Date In: 19/12/2020 /4-41			20CT000T		
191010000 16-41	Job description		ime Completed	Done	by:
Ref No. 1/A / 1/200/4/46/	SAS e-filing		i		******
Veh No. SMQ 2954P.	E-mail (within Shrs, Ale 3)	uret	i		
D.OA: 18/12/2020 19:08.	i-Motor Claim Form	meli	11/227-001	19/12/	m
00 (2)	I-Motor W/O (Within: 0	D 2hrs, TP 4hrs)	17 301 001		
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	Assessment/Survey Rep	ort i			,
TP hsurer:	Ass't Report by Fax / H		/ksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	FA	x:	
TP Particulars: Veh No: CMA	7.802T. IN	IC( )/Non			-
Owner/Driver: (	10.00.	Tel:		)	
Policy No: ( ) Period	i: (	) Cover Ty	ре: (	)	
Confirmed by : (	Dates		Timer	)	
Insured/Driver Liability: ( %) [No	te-Est Status (WO): N:	: 0-20%; P: 21	-79%. P: 80-10	0%]	
	manty: YES ( )/NO	( )			
Excess: (\$ ) Loading: \$1,000					-
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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>correlated</u> by the <u>Policyholder and/or the Authorised Driver</u>
   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.
- 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 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 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 19/12/2020 16:41 (SGT) Date of Accident 18/12/2020 19:03 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TOWARDS SLE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMQ3854P

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No.

Email Address Mobile Phone No. Alternative Phone No No

CHEW CHEE KEONG

SXXXX379J

normancck@gmail.com (Phone) +65-92364988

+65-92364988

### VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Honda

Shuttle

Employment

No - Claiming third party

Private hire

### INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number

Comprehensive

No

5113889772-01

### DRIVER

Name of Driver

NRIC No Date Of Birth Occupation

CHEW CHEE KEONG

SXXXX379J 19/09/1971 Outdoor



Date Of Driving Pass Driving experience Gender Mobile Number

Alt. Phone Number Email Address

Address Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?

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

Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

UNKNOWN Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No.

Police Station Address Was notice of intended Prosecution given?

If yes, against whom?

30/01/1992

+65-92364988

Chain Collision

Clear

Dry

No

Yes

No

Yes

No

3

Male

#08-03

561455

Yes

No

28 YEARS AND 11 MONTHS

BLK 455A ANG MO KIO STREET 44

(Phone) +65-92364988

normancck@gmail.com

Ang Mo Kio South Neighbourhood Police Centre (Phone) +65-18004519999 (Fax) +65-65535679

81 Ang Mo Kio Ave 3 Singapore 569929

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201219/2005

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

No

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant

SMG803J

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

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC2458P
Vehicle Manufacturer	5-5-7 0.4376.44=30.5 5-
Vehicle Model	= 4
Vehicle Variant	= 2-
Vehicle Colour	
Vehicle Category	Taxi
Name of Driver	SIM HOCK SOON
NRIC No	SXXXX065J
Contact Number	Harr 2910
Address	Hill St.
Address complement	- 3.
Postcode	
Insurance Company Name	
Nature Of Damage	440 390
Details of property damaged in accident	
No. Of Passenger (Including Driver)	HI 151

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	CHEW CHEE KEONG
Address	39)
Address Complement	(#1)
Post Code	•
Approximate Age Years Old	12.1
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMQ3854P
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.
- This Formmust 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.
- 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)

l understand, acknowledge, agree and consent that

- (a) My insurer, my w orkshop 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

