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Date In: 24 11,2017 15:41	Jeb description	Date &Timo Co	mpleted	Done pr.
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Veli No: 84 92920	E-mail (within thes, AIC ?	(1)		11'
DOA: 2110/2017 12:15	f-Motor Claim Form	M7 09710	200	11/2017
	1-Motor YY/O (White	D 2h(1,7'P (h(1))		6.49
OD TP Reporting Only	I-Photo Uploaded			
The latest and the la	Assessment/Survey Res	oi(		
TP Insuret:	Assit Report by Fax/ H	and to Olyner/Whise		
referred Wkep / INC Assign Wksp / OW: ( ,		Tell	Fax	)
P Parujeularsi Yeli Noi Sh	9 6115M	AC( )\Nou·LAC	( )	
Owner / Driver: (		Tel:		1
Policy No: (, ) Po	erlod: ( ,	Cover Type: (		<u> </u>
Confirmed by i '(	Dalei	Tling	11	)
	Note-Est, Status (WO): 1	the same and the same and same	. P: 80-10054)	
Year of Registration: ( )	Warranty: YES ( )/NO	)(),	, ,,,,,	
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eneral Remains 22% in hold distributions of	the state of the s		the state of the s	il ( a
) Walk-In Glistomar i Customers Info		§ Srigilà NO Lajet of	repairer,	
) Total Loss Case   to e-mail Insur				
Drive-In ( )/ Tolved-In ( ); Invoice	:c: YES( ) / NO(	) ; Towing Co: (		
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emoris : 10 Pt Poline : 6788 0016)		DAF4:TIME C	mple od Print	Done by
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OC Check / Post Repair Inspection  Outlood Resurvey Photo (Repair Cost > S  Injury :  MINITUTE ACTIONS  Diminist Earticulars  Iver/Owner:  Intact No:  Triaged Postion: ****  Checked by (Engr-In-Charge):	Courtesy Car ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Aceldeni Repording (\$300)  Towing Assumed (\$100)  Towing Assumed (\$100)  Towing Friedrich Survey  Follow-Through Survey (Res Intribus against INC Only (w  Re-lespection  Iduo DA + SM RT Survey  C Additional Servicent  Cnurlesy Contribution  (Post Rainnis Inspection  (DY / Collect Bacers Coestain  N) 1) + TP (Nan INC) against  (Idne Nobilie	(11512.58) (11512.58)	And the second s

# 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
- 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 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.
- nt 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

foresaid.	ACCIDENT STATEMENT
	24/11/2017 15:41
Date Of Report	27/10/2017 12:15
Date Of Accident	NEAR TO BLK 150 BUKIT BATOK STREET 11 CARPARK
Exact Location of Accident	SINGAPORE
Country/State OLI USS	ETAILS OF OWN VEHICLE
A THE OWNER OF THE OWNER OWNER OF THE OWNER OWN	SJH9292D
Vehicle Registration Number	33/102023
Insured/Policyholder	DOMINIC ONG HOCK LAI
Name Of Registered Owner	
NRIC No	S8943670B
Email Address	DOM@TAMESOFT.COM.SG
Mobile Phone No	(LOCAL) +65-97403241
Alternative Phone No	OTHERS-97403241
Vehicle Particulars	
Manufacturer	SUBARU
Model	IMPREZA-1.5 R HATCHBACK (M)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	A CONTRACTOR OF THE LTD
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092657303
Cover Note Number	
Driver	
Name of Driver	DOMINIC ONG HOCK LAI
NRIC No.	S8943670B

S8943670B NRIC No 07/12/1989 Date Of Birth INDOOR Occupation 28/04/2017 Date Of Driving Pass

0 YEAR AND 5 MONTH **Driving Experience** 

MALE Gender

(LOCAL) +65-97403241 Mobile Number

Fax Number

OTHERS-97403241 Contact Number

DOM@TAMESOFT.COM.SG **EMail Address** 

BLK 23B QUEEN'S CLOSE Address

#09-169

141023 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

NO Was any body injured in the Accident?

YES Was any other material or property damaged?

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

0 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

BUKIT BATOK NEIGHBOURHOOD POLICE POST Police Station Name

NO

YES

NO

ROAD: BLK 103 BUKIT BATOK CENTRAL , POSTCODE: 650103 ,

Police Station Address COUNTRY: SINGAPORE

TEL NO: 1800-5639999 - FAX NO: 66655794 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA6115M

Vehicle Make/Model/Colour

TAXI

**Details Of Properties** 

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- 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.
- 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 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' 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.

