CS/MSG21005693/Auf

| ASS, REG. BY: ADRIAN | CS/MSG2100 | 13093/Au | 10 | | | | |
|----------------------------------------|-----------------------------------------|---------------|--------------|---------------|------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| self-steaded | ASSI | GNMEN' | | | | mail: 2 | _ |
| From: Date: | HOL DAY | Veh No: | SLG | 2051 | Yr Regi | : 2016 F | ept. |
| Estimated Cost: | SARI BUTTER HELLT | Type: M.Car | M.Cycle / | Bus / Van / | Lorry / Taxi / I | Prime Mover / | 1555 100 |
| OD TP WS / TP RES / OD RES / EVA / INV | / MV | Truck | / Trailer or | | n Kin Splin | and the state of | |
| To Inspect Vehicle No: SLG 2051 | K | Make: | Hon | ta Sh | uttle | c.c 14 | 96 |
| at Workshop m/s SM AUTOM | OTIVE | Colour | Bla | 1 | | Insured / Std / | NI / NA |
| of | OLEM ESSUES BEFORE | Sp.Reading | 846 | 07 | T/Radio: | Insured / Std / | NI / NA |
| Insured: SLQ 9822 | 2D | Eng/No: | | 0 | | 7 10000 23 | 198 609 |
| Policy No. 3000162281 | 4 | C/No: | | GK811 | 20457 | # | 100 100 |
| Claims No. 257054 | 2053 992549 5705 | Gen. Cond: | Good Fair | / Poor / Bui | rnt | | |
| Sum Insured: Excess: | 1034 98981 Clim | Steering: Inc | order/ Jamr | ned / Leake | ed / Burnt or | esta idorial o esta legral de | |
| (Client's Record) | | | 10 | | ed / Burnt or | of Front He | 2500 21 |
| Make of Veh: | tour planter Nout | Modi: Nil | IS/Rim / | | / | | 121 |
| Foot Rest Bracker | 150 1 90 1 90 1 V | Tyre Size: | F: | | 160 RIS | n's Jeon's H | 11868 811 |
| (Policy Condition) | | | R: | 185 | 160 RIS | | |
| Remark: The veh had commenced its | N/S O/S | BS / DUN / | EXNOVA / G | SY / FS / LIZ | A / MIC / OHT | SU / PIR / SUM | 1/ |
| repair at the time of inspection. | | TOYO/YO | OKO or | | | | infer 182 |
| Bal. or Market Value: | 3067 191200 San | Front | , | | / Rear | / | |
| IDAC Accident Rport: Consistent | ? : Yes or No | R/Bal. | 06 | mm | R/Bal. | 06 | mm |
| GIA / PR Seen: Consistent | ?: Yes or No | L/Bal. | 06 | mm | L/Bal. | 06 | mm |
| Est. Repairs: 3 days Res.: | Yes or No | D.O.A. | | | D.O.I. | 11/05/21 | |
| Lum Sum: 20 % 3 Val | .: Yes or No | Survey held | l at _ | SI | M | | |
| CA / REV / REP. / 24 HRS | VIII BUILDIN | Des. of Dar | mages : Frt | Rear 1 O | 1 | C / Rooftop o | r 2000 08 |
| Date: Person Contacted: | Vehicle: IN / OUT | The U/O | C / Chassis | | | affected due to | collision. |
| Date / Time Action / Instruction | | | | | | | |
| TPMSLG. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | · | | | es I data De l | TYPINES E. |
| 12/5/2021 Informed Ming Sha | o we are pending | g estimate | e from re | epairer v | via Merim | en. | 121165 91 CONTRACT 70 |
| 15/6/2021 Revise to Ming Sha | ao via Merimen & | seek ap | proval vi | ia email | -responding | - 1 P | cesso I to |
| M√: 15/6/2021@ | 2.16pm Ming Sh | ao appro | ve man | date via | email. | ing some | 11166 6 |
| PV : | final fig L/C \$160 |)0 2 rand | oir dovo | deine | O soni jana | A QUE TO SERVE | purve e |
| | final fig L/S \$160 | ю, з тера | ııı uays. | | - TORRESTOR | Center Fair | RETAINS I |
| (KED \$3 | 297.96; 67%) | | | | | Res Sein | |
| Date/Time, File Pass to? : Preli. Rep | oort | Days Of R | epair: | 3 | | Faming Los | |
| 1) 15/6 TYPIST : Final Reg | oort | Resurvey | No. of Tri | p: <u>1</u> | Survey | / Fee: | The second secon |
| Date/Time, File Return to? | | | - | | Transpo | rtation: | |
| 2) | Add Fee | ⊋: Sit | e Insp (\$ | |) | RSSI | |
| | | : Into | erview (\$ | |) Photos | | |
| Report Format: TP | | :Te | ch. Invs (\$ | |) Others | | 18611381 |