Witnessed by Reporting Centre Personnel

CTR OWHEDS Sketch Plan

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ion						

19/12/20

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

ACCIDENT DATE: 1 12 2071 NOD 19 19 172-03
TIME TO THE PARTY OF THE PARTY
· LOCATION: CTE Toward BLE
1. DETAILS OF VEHICLE
alvehicle NUMBER: SMQ 3214P
DINSURANCE COMPANY: TUC
CIPOLICY NUMBER: 5113889772 - 01
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
TITYPE: (SALOON / COUPE / MPV MAN / CORNELL CO
MOTORCYCLE / OTHERS)  h)PURPOSE OF USING AT A COLDEN TO MOTORCYCLE)
TARE TOU CLAIMING UNDER YOUR OWN INCOME
IF NO. PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY)  2. INSURED / POLICY HOLDER
ANAME: CITEN CHECKERALC
DINNIC/PIN/PASSPORT: S+13+3+9/7
CIADDRESS: BIK 411A ANG NO KIO CT 44
HO of passand 3. DRIVER ALSO POLICY HOLDER
(Including driver) a)NAME: Et & ABOVE (MALE / FEMALE)
(1) b)NRIC/FIN/PASSPORT: (MALE / FEMALE) c)ADDRESS: CONTACT:
*d)DATE OF BIRTH: (19/09/1971)(DD/MM/YYYY)
TOUCH ANON, INDOOR / QUITOCOPU
I)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED.
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NO
b)ROAD SURFACE: (QR) / WET / OTHERS  6. WAS ANYBODY INJURED (ES / NO)  7. GIREPORTED TO BOLLOS (ES / NO)
7. a)REPORTED TO POLICE (RESY NO)
TES, PLEASE STATE WHICH POLICE STATION: A - M C
A LIC OF THIRD PARTY VEHICLE
(Including driver) b) DRIVER'S NAME: SMG 803 I MODEL: BMN
( ) NRIC/FIN/PASSPORT
7. THIRD PARTY VEHICLE
(Induding de a) DRIVER'S NAME: SHC 245 P MODEL: (AX)
NRIC/FIN/PASSPORT
() CONTACT:
email = normanceka gmail. (oni
0

VIDEO





Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

1 of 4 Report No. T/20201219/2005

Tel No: 1800-4519999

### REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 01:28	nade:	Vide Report No.:	Station Diary No.: 10
Informa	nt's Partic	ulars		
	f Informant: CHEE KEO		Address: APT BLK 455A ANG MO KIC SINGAPORE 561455	STREET 44 #08-03
	/ ID No.: D / S71343	79J	Contact No.: Home/Office:	Mobile: 92364989
National SINGAF	ity: ORE CITIZ	EN	Email: normancck@gmail.com	
Sex: Male	Age:	Date of Birth: 19/09/1971	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat GRAB D			Driving Licence Information: Class: 3,4	Date of Expiry:

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/12/2020 19:05	Type of Location Straight Road
CENTRAL EX	KPRESSWAY	Road Surface:	F	Road Speed Limit:
		Traffic Control:	1	raffic Volume:
Traffic Flow:		Not Controlled	H	Heavy

Details of V	ils of Vehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC2458P						0
SMG803J						0
SMQ3854P		HONDA	SHUTTLE HYBRID 1.5 AUTO	Silver		1

Details of V	ehicle Insurance	A STATE OF THE STA		SULID CO
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4

Report No. T/20201219/2005

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

### CONTINUATION OF REPORT

Details of Vo	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ3854P	NTUC Income Insurance Co-Operative Limited	5113889772-01	13/11/2020	12/11/2021

THE RESERVE AND ADDRESS OF THE PARTY OF THE	n Involved		595550		No. of Concession, Name of Street, or other Persons, Name of Street, or ot
Any Pedestrian Ir					
No. of Pedestrian	is Injured: NIL	Use of Ped	estrian C	Cross	ing: NA
Driver					
Name	SIM HOCK SOON		ID No.		S0023065J
Related Vehicle	SHC2458P		Contact	No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	10.000	NIL	
	ted Medical Leave NIL	Degree of I		NIL	
Driver					7/2 1010
Name	Unknown Driver		ID No.		NIL
Related Vehicle	SMG803J		Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence Expiry D	. &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch	-	NIL	
	ted Medical Leave NIL	Degree of I		NIL	
Driver					
Name	CHEW CHEE KEONG		ID No.		S7134379J
Related Vehicle	SMQ3854P		Contact No.		92364989
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence Expiry D	. &	Class: 3,4 Date of Expiry: NIL
Date Treatment	18/12/2020	Date Disch		-	/2020
	ted Medical Leave 05	Degree of		NIL	





3 of 4

Report No. T/20201219/2005

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

CONTINUATION OF REPORT

### Brief Details.

On 18/12/2020 at about 1902hours, I was driving my grab vehicle(SMQ3854P) along CTE tunnel and my vehicle stopped at the furthest left lane of CTE tunnel before the exit towards Clemenceau Road due to vehicle congestion. At that point of time there was a passenger inside my vehicle. Suddenly I felt a impact on my vehicle and I came down of my vehicle and discovered a BMW(SMG803J) collided onto my vehicle. I make a checked and came to notice that a taxi(SHC2458P) was behind the BMW(SMG803J) and the taxi collided on to the BMW vehicle and due to that collision, the BMW vehicle surged forward and collided on to mine.

