NATIONAL Assessment Cent	re Services. wet	1 Jan'05 JN	92010034		Done by
Date In: 111/2-14:1	Jeb description		Date & Time Comp	leted	Jone o'
Ref No: MM/4(20)3/93/24	SAS e-filing			- 	
Veh No: Sett Aleas	E-mail (within Shrs	s, AIC 2hrs)			*
D.O.A: 3 11/2- V:	i-Motor Claim	Form	M7/111969-	001 1112	20 14:17
	i-Motor W/O (W	Vithin: OD 2hrs,)'P 4hrs)		
OD / TP / Reporting Only	i-Photo Upload	ed			
	Assessment/Surv	ey Report			
TP Insurer:	Ass't Report by 1	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: Jy	(1742	. INC()/Non-INC()	1
Owner / Driver: (Tel:	·	
Policy No: ()	Period: ()	Cover Type: (1
Confirmed by: (Date:	Time:	P. 90 100%]	/
Insured/Driver Liability: (%)	[Note-Est. Status (WO)%; P: 21-79%.	P: 50-10070j	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 () ************************************		\$ 55 C. 1952 V	
General Remarks:-		- 1 - 4 - 1 9 C4	idly NO rafer of the	epairer.	
() Walk-In Customer : Customer's in	nformation strictly Conf	idential & St	ictly NO 15tot 0.7		
() Total Loss Case : to e-mail Ins		·) · T	owing Co: (· · · · · · · · · · · · · · · · · · ·	.)
Drive-In ()/ Towed-In (); Invo	pice: YES () / NO),1		**************************************	Dankhy
Remarks: (INC hotline: 6788 6616)		Date&Time Con	pleted	ADOROTA
1) Apply for Transport Allowance ()	/ Courtesy Car ()		*		
2) QC Check / Post Repair Inspection	()				
3) Upload Resurvey Photo [Repair Cost >	> \$3000] ()	- i.		<u></u> -	
Injury:		-			garan Maganing San San
Date/Time Actions					<u> </u>
Date Thire Trepens					
•					Ant (S) Amt (S)
MA206499 (NA206500	(40)	1000.00.00.000000000000000000000000000	eparation Check	ist	fit Bill Add Bill
		1) AR : Accide	nt Reporting (\$30); e Assessment (\$100);	INC (\$80)	
Claimant's Particulars :-		3) TF : Towing	Fee Through Survey	\$40/\$45 \$120	
Driver/Owner:		Chillen. Pullery	Through Survey (Resu	vey) \$30	
Contact No:		For claiming 6) TR: Re-ins	against INC Only Iwe	\$75	
Damaged Portion:		7) N1 : Idao D	A + SMRT Survey	\$160	
	3	OD*	itional Services:-		
QC Checked by (Engr-In-Charge):	:	*NS: Courte	esy Car / Tpt Allowance r Ca-ordination	310	
		* N7 Fost F	lepair Inspection	\$25	
Auditors' Comments::		*N8: DV /	TP (Non INC) against I	NC \$20	
<u> </u>		9) N12: Idac l	Mobile	iee Chargea	
2at. 2/3;	Millio Medicili. Avancidi	Invoice dated		Fee Charged	MATERIAL LAND

1

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SN0920C1000U / National Assessment Centre Services [408933] ENTRY DATE & TIME: 01/12/2020 19:12 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (01/12/2020 19:12 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 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

01/12/2020 19:12 (SGT) Date of Submission 30/11/2020 21:15 (SGT) Date of Accident Exact Location of Accident PIE, Singapore PIE TWDS TUAS BEFORE STEVENS RD EXIT Additional Location Information

Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SKH4859R Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KOH YI MING SXXXX885E NRIC No Email Address kohviming93@gmail.com (Phone) +65-96585732 Mobile Phone No +65-96585732

VEHICLE PARTICULARS

BMW Manufacturer 320i Model Variant

Exact purpose for which vehicle was being used at time of accident

Alternative Phone No

Are you claiming under your own insurance policy for repair to

. your vehicle?