Policyholder's Signature Date & Time: 7.4 NOV 2019

1548

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NAIC/FIN No.: NOSZI NOSTA

Date & Time: 24 NOV 2017 STARBAC SANTAPTINE WAR

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

NRIC/FIN No .:





1 of 3

Report No. T/20171027/2100

Police Station Of Origin: Bukit Batok NPP

103 Bukit Batok Central #01-00 SINGAPORE

Tel No: 1800-5639999

REPORT O	F A TRAFFIC	ACCIDENT	A STATE OF THE STA	Station Diary No.:		
	e Report M		Vide Report No.:	24		
Informar	nt's Particu	ilars				
Name of Informant: DOMINIC ONG HOCK LAI			Address: APT BLK 23B QUEEN'S CLOS 141023	SE #09-169 SINGAPORE		
ID Type / ID No.: NRIC NO / S8943670B		70B	Contact No.: Home/Office:	Mobile: 97403241		
National	and the second second		Email:			
Sex: Male	Age:	Date of Birth: 07/12/1989	Type of Informant: Driver	The street Names		
Race: Chinese			Language:	Institution / School Name:		
Occupa		ER	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/10/2017 12:15	Type of Location Car Park
	K STREET 11			
NEAR TO BL Weather: Clear	K 150,BUKIT BATOK	Road Surface:  Dry	- a a	Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled	***	Traffic Volume: Moderate
Type of Collin Moving Vehic	sion: cle Against - Parked V	Control of the contro	19 22 I	Anyone conveyed by ambulance: No

Details of V	N ROMAN TO STREET, STR	Make	Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Iviane	1110001			0
SHA6115M	TAXI			143		· ·
SJH9292D	Car :	SUBARU	IMPREZA 5D 1.5R	White	Slightly	0

Details of V	ehicle Insurance		- Fffeetive	Expiry Date
Vehicle No.	Insurance Company	Insurance No	Effective	Expliny Date





Police Station Of Origin: Bukit Batok NPP 103 Bukit Batok Central #01-00 SINGAPORE 650103

2 of 3 Report No. T/20171027/2100

Tel No: 1800-5639999

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SJH9292D	NTUC Income Insurance Co-Operative Limited		14/07/2017	13/07/2018		

<b>Details of Perso</b>	on Involved				MARKET	AT LIBERTON AND ADDRESS OF THE PARTY OF THE
Any Pedestrian I	nvolved: No	Vi.		· · · · ·		
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver				- Control	101000	alig. NA
Name	DOMINIC ONG HO	CK LAI		ID No	.7	S8943670B
Related Vehicle	SJH9292D (Car)			Contact No.		97403241
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	I = galle=	Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

### **Brief Details**

On 27/10/2017 at about 1415hrs, I walked towards my car (Reg no: SJH9292D) which was parked at Blk 150 Bukit Batok Street 11, carpark. I realised that there is scratch and dent at the right portion of my car. I watched my In-Car camera and realised that at 1224hrs, there was taxi (Company: Comfort, Reg no: SHA6115M) reversing on the right side on my car. While the taxi was reversing, the taxi's left side hit onto my right side of my car. Subsequently the taxi parked at the opposite side. The taxi driver came out to inspect the damage on my car and walked off. At 1300hrs, the taxi left however he did not leave any notes.





3 of 3

Report No. T/20171027/2100

Police Station Of Origin:
Bukit Batok NPP

103 Bukit Batok Central #01-00 SINGAPORE
650103 CONTINUATION OF REPORT

Tel No: 1800-5639999

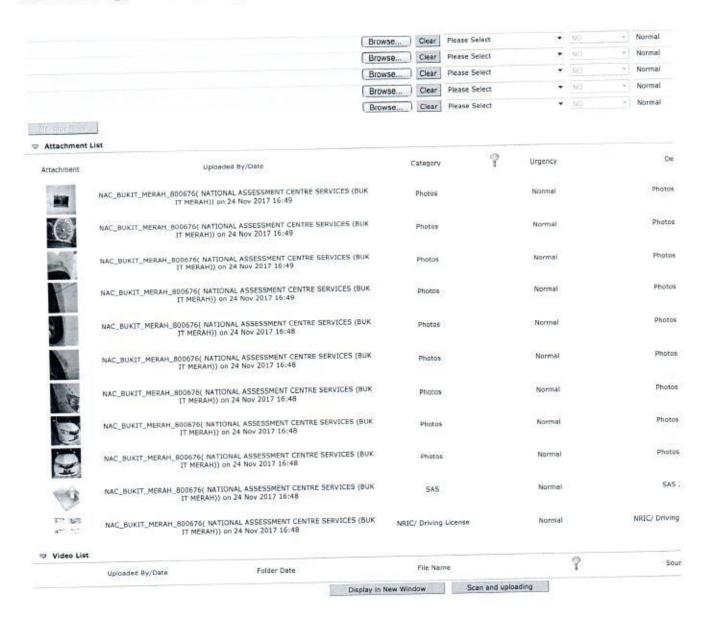
# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 3 MUHAMMAD ASHRAF BIN RAHUMAN SHAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/10/2017 15:52
Officer In Charge Of Case: TP / HRT / SSI 2 SOH PENG GUAN Contact No.: 65476171	Classification Of Case:
Authentication Stamp NP168 Signature Singapore Police Force	

