ASS. REC. BY: Ster SS/A16.	100/00/99/ESf3
From: PRS Date:	Veh No: 5L4 22/3L Yr Regn: 27/11/17.
Estimated Cost:	Type: M.Car) M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
OD TO WS I IP RES I OD RES I EVA I INV I MY	Truck / Trailer or
To Inspect Vehicle No:	
el Workshop m/s	Make: Toyata Pius c.c 1797 Colour Yellow AC: Insured / Std / N/ NA
U	Sp.Reading 0C74C0 T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:
Policy No.	C/No: ZW 508926548
Claims No.	Gen. Cond: Good Fair Poor Burnt
Sum Insured: Excess:	Steering: Increasy / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inokder / Jammed / Leaked / Burnt or
Make of Veh:	Modl: NII / SIRIM / STD A/Rim or
	Tyre Size: F: 195/50R/S
(Policy Condition)	R: 11
Remark: The veh had commenced Its N/S O/S	BS JOUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or \$
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 4 mm R/Bal. 4 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 4 mm UBal. 4 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 16/9/20 D.O.I. 21/9/20
Lum Sum: % 3 Val.: Yes or No	Survey held at Kok Wang
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
MV-73K	
	· ·
	· · · · · · · · · · · · · · · · · · ·
Date/Time, File Pass Lu? . Prell. Report	Days Of Repair: 4
24/09/2020 : Final Report F	tesurvey No. of Trip: 1 Survey Fee:
Date/Time, File Return to?	Transportation:
2) Add Fee:	: Site Insp (\$)_s+Rs_si
*	: Interview (\$) Photos
Pep Former: PRS	: Tech. Invs (\$.) Others
Lump Sun / LEd: Ca	: Weel and (\$
	TOTAL

MOTORCAR (Rear)

ALTONIACI
(I)Peplace (V) (I)Repair) (I)Check (I)
(4)Not Consistent (RC)

SLU 22/3L

NAC	Portion INC.	Item	CON	AC	Qŋ
1137	993626	Rear Number Plate			
1138		Rear Number Plate Base			
		Rear Number Plate Garnish			
1140		Rear Number Plate Lamp		-	
1141		Rear Bumper	W.	V	
1142	993085	Rear Bumper Upper .			
1143	993017	Rear Bumper Lower lang (LH)		7	
1144	993054	Rear Bumper Side			
1145	-	Rear Bumper Tow Cover			
1146		Rear Bumper Clips	NEC	-ثبا	
1147		Rear Bumper Brucket			
	002060	Rear Bumper Side Retainer	TR	17	7
1148	992000	Rear Bumper Reinforcement	-02	7	2:-
1149	993043	Rear Bumper Beam			
1150		Kear Bumper Beam		17-	
1151		Rear Bumper Sponge			
1152		Rear Bumper Damper			_
1153	993040	Rear Bumper Protector		4	
1154	993036	Rear Bumper Bard Just (1981		1	
1155	993026	Rear Bumper Moulding			
1156	993044	Rear Bumper Reflector			L
1157	993023	Rear Bumper Lower Spoiler	(VI)	V	1
1158		Reverse Sensor	RP	V	
		Rear End Panel	-	R	
		Rear End Panel Top Garnish		1	1
1161	993333	Rear End Panel Inner Trim			
1162	990333	Boot Compartment Inner Trim		1	-
1163		Rear LH Taillamp		17	1
1164		Rear LH Taillamp Garnish	-	·	†
	003860	Rear LH Taillamp Panel		-	-
				-	╁
		Rear RH Taillamp	-	-	+-
1167	993853	Rear RH Taillamp Garnish		-	-
		Rear RH Taillamp Panel		-	-
		Rear Apron Panel		_	_
	992895			¥	
1171	991328	Bootlid Emblem			
1772	990356	Bootlid Handle			
173	995250	Bootlid Moulding			
		Bootlid Reflector	1	-	1
		Bootlid Lamp LH		+-	1
		Bootlid Lamp RH	-	-	+
17-0	992099	Bootha Lamp KH	-	-	-
		Bootlid Lock	-	-	-
_		Bootlid Rubber	-	_	-
179		Bootlid Hinge	1	_	_
180	993877	Bootlid Spoiler	,		
181	994543	Tailgate		K	T
		Tailgate Emblem		1	T
183		Tailgate Outer Handle	7	+	+
184		Tailgate Moulding		+	+
			0.0	+	+
		Tailgate Garnish	BR	W	+
		Tailgate Reflector	-	1	1
87	994549	Tailgate Lamp			
38	994646	Tailgate Protector			
		Tailgate Wiper Arm		T	1
-		Tailgate Wiper Blade	-	+	+
	-			+	+
-		Tailgate Wiper Nozzle .	-	1	1
	994555	Tailgate Wiper Motor			
93	994602	Tailgate Glass		T	T
		Tailgate Glass Rubber	1	+	+
_		Tailgate Glass Moulding	+	+	+
				+	+
		Tailgate Glass Sealant	-	-	1
		Tailgate Lock	WI	1	1
98	994651	Tailgate Rubber		7	T
-		Tailgate Hinge	-	+÷	-
99	994611	Taligate Hinge	4		