Vehicle Category

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5120016350 Policy Number Cover Note Number

DRIVER

KOH YI MING Name of Driver SXXXX885E NRIC No 22/06/1993 Date Of Birth Outdoor Occupation

16/06/2017 Date Of Driving Pass Driving experience 3 YEARS AND 5 MONTHS Gender (Phone) +65-96585732 Mobile Number +65-96585732 Alt. Phone Number Email Address kohyiming93@gmail.com BLK 210 ANG MO KIO AVENUE 3 Address Address complement #06-1618 560210 Postcode Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 CHEW KUO CHOON Name Gender Male PASSENGER 2 ZULFIQHAR BIN ZURAIMI Name Gender Male PASSENGER 3 DINIE ATIKAH BINTE AHMAD RIYADZ Name Female Gender DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Traffic Police Police Station Name Police Station Phone No (Phone) +65-65470000 (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201201/7025. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1734Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	1) =
Address complement	·
Postcode	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

IN	111			-1
IIV	JU	л	u	- 1

Name of injured person	KOH YI MING
Address	•
Address Complement	•
Post Code	
Approximate Age Years Old	•
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	•
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	CHEW KUO CHOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	•
Injuries Sustained	BODY
Injured person in which vehicle?	SKH4859R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 3	
Name of injured person	ZULFIQHAR BIN ZURAIMI
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKH4859R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 4	
Name of injured person	DINIE ATIKAH BINTE AHMAD RIYADZ
Address	•
Address Complement	•
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SKH4859R
Were seat belts worn?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly 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.
- 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.
- 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

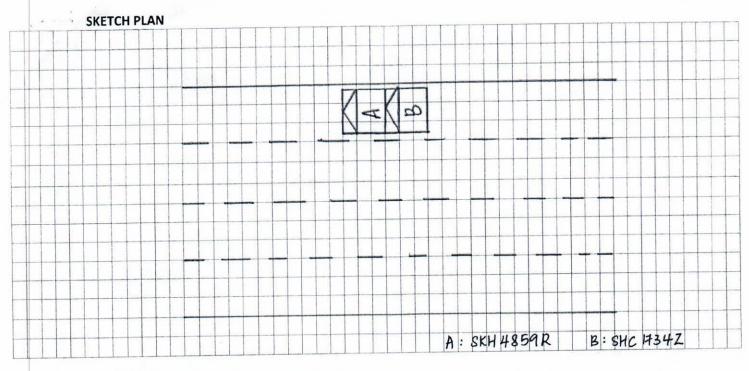
(II) For complying with requirements under my regulations, laws or court orders.

KLIND

Policy holder's signature
Date / time:

144

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



DESCRIBE CIRC	UMSTANCES OF THE ACCIDENT
and the same of th	
and the second s	Refer to police report
	Refer to police report

DECLARATION

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

MAY

Policy holder's signature Date & time:

AM

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.

		1	CCIDENT E	DETAILS			共和共	经基础	Kate Late
Date of accident	30/11	2020						(D	D/MM/YY)
Time of accident	2115								(HH:MM)
Exact location of accident	Along	PIE	towards	Tuas	before	Steven	Koad	exif	

	DETAILS OF VEHICLE
Vehicle registration number	SKH 4859R
Vehicle make and model	BMW 320 I
Type of vehicle	Saloon
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

	INSURANCE IN	FORMATION	(A)
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

TAKE SANGERY TO SEE THE PARTY SANGER	INSURED / POLICY HOLDER	SHOP THE MAN
Name	Koh Yi Ming Male	Female
NRIC / Fin / Passport number	S9322885E	
Contact	9658 5732	
Address	BIK 210 Ang Mo Kro Avenue 3 #06-1618 S(560 210)	

DRIVER	SAME AS INSURED ABOVE [] (SKIP TO D.O.B)
Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	tohyiming 93 @ gmail.com
Date of birth	22/06/1993
Occupation	Indoor Outdoor
Driving date pass	16/06/2017

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No Z
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes No D With TP
Weather condition	Clear Raining Others:
Road surface	Dry ✓ Wet □
No of passenger	(Inclusive of driver)
	PASSENGER 1
Name	Chew Kuo Choon
Gender	Male 🗷 Female 🗆
	PASSENGER 2
Name	Zulfighar Bin Zuraimi
Gender	Male Female
	PASSENGER 3
Name	Dinie Atrkah Binte Ahmad Riyadz
Gender	Male Female
	and the same are severed, the contract of the same and th
Sharpen Service De Constant	PASSENGER 4
Name	
Gender	Male Female
	PASSENGER 5
Name	
Gender	Male - Female -
AND A COLUMN TO SERVICE OF THE SERVI	PASSENGER 6
Name	
Gender	Male Female
	OTHER INFORMATION
Was anybody injured?	Yes 🗹 No 🗆
Was other vehicle damaged?	Yes No 🗆
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No I If yes, please state which police station.
Police station name	
The state of the state of the state of	WITNESS 1
Name	
Haille	
	WITNESS 2
News	
Name	

