; (INC horline: 6788 6616)	Courtesy Car ( )	,( ),		5d	Done b	ý
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/		, ( ), 1		54 1 188	Done b	y
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection	Courtesy Car ( )	,( ),1		od	Done b	y
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$	Courtesy Car ( )	,( ),1		5 <b>d</b> 1	Done b	y
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car ( )	, ( ), 1		Sd b	Doneb	y
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car ( )			5d 1	Done b	y
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Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > S  Injury:	Courtesy Car ( )			54	Doneb	
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car ( )		Date&Time Complet		Ant(S)	Amt (3
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions	Courtesy Car ( )	Invoice Pro	Date&Time Complete		SCOOL SEC.	
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	Courtesy Car ( )	Invoice Pro	Date&Time Complete	INC (580)	Ant(S)	Amt (3
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	Courtesy Car ( )	Invoice Pro	Date&Time Complete Co	INC (580) \$40/\$45	Ant(S)	Amt (3
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Claimant's Particulars:	Courtesy Car ( )	Invoice Pro  1) AR: Accider 2) DA: Derrog 3) TF: Towing 4) FT: Follow-	Date&Time Completed  Paration Checklist  At Reporting (\$30);  Assessment (\$100);  Fee Through Survey Though Survey (Resurvey	INC (\$80) \$40/\$45 \$120	Ant(S)	Amt (3
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > S  Injury:  Date/Time Actions  Claimant's Particulars:	Courtesy Car ( )	Invoice Pro  1) AR: Accider 2) DA: Derror 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming	Date&Time Complete Paration Checklist at Reporting (\$30); Assessment (\$100); Fee Through Survey (Resurvey against INC Only (wef 10)	INC (\$80) \$40/\$45 \$120 ) \$30 Jan 2005)	Ant(S)	Amt (J
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Claimant's Particulars:  Oriver/Owner:  Contact No:	Courtesy Car ( )	Invoice Pro  1) AR: Accider 2) DA: Dameg 3) TF: Towing 4) FT: Follow- For claiming 6) TR: Re-inst	Date&Time Complete Paration Checklist Reporting (\$30); Assessment (\$100); Fee Through Survey (Resurvey against INC Only (wef 10 section	INC (\$80) \$40/\$45 \$120	Ant(S)	Amt (3
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Claimant's Particulars:  Oriver/Owner:  Contact No:	Courtesy Car ( )	Invoice Pro  1) AR: Accider 2) DA: Derneg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-ins 7) N1: Idae D. 8) NTUC Addi	Date&Time Complete Paration Checklist at Reporting (\$30); Assessment (\$100); Fee Through Survey (Resurvey against INC Only (wef 10)	INC (580) \$40/\$45 \$120 \$30 Jan 2005) \$75	Ant(S)	Amt (J
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Claimant's Particulars:-  Oriver/Owner:  Contact No:  Damaged Portion:	Courtesy Car ( )	Invoice Pro  1) AR: Accider  2) DA: Dameg  3) TF: Towing  4) FT: Follow- For claiming  6) TR: Re-inst  7) N1: Ideo D.  8) NTUC Addi  OD*	Date&Time Complet  paration Checklist at Reporting (\$30); Assessment (\$100); Fee Through Survey Through Survey (Resurvey against INC Only (wef 10 section A + SMRT Survey tional Services -	INC (\$80) \$40/\$45 \$120 ) \$30 Jan 2(05) \$75 \$160	Ant(S)	Amt (3
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Taimant's Particulars:-  Oriver/Owner:  Contact No:  Damaged Portion:	Courtesy Car ( )	Invoice Pro  1) AR: Accider  2) DA: Dameg  3) TF: Towing  4) FT: Follow- For claiming  6) TR: Re-inst  7) N1: Idao D.  8) NTUC Addi  OD.*  NS: Courte  NG: Repair	Date&Time Complet  paration Checklist at Reporting (\$30); Assessment (\$100); Fee Through Survey Through Survey (Resurvey against INC Only (wef 10) action A + SMRT Survey tional Services.	INC (\$80) \$40/\$45 \$120 \$30 Jan 2005) \$75 \$160	Ant(S)	Amt (3
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Claimant's Particulars:  Contact No:  Camaged Portion:  CC Checked by (Engr-In-Charge):	Courtesy Car ( )	Invoice Pro  1) AR: Accider  2) DA: Dameg  3) TF: Towing  4) FT: Follow- For claiming  6) TR: Re-insy  7) N1: Ideo D.  8) NTUC Addi  OD.*  *N6: Repair  *N7: Fost R  *N8: DV / 0	Date&Time Complet  Date&Time Com	INC (\$80) \$40/\$45 \$120 \$30 Jan 2005) \$75 \$160 \$25 \$310 \$325 \$325	Ant(S)	Amt (3
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  Claimant's Particulars:  Contact No:  Camaged Portion:  CC Checked by (Engr-In-Charge):	Courtesy Car ( )	Invoice Pro  1) AR: Accider  2) DA: Derneg  3) TF: Towing  4) FT: Follow- For claiming  6) TR: Re-ins  7) N1: Idao D.  8) NTUC Addi  OD*  *N5: Courte  *N6: Repair  *N7: Fost R  *N8: DV / (  TP (N11):	Date&Time Complet  Paration Checklist at Reporting (\$30); Assessment (\$100); Fee Through Survey Through Survey (Resurvey against INC Only (wef 10) section A + SMRT Survey tional Services:  sy Cer / Tpt Allowance Co-ordination epair Inspection Collect Excess Coordination TP (Non INC) against INC	INC (\$80) \$40/\$45 \$120 \$30 \$75 \$160 \$23 \$23 \$22 \$22	Anc(S)	Amt (3
Remarks: (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	Courtesy Car ( )	Invoice Pro  1) AR: Accider  2) DA: Dameg  3) TF: Towing  4) FT: Follow- For claiming  6) TR: Re-insy  7) N1: Ideo D.  8) NTUC Addi  OD.*  *N6: Repair  *N7: Fost R  *N8: DV / 0	Date&Time Completed and Comple	INC (\$80) \$40/\$45 \$120 \$30 Jan 2005) \$75 \$160 \$25 \$310 \$325 \$325	Anc(S)	Amt (3 Add B

