	Jeb description	Date & Time Completed	Done	py.
Date In: 1611/2-16:09	SAS e-filing			
Veh No: Skessy	E-mail (within 8hrs, AIC 2hrs)			
Veil No: de 3337 y	i-Motor Claim Form		11.10/10	1 4
D.O.A: 17/22-19:20		m/11/3910-01	16/11/12	16:04
OD : TP)! Reporting Only	i-Motor W/O (Within: OD 2hrs	s, 7'P 4hrs)		
V	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report	<u>i</u>		
	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (_	Tel:	Fax:	
TP Particulars: Veh No: Jurs	. INC ()/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Per	riod: (Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () V	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,00	00()/\$2,000()		7. W	
General Remarks:-				<u> </u>
() Walk-In Customer: Customer's information	mation strictly Confidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Insure	r URGENTLY.	and the state of		
Drive-In ()/ Towed-In (); Invoice:	: YES() / NO(); T	owing Co: ()
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
	ourtesy Car ()	•	A	;- J
1) Apply to Hallsholl Allowance 1713		Scans 200		
	()	***	*	
2) QC Check / Post Repair Inspection	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30	()			
2) QC Check / Post Repair Inspection	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Onte/Time Actions	()	Paration Checklist. Reporting (\$30);		
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Onte/Time Actions	() 000] () Invoice Pre 1) AR: Accident 2) DA: Damage	Reporting (\$30); Assessment (\$100); INC (\$	Ant (5)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions alimant's Particulars:	Invoice Pre Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti	Reporting (\$30); Assessment (\$100); INC (\$ se \$4 arough Survey	Ant (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions aimant's Particulars: iver/Owner:	Invoice Pre Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idac DA	Reporting (\$30); Assessment (\$100); INC (\$ see \$4 arough Survey (Resurvey) rough Survey (Resurvey) rainst INC Only (wef 10 Jan 200) tion - SMRT Survey	Ant (S) 73 Bill 80) 0/\$45 \$120 \$30 5)	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	Invoice Present	Reporting (\$30); Assessment (\$100); INC (\$ see \$4 arough Survey (Resurvey) coinst INC Only (wef 10 Jan 200 tion - SMRT Survey nal Services:- Car / Tpl Allowance coordination in Inspection lect Excess Coordination (Non INC) against INC	Arut (\$) fit Bill 80) 0/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25	

SN0920CG0007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 16/12/2020 16:04 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (16/12/2020 16:04 (SGT))



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
- 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

Date of Submission	16/12/2020 16:04 (SGT)
Date of Accident	15/12/2020 19:20 (SGT)
Exact Location of Accident	Newton Circus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE3357U
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No	No TAN WEE SOON SXXXX768A

Email Address shuntan.st@gmail.com Mobile Phone No (Phone) +65-85189509

Alternative Phone No

Manufacturer	Volvo	
Model	S60	
Variant	2	

Exact purpose for which vehicle was being used at time of Private use

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category Private car

INSURANCE COMPANY

VEHICLE PARTICULARS

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy Policy Number 5117090226 Cover Note Number

DRIVER

Name of Driver TAN WEE SOON NRIC No SXXXX768A Date Of Birth 23/12/1992 Occupation Indoor

Date Of Driving Pass 14/11/2011 Driving experience 9 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-85189509 Alt. Phone Number Email Address shuntan.st@gmail.com Address BLK 634 CHOA CHU KANG NORTH 6 Address complement #13-293 Postcode 680634 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 Type of Accident Collision - Change/cross lane Weather Conditions Clear Road Surface Dry 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? No 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 Name CARMEN CHEOK ER YUN Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201216/7015. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SGR8483J** Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour	
Vehicle Category	
Name of Driver	Private car
	-
Contact Number	1=
Address	
Address complement	
Postcode	-
	-
Insurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	1 7 7
	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN WEE SOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SKE3357U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder 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, acknow ledge, agree and consent that :

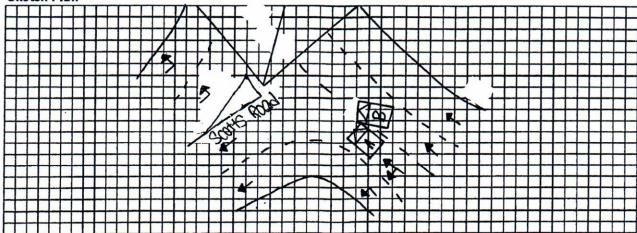
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



A-SKE33574 B-SGR8483.T

Rofor	to police	report - 7/22/16/2015	
Reger	45 Police	16/22 - 1/22/10/2013	
		<u>.</u>	
			2
	-		