建设设施的 设置的 电影响 1995年	THIRD PARTY VEHICLE 1
Vehicle registration number	SHC 1734Z
Vehicle make model	Taxi
Name	
NRIC / Fin / Passport number	
Contact	
New York Control of the Control of t	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
The state of the s	
建筑的特别的	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A Commence of the second second	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	<u> </u>
A STATE OF THE COLUMN TWO COLUMNS AND THE COLUMNS AND THE COLUMNS AND THE COLUMN TWO COLUMNS AND THE COLUMNS AND THE COLUMN TWO COLUMNS AND THE COLUMNS AND THE COLUMN TWO COLUMNS AND THE COLUMNS AND THE COLUMN TWO COLUMNS AND THE COLUMNS AND THE COLUMN TWO COLUMNS AND THE COLUMNS AND THE COLUMN TWO COLUMNS AND THE COLUMNS AND THE COLUMN TWO COLUMNS AND THE COLUMNS AND	
MARK AREAS OF THE RESIDENCE	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
and the sales of t	
Asher and the substantial section of the section of	THIRD PARTY VEHICLE 6
Vehicle registration number	/
Vehicle make model	/
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

STATE AND A CONTRACT OF THE STATE	INJURED PERSON 1	
Name	Koh Yi Ming	
Injuries sustained	Back & neck	
Which vehicle person in?	SKH 4859 R	
Were seat belts worn?	Yes No 🗆	
Was injured conveyed to	Yes - No a	
hospital by ambulance?		
对抗性的抗发性的特殊的特殊的	INJURED PERSON 2	(A)
Name		
Injuries sustained		
Which vehicle person in?	N	
Were seat belts worn?	Yes D No D	
Was injured conveyed to	Yes No	
hospital by ambulance?		
	INJURED PERSON 3	
	INJURED PERSON 3	
Name		
Injuries sustained		
Which vehicle person in?	Yes No	
Were seat belts worn?	Yes No	
Was injured conveyed to hospital by ambulance?	163 11 110 11	
nospital by ambulance:		
	INJURED PERSON 4	2.46元6万万万分60000
Name	INJURED PERSON 4	
Name Injuries sustained	INJURED PERSON 4	
Injuries sustained	INJURED PERSON 4	
	Yes No No	
Injuries sustained Which vehicle person in? Were seat belts worn?		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes D No D	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes D No D	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes D No D Yes D No D INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No Yes No INJURED PERSON 5 Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes D No D Yes D No D INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes No Yes No INJURED PERSON 5 Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No Yes No INJURED PERSON 5 Yes No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained	Yes	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No Yes No INJURED PERSON 5 Yes No Yes No INJURED PERSON 6	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes No Yes No INJURED PERSON 5 Yes No Yes No INJURED PERSON 6	



T/20204/201/7025

1 of 4

Report No. T/20201201/7025

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

Date/Time 01/12/202	Report M 0 14:33	ade:	Vide Report No.:	Station Diary No.:			
Informan	t's Particu	lars	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	The state of the s			
Name of Informant: KOH YI MING			Address: 210 ANG MO KIO AVENUE 3 #06-1618 SINGAPORE 560210				
ID Type / NRIC NO	ID No.: / S932288	35E	Contact No.: Home/Office: Mobile: 96585732				
Nationality	y: DRE CITIZ	EN	Email: kohyiming93@gmail.com				
Sex: Male	Age: 27	Date of Birth: 22/06/1993	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation Business			Driving Licence Information: Class:	Date of Expiry:			

selleral Illion	mation of the Accident		Section The State of the State	-	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/11/2020 21:15	Type of Location	
Location:					
PAN ISLAND	EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:	
Weather:		Road Surface: Traffic Control:		Road Speed Limit: Traffic Volume:	