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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	20/08/2020 10:56
Date Of Accident	18/08/2020 14:20
Exact Location Of Accident	YISHUN AVE 1 BEFORE SELETAR WEST LINK
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG5519Y
Insured/Policyholder	
Name Of Registered Owner	PL & CY TRADING
Co Reg No	5XXXX493E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91446234
Alternative Phone No	OFFICE-91446234
Vehicle Particulars	
Manufacturer	HONDA
Model	GRACE HYBRID 1.5LX AUTO
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	5106127678-01
Cover Note Number	
Driver	
Name of Driver	LOW YONG CHOON
NRIC No	SXXXX986H
Date Of Birth	10/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2016
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91446234
Fax Number	
Contact Number	OFFICE-91446234
EMail Address	NOEMAIL

BLK 819 JURONG WEST STREET 81 Address #11-238 640819 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 COLLISION - HEAD TO REAR Type Of Accident RAINING Weather Conditions WET Road Surface Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident YES Was any body injured in the Accident? 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: 7 -: FEMALE GENDER: **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 TEL NO: 65470000 - FAX NO: Police Station Contact NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200819/7019. Attachment(s) YES Are accident photos available for attachment? YES Was there any video captured by Car Camera? VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons: NO Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** SKN718T Vehicle Registration Number

Vehicle Make/Model/Colour TOYOTA WISH

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver QIU JIANQUAN

NRIC/Passport Number SXXXX159Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

97254714

## **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

LOW YONG CHOON

BODY

SMG5519Y

YES

NO

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (POPA)

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:

53380

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Yishun Au	e 1 (Towards seletar West 11.K)
	+++++++++++++++++++++++++++++++++++++++
velocie A - SMGTESH9-1	
vehicle 8 - 8=N 7-1817	
TI 1-1-19FN 71871-1-	
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
	selefar west
was driving along	(ishun Ave I (townds fishing
the 3.). The vehicle infront of	me slow down and I followed to
slow down. Suddenly I felt o	a great impact from the back
of my vehicle. Vehicle B (S	SEN7181) had collided onto my back
of my relicle. I felt Dain on	my neck and back. I had
consult a doctor with a and	1
	d were granted 5 days MC.
	**
10.00	
LARATION	
declare the foregoing particulars are true in every respect.	10
533986998 Z	

Policyholder's Signature Date & Time:

Let G be a state of the state of  $\mathcal{Q}_{\Delta}$ 

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

Reporting Centre Personnel's Signature Name: 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 and time of accident	Date: 8 8	2020	(DD/MM/YY) Time:	1422	(HH:MM)
Exact location of accident	Alema Yish		1 before entering		

### Details of vehicle

Vehicle registration number	St S	M455	194	1000000		_
Vehicle make and model						_
Type of vehicle	Saloon @	MPV 🗆			A.T.	
	Lorry 🗆	Bus 🗆		rcycle 🗆	Others:	
Vehicle category	Private a	Comm	ercial 🗆	Motorcy	rcle n	
Purpose of using at said time	1					
Are you claiming under your own insurance company?	Yes  Third part cl	No 🗆	if no, plea			

### Insurance information

Insurance company	HTUC INCOME		
Policy number	510612767	18-01	
Type of policy	Comprehensive Ø	Third party fire & theft	TP only a

### Insured / Policy holder

PL & CYTRAMNC	Male Ø Female D
	marca remarca
91446234	
819 JUROMA WEST ST. 81 \$11.	-238 (640819)

#### Driver

# Same as insured above □ (skip to D.O.B)

Name	LOW YONG (HOOM	Male 🗆	Female
NRIC / Fin / Passport number	S 9042936H	Tridic L	1 Ciliaic D
Contact		January Co.	
Address	319 JURONY WEST ST. 81 #11-238	640819	)
Email address	paul. low 90 @ comen 1.00 m		
Date of birth	10 11 1990		
Occupation	Indoor  Outdoor		7
Driving date pass	69 JMM 2016		

# General information of the accident

Was driver an employee of	Yes 🗆 No 🗗	
the insured's company?	If no, relationship of the driver and insured:	owner
Accident captured by camera	Yesø Noo	OWIN
Weather condition	Clear  Raining Others:	
Road surface	Dry □ Wet z	
No of passenger	02	(Inclusive of driver
Passenger 1		
Name		
Gender	Male d Female 🗆	
Passenger 2		
Name		
Gender	Male   Female	
Passenger 3		
Name		
Gender	Male   Female	
Passenger 4		
Name		
Gender	Male   Female	
Passenger 5		
Name		
Gender	Male   Female	
Passenger 6		
Name		
Gender	Male   Female	
Other information		
	Yes Ø No 🗆	
Was other vehicle damaged?	Yes B No D	
Details of police action		
Reported to police?	Yes No If yes, please state which police	ce station.
Police station name	, and the same state of the sa	

# Third party vehicle 1

Name	QIY JANQUAN
Contact number	97254714
NRIC / Fin / Passport number	585421592
Vehicle registration number	SEN 7181
Vehicle make model	TOYOTA WISH

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 5

Name	
Contact number	**************************************
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1				
Name				
Witness 2				
Name				
Injured person 1				
Name	Low	YONG	CHOON	
Injuries sustained				
Which vehicle person in?	DRI	VER		
Were seat belts worn?	Yes ₫	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No,⊒		
Injured person 2				
Name				
Injuries sustained		et dise		
Which vehicle person in?				- 0
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		
Injured person 3				
Namo				

# Injured person 4

Which vehicle person in? Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Injuries sustained