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

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				
15 Dec 2020	(DD/MM/YY)			
7:20PM	(HH:MM)			
Newton Circus Roundabout	· · · · · · · · · · · · · · · · · · ·			
	15 DU 1010 7:20PM			

为 是实现是一位产生,从1000年的1000年		DETAILS OF	VEHICLE		* Triple to Table	
Vehicle registration number	SKE3	357U	20 10W 24 100 0 0 0 0 10 10 10 10 10 10 10 10 10			
Vehicle make and model	OYIOY	360	•			
Type of vehicle	Saloon	MPV 🗆		Van	_	
	Lorry 🗆	Bus 🗆			Others:	
Vehicle category	Private z	Comm	ercial 🗆 💢 🖠	Motorcyc	cle 🗆	
Purpose of using at said time						
Are you claiming under your	Yes 🗆	No 🗷	if no, please	select:		
own insurance company?	Third part of	laim 🗷	Reporting o			

INSURANCE INFORMATION					
Insurance company	NTUCA				
Policy number	The state of the s	2			
Type of policy	Comprehensive □	Third party fire & theft □	TP only 🗆		

Existing the state of	INSURED / POLICY HOLDER		Charlet Service
Name	Tan wu soon	Male 🗆	Female
NRIC / Fin / Passport number	S9247768 A		
Contact	85189509		
Address	BIK 634 Choa Chu Kang North 6	#13-201	,

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	Male □	Female			
NRIC / Fin / Passport number					
Contact					
Address					
Email address	Shuntan-St@amail.com				
Date of birth	23 DEC 1997				
Occupation	Indoor Outdoor				
Driving date pass	14 Nov 2011				

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera	
Weather condition	Clear Raining Others:
Road surface	Dry Wet 🗆
No of passenger	2 (Inclusive of driver
	, motorio di altrei
	PASSENGER 1
Name	Tan Wie Soon
Gender	Male Female
The Alberta State of the Land	
	PASSENGER 2
Name	Carmen the check Er Gun
Gender	Male - Female
State Control (As Employed Section 2)	
MARKET CONTRACTOR OF THE	PASSENGER 3
Name	
Gender	Male Female
	PASSENGER 4
Name	
Gender	Male Female
Center	Ividie Tellidie
	PASSENGER 5
Name	PASSENGER 5
Gender	Male D Female
Gender	IMale Female X
	PASSENGER 6
Name	PASSENGER 6
Gender	Male Female
Gender	Iviale
Part Carrier Control of the Control	OTHER DECOMPOSI
Was applied in interest?	OTHER INFORMATION
Was anybody injured? Was other vehicle damaged?	Yes No D
was other vehicle damaged?	Yes No 🗆
	DETAILS OF BOLICE STATION ACTION
Reported to police?	Yes No If yes, please state which police station.
Police station name	Yes No I If yes, please state which police station.
Fonce station name	
	WITNESS 1
Name	
and the state of t	and the state of t
	WITNESS 2
Name	

	THE PARTY III III
Vehicle registration number	THIRD PARTY VEHICLE 1 SGR&4837
Vehicle make model	SUNSAISO
Name	
NRIC / Fin / Passport number	
Contact	
Valida a in in	THIRD PARTY VEHICLE 2
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	
V-L:-I	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	
Contact	
Vohiela registration number	THIRD PARTY VEHICLE 4
Vehicle registration number Vehicle make model	V
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
NOT COMPANY OF THE PARTY OF THE	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PARTY VEHICLE 5
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number/	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
BEST CONTROL OF THE STATE OF TH	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	

APPLICATION FOLLOWS	INJURED PERSON 1
Name	7an Wil Soon
Injuries sustained	Neck
Which vehicle person in?	SKE3357V
Were seat belts worn?	Yes No 🗆
Was injured conveyed to	Yes 🗆 No 🗹
hospital by ambulance?	
Control of the Contro	
	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No
hospital by ambulance?	
	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	
	and the last test and the last
	INJURED PERSON 4
Name	INJURED PERSON 4
Name Injuries sustained	INJURED PERSON 4
	INJURED PERSON 4
Injuries sustained	Yes D No D
Injuries sustained Which vehicle person in?	
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	Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes No Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes No Yes No
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Yes No 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?	Yes No 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 No Yes No 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
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
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
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 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	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 No No No No No No N





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

1 of 3 Report No. T/20201216/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2020 12:52			Vide Report No.:	Station Diary No.:
Informant		ars -		
Name of Ir			Address: 634 CHOA CHU KANG NOF 680634	RTH 6 #13-293 SINGAPORE
ID Type / I NRIC NO /		ВА	Contact No.: Home/Office:	Mobile: 85189509
Nationality SINGAPOR		N	Email: shuntan.st@gmail.com	
Sex: Male	Age: 27	Date of Birth: 23/12/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Other stall sales workers			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2020 19:20	Type of Location: Roundabout
Location:				
NEWTON CI	RCUS			
Weather:		Road Surface:	Ţ	Road Speed Limit:
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Clear Traffic Flow:		Dry Traffic Control:		Road Speed Limit:
Clear		Dry		