Details of Vo	STATE AND DESCRIPTION OF THE PARTY OF	Make	Model	Color	Conditio	No of
SHC1734Z	Car					0
SKH4859R	Car	BMW	320I AT D/AB 4DR ABS HID	Black		3

Details of Vehicle Insurance
Vehicle No. Insurance Company Insurance No Effective Expiry Date
Vehicle No. Insurance Company Insurance No Effective Lapiny Batter





T/20201201/7025

2 of 4

Report No. T/20201201/7025

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

CONTINUATION OF REPORT

Vehicle No. Insurance Company Insurance No Effective	Expiry Date
SKH4859R NTUC Income Insurance Co-Operative 5120016350 26/11/2020	25/11/2021

Any Pedestrian In	volved: No					
No. of Pedestrian			Use of Ped	estrian	Cross	ng: NA
Driver	The state of the s					
Name	KOH YI MING			ID No.		S9322885E
Related Vehicle	SKH4859R (Car)			Contac	t No.	96585732
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	05	Degree of		Serio	us
Passenger -						
Name	DINIE ATIKAH BINTE AHMAD RIYADZ					NIL
Related Vehicle	SKH4859R (Car)			Contac	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	05	Degree of		Serio	us
Passenger	Commence Commence			3 kg 46 76		
Name	ZULFIQHAR BIN ZU	JRAIMI		ID No.		NIL
Related Vehicle	SKH4859R (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
Dale	ted Medical Leave	05	Degree of		Serio	IIS



3 of 4

Report No. T/20201201/7025

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

CONTINUATION OF REPORT

Passenger Name	CHEW KUO CHOO	N		ID No.		NIL
Related Vehicle	SKH4859R (Car)			Contact No.		NIL
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	05	Degree of		Serio	us

Brief Details.

On the stated date and time, I was driving my vehicle (SKH4859R) along PIE towards Tuas before Steven Road exit on the first lane. As the vehicle in front of me suddenly jam brake, I followed to stop my vehicle (SKH4859R) without any contact with it. Out of sudden, I felt a huge impact from the rear of my vehicle. When I went down to check, I realized that vehicle (SHC1734Z) had collided onto the rear portion of my vehicle (SKH4859R). I sustained injuries due to the accident and was given 5 days of MC.





4 of 4

Report No. T/20201201/7025

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

CONTINUATION OF REPORT

	tch	-
(A	1CD	an

Authentication Stamp

NP168

Informant is not able to provide sketch

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: 01/12/2020 14:33
Officer In Charge Of Case: TP / TPIB / SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	Classification Of Case:

eBao Tech						NAME OF TAXABLE PARTY.			LADVELL.	Genera	
ello, NAC_PAYA_UBI_80	0601						• Chang	e Language	· Chang	ge Password	· Log Ou
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date	of Accident	[3	30/11/2020 2	1:15	
	Vehicle	No.(For Motor)	SKH48	59R		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5120016350		KOH YI MING	S9322885E	GPC	drivo CLASSIC	SKH4859R	SKH4859R	26/11/2020	25/11/202

Policy No	olicy No. 5120016350		Policyholder Name		Policyholder NRIC	S9322885E		
					Mao			
ertificate lo.								
ddress								
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
olicy ssue Date			26/11/2020 00:00		Expiry Date	25/11/2021 23:59		
xcess ype	Per Accident	All Claims Excess						
hird Party Excess	0	Own damage Excess	600		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/Inexperience Driver Excess		
Agent	ASSURE (SINGAPORE) PTE. LT	D Agent Tel.	68038751		GST Flag	Y		
Co- nsurance Flag	No							
Open Policy Info								
Certificate Info								
	holder Mailing Address							
Address 1	50 EAST COAST ROAD	Add	ess 2	#02-79 ROXY S	QUARE	Address 3	SINGAPORE 428769	
Address 4		Add	ess Type	ed Policy 5120016350		Post Code	428769	
Unit No.	02-79	Rela Num	ted Policy ber					
▶ Insure	ed Object: SKH4859R							
E Endor	sements							
Endors	nce Date of Endorsement		Endorsement Type En				Endorsement Content	