		Vehicle No: SLU IVISE
NAC		Item CON AC Qty
1202		Spare Tyre Board
1203		Spare Tyre Panel
1204	995065	Spare Tyre
1205		Spare Tyre Lock Screw
1206	993787	Space Tyre Cover
1207	995323	
1208 1209	990507	
1210		Centre Exhaust Pipe Assy
1211		Centre Exhaust Mounting
1212		Rear Exhaust Pipe
1213		Rear Exhaust Chrome Pipe
1214		Rear Exhaust Mounting
1215	993358	Rear Exhaust Heat Shield
1216	995223	
1217	Acres de la companya	
1218	993436	
1219	993449	Rear LH Fender Protector
1220		
1221	993431	5 Rear LH Fender Inner Garnish.
1222		
1223	993621	I Rear LH Mudflap
1225	99393	3 Rear LH Wheel Rim
1226		5 Rear LH Rim Cover
1227	99506	5 Rear LH Tyre
1228	993450	6 Rear RH Fender
1229		0 Rear RH Fender Protector
1230	99342	0 Rear RH Fender Inner Panel
1234	99343	1 Rear RH Fender Inner Trim
1232		5 Rear RH Fender Inner Garnish
1233		2 Rear RH Mudflap
1234		34 Rear RH Wheel Rim
1230		25 Rear RH Rim Cover
1237		55 Rear RH Tyre
1238		52 Rear Fender Extension Panel LH
1239		01 Rear Fender Extension Panel RH
1240		30 Rear Fender Inner Top Gamish
124		73 Rear Fender 1/4 Glass
1242		52 Rear Fender 1/4 Glass Rubber
124		53 Rear Fender 1/4 Glass Sealant
124		49 Rear Windscreen Glass
124		76 Rear Windscreen Rubber
124		61 Rear Windscreen Moulding
124		55 Rear Windscreen Sealant
124		29 Third Brake Light
124		85 Rear Fender Air Grille
_		67 Fuel Lid
125		68 Fuel Neck
125		79 Fuel Tank
125		184 Fuel Tank Bracket
125		191 Fuel Tank Float
31/1/3	(6≱ 9902	247 Sticker
	_	
_		
-		
_		
	1	

4 report days

MSI320060716 / STA INSPECTION PTE LTD - Boon Lay ENTRY DATE & TIME: 17/00/2020 11:13 SUBMITTED BY: Woodford Richard Vincent

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 end/or the Authorised Driver.
- 3. Information provided must be as (ruthful 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.
- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for chiving and their copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the ladgement 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

- ACCI	DENT	0/1	 10
		_	

Date Of Report

17/09/2020 11:13

Date Of Accident

16/09/2020 09:50

Exact Location Of Accident

NICOLL HIGHWAY TWDS FULLERTON ROAD

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner

BRICKHOUSE BUSINESS MANAGEMENT

Co Reg No

5XXXX800B

Email Address

NOEMAIL

Mobile Phone No.