Vehicle No.	Type	Make	Mødel	Color	Conditio	No of
SGR8483J	Car	The state of the s	Andrews and the second			0
SKE3357U	Car	VOLVO	S60 T4 1.6 AT ABS D/AB 2WD 4DR TC	Black		0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201216/7015

CONTINUATION OF REPORT

Details of V	ehicle Insurance	The state of the s		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE3357U	NTUC Income Insurance Co-Operative Limited	5117090226	06/04/2020	05/04/2021

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					AND THE PROPERTY OF THE PARTY O
No. of Pedestrian	ns Injured: NIL		Use of Peo	destriar	Cross	sing: NA
Driver	11/2					
Name	TAN WEE SOON			ID No	•	S9247768A
Related Vehicle	SKE3357U (Car)			Conta	ct No.	85189509
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		Slight	

Brief Details.

I was travelling on the 3rd lane of Newton Circus whereas my lane is allow to go straight or turn left into Scotts Road. I proceeded straight as I wanted to exit the roundabout at Bukit Timah Road. Suddenly vehicle SGR8483J which was on the 2nd lane whereby he is allowed to only proceed straight, turned sharp left and collided onto the front left portion of my door. I was feeling soreness on my neck and lower back and went to consult a doctor and was given 2 days MC.





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

3 of 3 Report No. T/20201216/7015

CONTINUATION OF REPORT

_		_	
Sk	etch	Plan	

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: 16/12/2020 12:52
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp NP168

lello, NAC_PAYA_UBI_80	0601						· Change	Language) Chan	ge Password	· Log Ou
My Desktop	Policy Query										-
Notice of Loss Policy No.						Date o	f Accident	1	5/12/2020 1	9:20	
	Vehicle	No.(For Motor)	SKE335	70		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5117090226		TAN WEE	S9247768A	GPC	Third Party	SKE3357U	SKE3357U	06/04/2020	05/04/2021

Sequen	ce Date of Endorsement	Е	ndorsemen	t Type	Endorsement	Status	Endorsement Content
▼ Endors	ements						
Insured	Object: SKE3357U						
Jnit No.	13-293	Related Numbe	Policy er	5117090226			
Address 4		Addres		Singapore address		Post Code	680634
Address 1	BLK 634 #13-293	Addres	s 2	CHOA CHU KANG	NORTH 6	Address 3	SINGAPORE 680634
	older Mailing Address						
nfo							
Policy Info							
Flag Open							
Co- nsurance	No						
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751		GST Flag	Y	
Singapore OD Excess	0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Excess Outside		Premium	0				
Additional		Excess			Excess	•	
Third Party Excess	0	Own damage	0		Windscreen	0	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	06/04/2020	Effective Date	06/04/202	0 00:00	Expiry Date	05/04/2021 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 634 #13-293 CHOA CHU KA	NG NORTH 6	SINGAPOR	E 680634			
Certificate No.							
Policy No.	5117090226	Policyholder Name	TAN WEE	SOON	Policyholder NRIC	S9247768A	



Video List	Uploaded By/Date	Folder Date		: Name		9		
	NAC_PAYA_UBI_800601(NATIO CES) on 16 D	NAL ASSESSMENT CENTRE SERVI ec 2020 16:09	Photos		Normal	Phot	tos 2020-12-16	
		AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 16 Dec 2020 16:09			Normal	Photos 2020-12-16		
6	NAC_PAYA_UBI_800601(NATIO CES) on 16 D	NAL ASSESSMENT CENTRE SERVI ec 2020 16:09	Photos		Normal	Pho	tos 2020-12-16	
No.		NAL ASSESSMENT CENTRE SERVI ec 2020 16:09	Photos		Normal	Pho	tos 2020-12-16	
1		NAL ASSESSMENT CENTRE SERVI ec 2020 16:09	Photos		Normal	Pho	tos 2020-12-16	
	NAC_PAYA_UBI_800601(NATIO CES) on 16 D	NAL ASSESSMENT CENTRE SERVI ec 2020 16:09	Photos		Normal	Pho	otos 2020-12-16	
1		NAL ASSESSMENT CENTRE SERVI lec 2020 16:10	SAS		Normal	SA	AS 2020-12-16	
SEE IN		NAL ASSESSMENT CENTRE SERVI Dec 2020 16:10	NRIC/ Driving License	Y	Normal	NRIC/ Drivi	ing License 2020-12-16	(60)
Attachment	Uploaded By/Date		Category	9	Urgency	Description		Msg Sent? (CO)