		Vehicle No.	SKH4859R	GST Registration No.		
	5120016350	Vehicle No.	J. S. ITOSPI	ACCESSOR CONTRACTOR OF THE SECOND SECOND		
ificate No.				Policyholder NRIC	S9322885E	
cyholder Name	KOH YI MING				0	
duct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	O NE V	
ntact No.(Mobile)	96585732	Contact No.(Office)	0	Contact No.(Home)		
nail Address		Special Remark		eCode	IN€ ♥	
к	● No ○ Yes	TCA	No ○ Yes	eCode Reason	No	
	No	NCD Entitlement(%)	0	Private Hire		
Accident Details						
		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear Singapore	
port Date	01/12/2020 18:56			Country of Accident		
ite of Accident	30/11/2020	Time of Accident hh:mm	21:15	ICM No.		
porting Centre		Orange Force		ICM NO.		
cident Location	PIE TWDS TUAS BEFORE STEVENS RD EXIT					
7 Total Excess Applicable						
	Per Accident	Windscreen Excess	100.00			
cess type						
Standard Excess	600.00	TP Standard Excess	0.00			
	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered	
ED OD Excess		The state of the s				
dditional Excess	0	Total TD Eugen Applicable	0.00			
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00			
▽ Benefits						
GST Registered Informa	ilon					
ST Registered	No.		GST Registration Date	Yes		
ST Registration No.			GST Status Verified	165		
odification History						
Policyholder Mailing Add	ress				SINGAPORE 428769	
ddress 1	50 EAST COAST ROAD	Address 2	#02-79 ROXY SQUARE	Address 3		
ddress 4		Address Type	Singapore address	Post Code	428769	
Init No.	02-79	Related Policy Number	5120016350			
	02-75					
OI Driver Info		Driver Type	Main Driver			
priver Name	KOH YI MING		S9322885E	Driver DOB	22/06/1993	
Innamed driver Name		Driver NRIC		Driving Experience	3	
tegister Date of Driver License	16/06/2017	Driver Age	27		0	
Contact No.(Mobile)	Contact		0	Contact No.(Home)	SINGAPORE 560210	
Address 1	BLK 210	Address 2	ANG MO KIO AVENUE 3	Address 3	SINGAPORE 560210 560210	
Address 4		Address Type	Singapore address	Post Code		
Unit No.	06-1618					
Does he own a Singapore		Driver Vehicle No.		Driver Insurer Company		
Registered car?	○ Yes No	Driver vehicle No.				
Peclaration						
reathalyser or Blood Test teading?	0 mg	Any injury?	Yes No			
Modification History						
Modification History				January NRIC	CQ322ARCE	
Modification History	OD-MX	Insured Name	KOH YI MING	Insured NRIC	S9322885E	
Modification History	OD-MX	Insured Name Contact No.(Home)	KOH YI MING	Contact No.(Office)		
Claim Type • Contact No.(Mobile)	ор-мх		KOH YI MING SKH4859R		S9322885E	
claim 001 New Claim Type * Contact No.(Mobile) Email Address		Contact No.(Home)		Contact No.(Office)		
Claim 1001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type *	Please Select	Contact No.(Home) OI Vehicle Number	SKH4859R	Contact No.(Office)		
claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name *		Contact No.(Home) O1 Vehicle Number Type of Benefit *	SKH4859R	Contact No.(Office)		
claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name *	Please Select	Contact No.(Home) O1 Vehicle Number Type of Benefit *	SKH4859R	Contact No.(Office)	SHC17342	
Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claimant Address Claimant Description	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SKH4859R Please Select	Contact No.(Office) TP Vehicle Number	SHC17342	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Preferred Workshop Contact	Please Select	Contact No.(Home) O1 Vehicle Number Type of Benefit *	SkH4859R Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SHC1734Z	
claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No.	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SKH4859R Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report	SHC1734Z	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC *	SkH4859R Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho	SHC1734Z	
Claim 1001 New Claim 7001 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	Please Select Please Select SKH4859R / SHC1734Z ON 30 Nov 2020 Yes 01/12/2020 19:17	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SkH4859R Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report	SHC1734Z	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Reguire Finalisation Date Registered Report Taken By	Please Select Please Select >>> SKH4859R / SHC1734Z ON 30 Nov 2020 Yes	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SkH4859R Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report	SHC1734Z	
claim 001 New Claim 1901 New Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant English Contact No. Require Finalisation Date Registered Report Taken By	Please Select Please Select SKH4859R / SHC1734Z ON 30 Nov 2020 Yes 01/12/2020 19:17	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SkH4859R Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report	SHC1734Z	