Lump Sum / 4.8.4 (5

\$1600

SS19215A000A / SME MOTOR PTE LTD ENTRY DATE & TIME: 10/05/2021 13:17 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (10/05/2021 13:17 (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 policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information 10/05/2021 13:17 (SGT) 09/05/2021 10:30 (SGT) Ang Mo Kio, Singapore SLIP RD TO CTE (CITY) Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLG2051K

INSURED/POLICYHOLDER

Country/State of Loss

Is company? Name Of Registered Owner NRIC No **Email Address**

Mobile Phone No Alternative Phone No No

TEO THIAM HOCK SXXXX557F hock937@yahoo.com.sg (Phone) +65-90559392 +65-90559392

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

CC

Transmission

Honda Shuttle

Private hire

No - Claiming third party

Private car Auto

1500

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number NTUC Income Insurance Co-operative Ltd

Comprehensive

No

5121596955

DRIVER

Name of Driver NRIC No

TEO THIAM HOCK SXXXX557F

Date Of Birth Occupation 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

670627

30/01/1976

23/09/1998

+65-90559392

22 YEARS AND 8 MONTHS

(Phone) +65-90559392

hock937@yahoo.com.sg

BLK 627 SENJA ROAD #03-176

Outdoor

Male

Yes

No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Chain Collision

Clear Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 2 Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

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?

Yes

Traffic Police

(Phone) +65-65470000 (Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210510/7012.

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

SLQ9822D

Vehicle Manufacturer

Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car FOO IRON HIN Name of Driver NRIC No SXXXX892J Contact Number (Phone) +65-91116944 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE B** No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SCM968D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident **VEHICLE C** No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

TEO THIAM HOCK
SUG2051K
Yes
No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report opprectly the details of the accident to speed up the claims process
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as truthful and accurate as possible. Any writing misrecresentation or withholding of matterial facts may allow insurance companies to persurface policy liability.
- 4. The insue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5 Any false reporting may be referred to the Police for investigation
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (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 this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquisies 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")
- 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:
 - 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.

Policyhalder's Signature Data & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

ZOUNC Graphismore of

AM AUTO

SKETCH PLAN A: 319 2051K B: 816 98320 c: scm 4680

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| REFER | 70 | POLICE | PEPORT: | 7/2021051017 | 012 | |
|-------|----|-----------------------------------------|---------|--------------|-----|--|
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DECLARATION

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

Policyholder's Signature Date & Time:

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210510/7012

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 10/05/2021 11:48 | | ade: | Vide Report No.: | Station Diary No.: | | | |
|---------------------------------------------------------------------------------------|------------|-------------|-----------------------------------------------------|----------------------------|--|--|--|
| Informant | s Particul | ars | A Maria Car | | | | |
| Name of Informant: TEO THIAM HOCK | | | Address: 627 SENJA ROAD #03-176 SINGAPORE 670627 | | | | |
| ID Type / ID No.: NRIC NO / S7602557F | | | Contact No.: Home/Office: Mobile: 90559392 | | | | |
| Nationality: SINGAPORE CITIZEN | | N | Email: hock937@yahoo.com.sg | | | | |
| Sex: Age: Date of Birth: Male 45 30/01/1976 | | | Type of Informant: Driver | | | | |
| Race: Chinese | | | Language: English | Institution / School Name: | | | |
| Occupation: Other car and light goods vehicle drivers nec | | ods vehicle | Driving Licence Information: Class: | Date of Expiry: | | | |

| General Inform | nation of the Acc | dent | | |
|---------------------------------|---------------------------|-----------------------|-----------------------------------------------|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 09/05/2021 10:30 | Type of Location: SLIP ROAD |
| Location: | | | | |
| ANG MO KIO | AVENUE 1 | | | |
| | | | | |
| Weather: | | Road Surface: | | oad Speed Limit: |
| Clear | | Dry | 50 |) Km/h |
| Traffic Flow: | | Traffic Control: | Tr | raffic Volume: |
| One Way | | Not Controlled | M | oderate |
| Type of Collision Between Movin | on: ng Vehicles - Head | l To Rear | 1 | nyone conveyed by mbulance: o |

| Details of V | enitote linvo | IV(e)(I | | | | |
|--------------|---------------|------------------|-------------------|-------|---------------------|-------|
| Vehicle No. | Туре | Make | Model | Color | Conditio | No of |
| SCM968D | Car | MERCEDES BENZ | | | | 0 |
| SLG2051K | Car | HONDA | SHUTTLE 1.5G A | Black | Slightly Damaged | 1 |
| SLQ9822D | Car | ТОУОТА | | White | Slightly Damaged | 2 |