(LOCAL) +65-81000440

Alternative Phone No

OFFICE-81000440

Vehicle Particulars

Manufacturer

ATO OTA

Model

PRIL S-1.8 (A)

Exact Purpose for which vehicle was being used at WOF K PURPOSE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

THIR) PARTY

Vehicle Category

PRIV TE HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COM 'REHENSIVE

Fleet Policy

NO

Policy Number

5096 92241-02

Cover Note Number

Driver

Name of Driver LOH CHEE CHEW (LU ZHICHAO)

NRIC No

SXXX X700H

Date Of Birth

09/11 1972

Occupation

Date Of Driving Pass

OUTL OOR

28/10/1992

Driving Experience

27 YEARS AND 10 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-81000440

Fax Number

Contact Number

OFFICE-81000440

EMail Address

NOEMAIL

Page 1 of 25

Address

BLK 130 BUKIT BATOK WEST AVE 6 - #07-342

Postcode

050130

Was driver an employee of the insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

AFTER RAIN

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

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

ambulance?

NO

Was any other material or property damaged?

YES

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

NI

Number of Passengers (Including Driver)

Passenger 1

N ME:

: NA

G INDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

JL RONG POLICE DIVISIONAL HQ ('J' DIVISION)

Police Station Address

RC AD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 ,

CI JNTRY: SINGAPORE

Police Station Contact

TE I NO: 1800-7910000 - FAX NO: 68965649

Was notice of Intended Prosecution given?

N)

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YI S

VIDE DWITH DRIVER

Remarks/ Reasons:

Was there any audio recorded?

NE

EDETAILS OF DIHER VEHICLE PROPERTY SIE

Vehicle Registration Number

Vehicle Make/Model/Colour

St #5497D

Details Of Properties

FRONT PORTION

Vehicle Category

PRIVATE CAR

Name of Driver

KOK JUN ZIONG BENJAMIN

NRIC/Passport Number

SXXXX243D

Contact Number

1 14

CIL

ΞI

Page 2 of 25

0

Address

Postcode

Insurance Company Name

Nature Of Damage

No Of Passanger (Individing Oriver)

Name

LOH CHEE CHEW (LU ZHICHAO)

Approximate Age

47

Injuries Sustain

REFER REPORT

Injured person in which vehicle?

SLU2213L

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

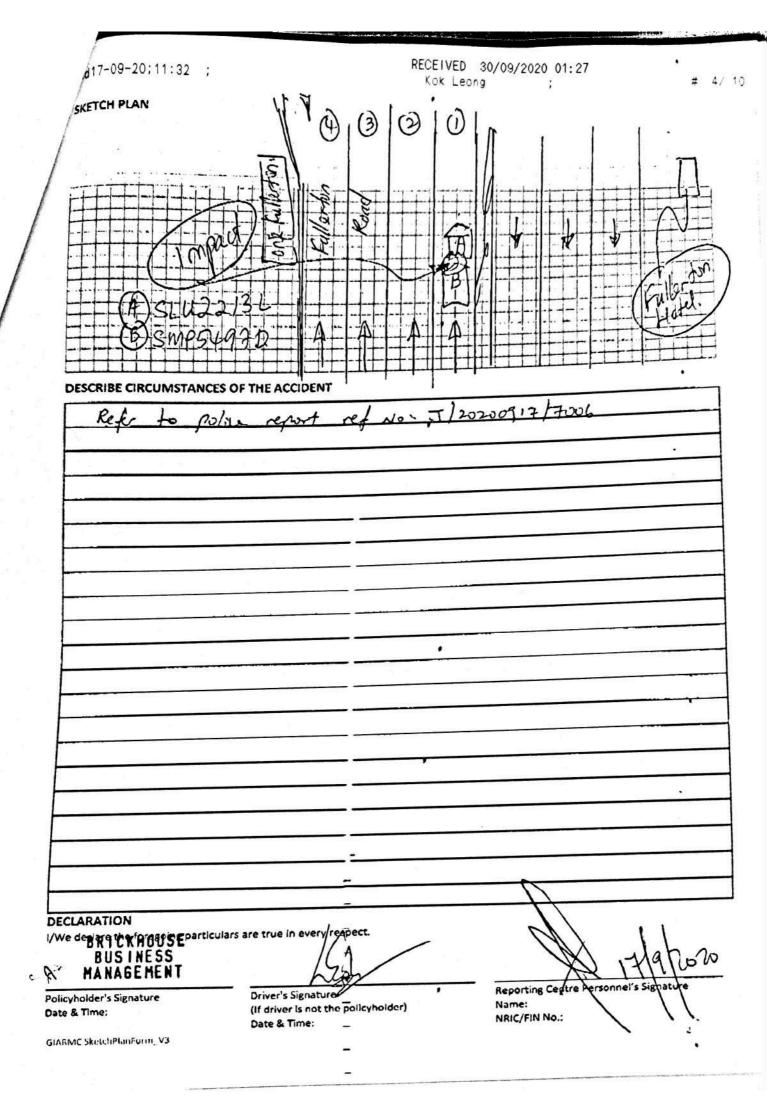
NO

Address

BLK 130 BUKIT BATOK WEST AVE -6 - #07-342

Postoode

650130



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.
- 3. 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
- 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.
- 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:

- 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:
 - (i) 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, involces, 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.