Claim 101 New Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	Please Select Please Select SKH4859R / SHC1734Z ON 30 Nov 2020 Yes 01/12/2020 19:17	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SKH4859R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report	SHC1734Z	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Reguire Finalisation Date Registered Report Taken By	Please Select Please Select SKH4859R / SHC1734Z ON 30 Nov 2020 Yes 01/12/2020 19:17	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SkH4859R Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report	SHC1734Z	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Reguire Finalisation Date Registered Report Taken By	Please Select Please Select SKH4859R / SHC1734Z ON 30 Nov 2020 Yes 01/12/2020 19:17	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SKH4859R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report	SHC1734Z	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Please Select Please Select SKH4859R / SHC1734Z ON 30 Nov 2020 Yes 01/12/2020 19:17	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SKH4859R Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report	SHC1734Z	
Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claiman Secretary Claiman Se	Please Select Please Select SKH4859R / SHC1734Z ON 30 Nov 2020 Yes 01/12/2020 19:17	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	SkH4859R Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report	SHC1734Z	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Please Select Please Select SKH4859R / SHC1734Z ON 30 Nov 2020 Yes 01/12/2020 19:17	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option	SkH4859R Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Worksho GIA report	SHC1734Z	
Claim 1001 New Claim 1001 New Claim 1001 New Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Enalisation Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date	SkH4859R Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received	SHC1734Z Received 01/12/2020 00:00	
Claim Type * Contact No. (Mobile) Email Address Claimant Type Claimant Type * Claimant Type Claimant Type * Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Claimant Address Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	Please Select Please Select >>> SKH4859R / SHC1734Z ON 30 Nov 2020 Yes 01/12/2020 19:17 Jackson MT/1111969	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No.	SkH4859R Please Select Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received	SHC1734Z Received 01/12/2020 00:00	
claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Address Perferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No.	SkH4859R Please Select Not at Fault Preferred Workshop, Name unknown 011 01/12/2020 19:18 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received	SHC1734Z Received 01/12/2020 00:00	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Name * Claimant	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brow	SkH4659R Please Select Not at Fault Preferred Workshop, Name unknown 001 01/12/2020 19:18 Category * Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received	SHC17342 SHC17342	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Name * Claimant	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brow	SkH4859R Please Select Not at Fault Preferred Workshop, Name unknown 001 01/12/2020 19:18 Category * Clear Please Select Use Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received Confidential Ur V NO V Norm V NO V Norm	SHC1734Z SHC1734Z	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Name * Claimant	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brow Brow Brow	SkH4859R Please Select Not at Fault Preferred Workshop, Name unknown 001 01/12/2020 19:18 Category * Clear Please Select Use Clear Please Select Use Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received Confidential Ur V NO V Norm V NO V Norm V NO V Norm V NO V Norm	SHC17342 SHC17342	
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Name * Claimant	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferered Repair Option Claim Close Date Claim No. Upload Date Brow	SkH4859R Please Select Not at Fault Preferred Workshop, Name unknown 001 01/12/2020 19:18 Category * Clear Please Select Use Clear Please Select Use Clear Please Select	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho GIA report Date Received Confidential Ur V NO V Norm V NO V Norm	SHC17342 SHC17342	

Attachment L	Uploaded By/Date		Category P Urgency		Description		Msg Sent? (CO)		
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE S CES) on 01 Dec 2020 19:18		NRIC/ Driving License	RIC/ Driving License Y Normal		NRIC/ Driving License 2020-12-1			
**	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 19:18		SAS		Normal	SAS 2020-12-1			
VE N	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 19:17		Photos		Normal	Photos 2020-12-1			
E BO	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 19:17		Photos		Normal	Photos 2020-12-1			
A C	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 19:17		Photos		Normal	Photos 2020-12-1			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 19:17		Photos		Normal	Photos 2020-12-1			
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 19:17		Photos		Normal	Photos 2020-12-1			
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 19:17		Photos		Normal	Photos 2020-12-1			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 19:17		Photos		Normal	Photos 2020-12-1			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 01 Dec 2020 19:17		Photos Normal			Photos 2020-12-1			
Video List	Uploaded By/Date Folder Date		File Name			Source		Act	