No one was injured at that point of time. All drivers came out of the vehicles but I only managed to take the particulars of the taxi driver. I also take photos of both BMW vehicle and Taxi.

After the accident, all of us left the scene. Half an hour later, I felt uncomfortable on my neck, shoulder and right wrist area as well as feeling abit of dizziness and decided to consult a doctor at Mount Alvernia Hospital. I was then given 5 days MC.

I wish to state that I have informed my passenger to see doctor and make a report if she fell unwell.

I also wish to state that I tried calling Grab company starting from 1907hrs several times to inform them about this accident however no one pick up. I only managed to contact them at 2037hrs which is one an a half hours later to inform them about this matter.





T/20201219/2005

4 of 4

Report No. T/20201219/2005

Police Station Of Origin: Ang Mo Kio South N.P.C 81 Ang Mo Kio Avenue 3 SINGAPORE 569929

Tel No: 1800-4519999

CONTINUATION OF REPORT

15000					
C	lent	-			
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NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's the certificate with you now, please fax a copy to 65	s Insurance Certificate to this report. If you don't have 474885 stating the <b>report number</b> as reference.
0 - 1 - 01 015 -	

Signature Of Officer Recording The Report: Signature Of Informant: Sgt 3 ELAINE ONG EE LING Signature Of Interpreter: Date/Time: Not applicable 19/12/2020 01:28 Officer In Charge Of Case: Classification Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 Authentication Stamp

### Claim Handling Accident MT/1114327 Pality No. 5113889772-01 Vehicle No. SM038948 GST Registration No. Certificate No. Policyholder frame CHEW CHEE REONG Policyholder NR2C 571343790 Product Code PRIVATE CAR INSURANCE Cover Type BRIVE CLASSIC Loading Contact No.(Mobile) 92364988 Contact No.(Office) Contact No. (Home) Email Address Special Remark No. w KFK. ■ No : Yes TEA Nº No - Yes eCode Reason No NCD Entitlement(%) 50 Private Hire Yes **▼** Accident Details Report Date 19/12/2020 16:35 Accident Report Within 24 hrs. Wes Accident Type Chain Cuttision Date of Acodent 18/12/2020 Time of Accident Informati 19:00 Country of Accident Singapore Reporting Centre Drange Force TOW NO. Acodent Location CITE TOWARDS SUE **▼ Total Excess Applicable** Excess Type Per Accident Windscreen Excess 100.00 OD Standard Excess 2,000.00 TF Standard Excess 1,500.00 YIED OD Excess 0.00 VIED TP Excess 0.00 Driver is Covered? Additional Excess Total CO Excess Applicable Total TP Excess Applicable 2000.00 1,500.00 or Benefits GST Registered No **GST Registration Date** GST Registration No. GST Status Venified. Yes **Modification History** → Policyholder Halling Address Address 1 BLK 455A #08-03 Address 2 ANG MO KIO STREET 44 Address 3 TECK GHEE PARKYS Addists 4 SINGAPORE SELECT Address Type Singapore address Fost Code 561455 Unit No. 08-63 Related Policy Number 5113889772-01 ♥ 01 Driver Info Driver Name CHEW CHEE KEONG Driver Type Main Drawe Unnamed driver Name Driver NRIC 571343791 Driver DOS 19/09/1971 Register Date of Driver License 30/01/1993 Driver Age Driving Experience 28 Contact No.(Mobile) 92364988 Contact No.(Office) Contact No.(Home) Address 1 BLK 455A #08-03 Address 2 ANG MID KID STREET 44 Address 3 TECH GHEE PARKYS Address 4 SINGAPORE 561455 Address Type Singapore address Post Code 581455 Unit No. 08-03 Does he own a Singapore Registered car? THE RE NO Driver Vehicle No. SM038548 Driver Insurer Company NTUC Breathalyser or Blood Test. 0 mg Any injury? C Ves in No. Modification History Claim 001 New Claim Type \* OC-MK Insured CHEW CHEE KEONG Insured NRIC Contact Contact No.(Mobile) 92364989 No. (Office) OI Vehicle Number TP Vehicle Number Email Address NORMANCCK@GMAJL.COM SMQ38S48 Name of Preferred Claim Description SMQ3854F / SMS803J ON 18 Dec 2020 Freferred Workshop Essues No. Tes Finishastion Necesyes Date Registered Date Received 19/12/2020 16:45 Close Report Taken By ROSLI WARAS III. Print AK letter Save Submit

Claim No.

Upload Date

19/13/2020 18:46

MT/1114322 Last Doc. Received € Yes ○ No https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

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