T/20210510/7012

2 of 3

Report No. T/20210510/7012

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

CONTINUATION OF REPORT

| | | Inches No. | Effective | Evniny Date |
|-------------|------------------------------------|---------------|------------|-------------|
| Venicle No. | Insurance Company | Insulance inc | Ellective | LADINY Date |
| SLG2051K | NTUC Income Insurance Co-Operative | 5121596955 | 30/03/2021 | 29/03/2022 |
| | Limited | | | |

| Any Pedestrian Involved: No No. of Pedestrians Injured: NIL Use of | | | Use of Peo | Pedestrian Crossing: NA | | | |
|----------------------------------------------------------------------|----------------|----|------------|--------------------------------------|-----------|-----------------------------------|--|
| Driver | | | 100 | | | | |
| Name | TEO THIAM HOCK | | | ID No. | N. | S7602557F | |
| Related Vehicle | SLG2051K (Car) | | | Conta | ct No. | 90559392 | |
| Hospital/Clinic | NIL | | | Class Driving Licend Expiry | g ce & | Class: NIL Date of Expiry: NIL | |
| Date | NIL Date | | Date | | NIL | | |
| No. of Days granted Medical Leave | | 03 | Degree of | | Slight | t | |

Brief Details.

I WAS TRAVELLING ALONG ANG MO KIO AVE 1 SLIP ROAD TO CTE (CITY), AS I WAS TRAVELLING STRAIGHT, VEHICLE IN FRONT SLOWED DOWN TO STOP, I APPLIED MY BRAKE TO STOP WHEN SUDDENLY ONE M/CAR SLQ9822D CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. AFTER THE COLLISION, I CAME OUT OF MY VEHICLE AND REALISED A TOTAL OF 3 VEHICLES INVOLVED IN THE ACCIDENT. I HAD A FEMALE PASSENGER AT THE TIME OF ACCIDENT, I HAD ASKED HER 2 TIMES HOWEVER SHE INFORMED THAT SHE WAS NOT INJURIED. AS THE RESULT OF THE ACCIDENT, I SUSTAINED PAIN ON MY NECK AND LEFT HAND. I THEN WHEN TO CONSULT DOCTOR AT RC'S FAMILY CLINIC AND WAS GIVEN 3 DAYS OF MC.





3 of 3

Report No. T/20210510/7012

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

CONTINUATION OF REPORT

| Sketch Plan | | | |
|--------------|----------|------------|--------|
| Informant is | not able | to provide | sketch |

| Not applicable | The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 10/05/2021 11:48 |
| Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204 | Classification Of Case: |

Authentication Stamp NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|--------------------------------------------------|--------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: Vehicle Details | 557F |
| Vehicle No.: | SLG2051K |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 10 May 2021 |
| Vehicle Make: | HONDA |
| Vehicle Model: | SHUTTLE 1.5G A |
| Primary Colour: | Black |
| Manufacturing Year: | 2016 |
| Engine No.: | L15B3535367 |
| Chassis No.: | GK81004574 |
| Maximum Power Output: | 97.0 kW (130 bhp) |
| Open Market Value: | \$18,850.00 |
| Original Registration Date: | 23 Sep 2016 |
| First Registration Date: | 23 Sep 2016 |
| Transfer Count: | 2 |
| Actual ARF Paid: Intended PARF Rebate Details | \$8,850.00 |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 22 Sep 2026 |
| PARF Rebate Amount: Intended COE Rebate Details | \$6,637.00 |
| COE Expiry Date: | 22 Sep 2026 |
| COE Category: | A - Car up to 1600cc & 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$50,000.00 |
| COE Rebate Amount: | \$26,833.00 |
| Total Rebate Amount: | \$33,470.00 |

The information contained herein is correct as at 10 May 2021