BRICKHOUSE MANAGEMENT

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Ce Name:

Personnel's

NRIC/FIN No.:



POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

10000 Middle Mi		MINITURE
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1 of 3

Report No. J/20200917/7006

Date/Time Report Made 17/09/2020 07:19	Vide Rep	oort No.		Station Diary No.
Name Of Informant LOH CHEE CHEW		ORE 65013	WEST AVENUE 6	#07-342
ID Type / ID No. NRIC NO / \$7240700H	Contact Home/O		Mobile: 81000440	
Nationality SINGAPORE CITIZEN	Email Address CHOCSTREAMER@GMAIL.COM			
Occupation Taxi driver	Sex Male	Age 47	Date of Birth 09/11/1972	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 16/09/2020 09:50 - 16/09/2020 09:55	Location Of Incident 130 BUKIT BATOK WEST AVENUE 6 #07-342 SINGAPORE 650130			
Brief details.				

Kok Leong

I am a grab driver and got a job on 16 Septer iver 2012 at 0935hrs to send passenger from sims urban casis (job no IOS-3429738-8-826) to one raff ϵ s place. As I was traveling on Nicole highway just past the junction of One Fullerton and Fullerton Hotel x 0950hrs. I was travelling on lane 1, a black color Mercedes on my left side seems like moving n o my lane. I quickly tap on my brake to slow down anticipating him moving into my lane and a w ii e color mazda 2 SMP5497D driver details (Kok Jun Xiong Benjamin IC: S9019243D) crash to my rear. I n lanage to jam brake and stop the vehicle on time and the

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: 17/09/2020 07:19
Officer In-Charge Of Case:	Classification Of Case:
- a	

Authentication Stamp

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2 of 3

POLICE REPORT (NP299)

Authentication Stamp

CONTINUATION OF REPORT

Report No. J/20200917/7006

first thing I did was to check is the passenger alright which fortunately he was unhurt. I felt a stinging pain on my neck and fortunately I had my seat belt on. I struggle abit to overcome my pain to get out of my car to access the damage and we exchange details. As I was only meters away to my passenger drop off point I decided to proceed to drop him off. I thought I could continue to work as I only felt pain on my neck which I got my 2nd job at 1001hrs but as I was about to reach my 2nd pickup of my next passenger from OCBC Center (IOS-4590825-9-1150) I was force to cancel the job as the pain was excruciating and is clear that I could no longer continue to work jeopardising the safety of me and my passenger. I stop on the side of the road to call Grab to report on the accident and decided to head home to go to Bukit Batok Polyclinic to check on any injuries that I might have sustain. I was referred to Ng Teng Fong hospital. Accident and Emergency for further checking. They took multiple xrays on my affected areas of my body and was given 5 days MC from 16 September 2020 to 20 September 2020. Hence making a report for Grab and my insurance claim.

Person Name	LOH CHEE CHEW		S7240700H	
D Type	NRIC NO	ID No	47	
Gender	Male	Age	English	
Race	Chinese	Language	130 BUKIT BATOK WEST	
Occupation	Taxi driver	Address	AVENUE 6 #07-342 SINGAPORE 650130	
Mobile No	81000440	is informant A Victim?	Yes	
Signature Of Officer Recording The Report: Not applicable		The ide	re Of Informant: ntity of the person making this as been authenticated by ss. No signature is required.	
Signature Of Interpreter: Not applicable		Date/Ti	Date/Time: 17/09/2020 07:19	
Officer In-Charge Of Case:		Classifi	Classification Of Case:	



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20200917/7006

-	The state of the s
Person Name	LOH CHEE CHEW (Informant)

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: 17/09/2020 07:19
Officer In-Charge Of Case:	Classification Of Case:
	•

Authentication Stamp