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

No 🗆

No a

Yes 🗆

Yes 🗆





1 of 3

Report No. T/20200819/7019

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

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2020 16:18			Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars		HOME DESCRIPTION OF THE PARTY OF		
	f Informant: DNG CHOC		Address: 819 JURONG WEST S 640819	STREET 81 #11-238 SINGAPORE		
ID Type / ID No.: NRIC NO / S9042986H			Contact No.: Home/Office:	Mobile: 91446234		
Nationality: SINGAPORE CITIZEN		Email: PAUL.LOW90@GMAIL.COM				
Sex: Age: Date of Birth: Male 29 10/11/1990			Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:			
Occupation:		Driving Licence Informa Class: 3	ation: Date of Expiry:			

Seneral Infor	mation of the Acci	dent			
Type of Accident: Injury Others		Drink Drive: No	Drive: Accident:		
Location:					
YISHUN AVE	NUE 1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Wo		Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ring Vehicles - Head	d To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Conditio	No of		
SFN718T	Car	ТОУОТА	Wish	White	Slightly Damaged	1		
SMG5519Y	Car					0		





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20200819/7019

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved	Secretary Control			
Any Pedestrian In	nvolved: No				
No. of Pedestrian	s Injured: NIL		Use of Ped	lestrian Cros	sing: NA
Driver					
Name	LOW YONG CHOO	NC		ID No.	S9042986H
Related Vehicle	SMG5519Y (Car)			Contact No	91446234
Hospital/Clinic	ORTHOPAEDIC & SURGERY	TRAUMATIC		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	19/08/2020		Date	19/0	8/2020
No. of Days gran	ted Medical Leave	05	Degree of	Seri	ous

### Brief Details.

I was driving along Yishun Ave 1 (towards Seletar West Link). The vehicle in front of me slow down and I follow suit. Just before I came to a full stop, I suddenly felt a great impact from the back of my car. We exchanged particular and decided to resolve by Insurance claim . At the same time , I felt pain on my neck and back and had since consulted a doctor and was granted 5days of MC.



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

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch



T/20200819/7019

3 of 3

Report No. T/20200819/7019

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: 19/08/2020 16:18
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:



Sequenc	e Date of Endorseme	nt Er	dorsement	Туре	Endorsement	Status	Endorsement Content
	ements						
Insured	Object: SMG5519Y						
nit No.	11-238	Related Number		5106127678-01			
ddress 4		Address		Singapore address	-	Post Code	640819
ddress 1	BLK 819 #11-238	Address	2	JURONG WEST STR	EET 81	Address 3	SINGAPORE 640819
	older Mailing Address						
ertificate nfo							
olicy Info							
lag	NO						
io- nsurance	No						
gent	AUTOSHIELD PTE, LTD.		63850777		GST Flag	Υ	
outside ingapore D Excess	2000	Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
dditional xcess	0	Premium	0				
hird Party xcess	1500	Own damage Excess	2000		Windscreen Excess	100	
xcess ype	Per Accident	All Claims Excess					
folicy ssue Date	18/12/2019	Effective Date	24/12/2019	9 00:00	Expiry Date	23/12/2020 23:	59
Product Jame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	'N	
ddress	BLK 819 #11-238 JURONG WE	ST STREET B1 S	INGAPORE	640819			
Certificate Vo.					WAZE.		
olicy No.	5106127678-01	Policyholder Name	PL & CY TR	ADING	Policyholder NRIC	53390493E	

Claim Handling					
Accident MT/1100574					
Pakey No. Certificate No.	5106127676-01	Vehicle No.	SHG5519Y	GST Registration No.	
Policyholder Name	PL & CY TRADING				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC	533904938
Contact No. (Mobile)	91446234	Contact No.(Office)	0	Loading	0
mail Aridress	P1770420			Contact No. (Home)	0
FK	® No ○ Yes	Special Remark TCA	® No ○ Yes	eCode	97. ¥
CD Protection	No.	NCD Entitlement(%)		eCode Reason	
Accident Details		ACD statement(%)	10	Private Hire	Yes
port Date	20/08/2020 11:35				
		Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear
rte of Accident	18/08/2020	Time of Accident nh:mm	14:20	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
codent Location	YISHUN AVE I BEFORE SELETAR WEST LINK				
▼ Total Excess Applicable	N. S. Carlos and				
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excuse	00,000.5	YP Standard Excess	1,500.00		
ED OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	0		35755	and a series	Corered
al OD-Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venfied	Yes	
dification History					
Policyholder Mailing Ad	idress				
dress 1	BLK 819 #11-238	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640819
Oress 4		Address Type	Singapore address	Post Code	640819
it No.	11-238	Related Policy Number	\$106127678-01		
OI Driver Info					
ver Name	LOW YONG CHOON	Driver Type	Main Driver		
named driver Name		Driver NRIC	S9042986H	Driver DOB	10/11/1990
gister Date of Driver License	09/06/2016	Oriver Age	29	Oriving Experience	4
stact No.(Mobile)	91446234	Contact No.(Office)	0	Contact No.(Home)	0
dress I	BLK 819	Address 2	dovess 2. JURONG WEST STREET BI		SINGAPORE 640819
dress 4		Address Type	Singapore address	Post Code	640519
it No.	11-238				
es he own a Singapore distered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
NASC 80250800					
daration					
eathalyser or Blood Test acting?	0 mg	Any injury?	® Yes ○ No		
dification History					
Daim 001 New					
im Type *	ор-мк	Insured Name	PL & CY TRADING	Insured NRIC	\$3390493E
rtact No. (Mobile)		Contact No.(Home)	PC W C1 THOUSE	Contact No. (Office)	67697757
all Address		OI Vehicle Number	5MG5519Y	TP Vehicle Number	SKN718T
mant Type Claimant Type *	Prease Select	Type of Benefit +	Please Select	IT VEHICLE NUMBER	3645101
mam Name *		Claimant NRIC *	Presse Select		
mant Address	22	Command HALL 5		9	
m Destription	SMG5519Y / SKN718T ON 18 Aug 2020				
ferred Workshop Contact	The state of the s	to our course		Name of Preferred Workshop	
		Insured Liability +	Not at Fault		RELIEF CONTROL THE
pure Finalisation	Yes 💟	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received 🔻
e Registered	20/08/2020 11:37	Claim Close Date		Date Received	20/08/2020 00:00
ort Taken By	Jackson				
Print AK letter					
			Save   Supmit		
ttachment					
dent No.	MT/1100574	Claim No.	001		
Doc. Received	Wes O No	Upload Date	20/08/2020 11:38		
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NAC_PAYA_UBL_BODODI_NATIONAL_ASSESSMENT_CENTRE_SERVI   CES) on 20 Aug 2020 11:38   NRICY Driving License   Y   Normal   NRICY Driving License 2020-8-20		NAC_PAYA_UBI_800601( NATI CES) on 20	ONAL ASSESSMENT CENTRE SERVI Aug 2020 11:37	Photos		Normal	Photos 2020-8-20	
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NAC_PAYA_UBL_BOSODI_NATIONAL_ASSESSMENT_CENTRE_SERV    NAC_PAYA_	2	NAC_PAYA_UB1_800601( NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Aug 2020 11:37		Photos		Normal	Photos 2020-8-20	
NAC_PAYA_UBL_BOBOOL NATIONAL ASSESSMENT CENTRE SERV	(SA)	NAC_PAYA_UB1_800601( NATI CE5) on 20	NAC_PAYA_USI_800601( NATIONAL ASSESSMENT CENTRE SERV: CES) on 20 Aug 2020 11:38			Normal	Photos 2020-8-20	
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NAC_PAYA_UBI_600601  NATIONAL_ASSESSMENT CENTRE SERV   NRIC/ Orwing License Y Normal   NRIC/ Driving License 2020-8-20	1	NAC_PAYA_UBI_800601( NAT CES) on 20	IONAL ASSESSMENT CENTRE SERVE Aug 2020 11:38	NR3C/ Oriving License	y	Normal	NRIC/ Driving License 2020-8-20	
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