ident MT/0971080	007657383	Vehicle No.	5.) н92920	GST Registration No.
icy reor	092657303			Policyholder NRIC
elitariae indicata	OMINIC ONG HOCK LAI	Cover Type	drivo CLASSIC	Loading
	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)
ntact No.(Mobile)	97403241	Special Remark		eCode
all Address	25. 55.25	TCA	© No Yes	eCode Reason
	No Yes	NCD Entitlement(%)	0	
D Protection	No	MCD Eutitiemenr( as)		
Accident Details				Accident Type
port Date	24/11/2017 16:43	Accident Report Within 24 hrs	Yes	ACCOUNT TYPE
te of Accident	27/10/2017	Time of Accident hh:mm	12:15	
porting Centre		Orange Force		ICM No.
	NEAR TO BLK 150 BUKIT BATOK STREET	T11 CARPARK		
Benefits				
⇒ Excess				
	600.00	Additional Excess	0.00	Windscreen Excess
wn damage Excess	0.00	Outside Singapore OD Excess	600.00	
nnamed Driver Excess	0.00	Outside Singapore TP Excess	0:00	
nird Party Excess				
GST Registered Informa	No		GST Registration Date	
ST Registered ST Registration No.	228.0		GST Status Verified	Yes
Solification History				
A CONTRACTOR OF THE CONTRACTOR				
⇒ Policyholder Mailing Ad	dress			
Address 1	BLK 23B #09-169	Address 2	QUEEN'S CLOSE	Address 3
Address 4	SINGAPORE 141023	Address Type	Singapore address	Post Code
	09-169	Related Policy Number	5092657303	
Unit No.				
⇒ OI Driver Info	DOMINIC ONG HOCK LAI	Driver Type	Main Driver	
Driver Name Unnamed driver Name	DEMINIC ON O TIME DO	Driver NRIC	\$89436708	Driver DOB
Register Date of Driver License	28/04/2017	Driver Age	27	Driving Experience
	97403241	Contact No.(Office)		Contact No.(Home)
Contact No.(Mobile)		Address 2	QUEEN'S CLOSE	Address 3
Address 1	BLK 23B #09-169 SINGAPORE 141023	Address Type	Singapore address	Post Code
Address 4				
Unit No.	09-169	Programme Maria	SJH9292D	Driver Insurer Company
Does he own a Singapore Registered car?	Yes 🖟 No	Driver Vehicle No.		
Declaration				
Breathalyser or Blood Test	0 mg	Any injury?	Yes @ No	
Reading?				
Modification History				
Claim 001 New				
EN KERNATHEROSE MARKETAN AME				
7745775.2045785	OD-MY	Insured Name	DOMINIC ONG HOCK LAD	Insured NRIC
Claim Type *	OD-MA	Contact No.(Home)	NIL	Contact No.(Office)
Contact No.(Mobile)	NIL	OI Vehicle Number	SJH9292D	TP Vehicle Number
Email Address			23775250	Name of Preferred Workshop
Claim Description	SJH9292D / SHA6115M ON 27 Oct 2	017		
Preferred Workshop Contact		Insured Liability *	Not at Fault	
No. Require Finalisation	Yes	Preferened Repair Option	Preferred Workshop, Name unknown	▼ GIA report
Date Registered	24/11/2017 16:48	Claim Close Date		Date Received
Report Taken By	ROSLI WAHAB			
Print AK letter				
PTINC AN INCOME			Save Submit	
Attachment				
4	Altrine a com	Claim No.	001	
	MT/0971080	Claim No.	001 24/11/2017 16:49	



	* 1			
	DENT DATE: (27 / OCT / 20			
LOCAT	ION: BIK (58 Bukit Ba	tok struct 11 i	Carpark	-
70 T.N-2003	4.4			
1.	DETAILS OF VEHICLE			2 1 -
	O) VEHICLE NUMBER:	57492921		42 18
	<b>BINSURANCE COMPANY:</b>	NTUC INCOM	F	
10	CIPOLICY NUMBER: 50	292657303		
	dIPOLICY TYPE: COMPRE	HENSIVEY THIRD PARTY	( / THÌRD PART)	Y FIRE &THEFT)
	e MAKE & MODEL:			
	HTYPERSALOON COUPE			
	g) VEHICLE CATEGOR (IPR			
	h) PURPOSE OF USING AT A			
	I) ARE YOU CLAIMING UND			
£5	IF NO, PLEASE STATE (HIR		ORTING ONLY)	
2	INSURED / POLICY HOLDER	air Harle (A)	Guis	FEMALE)
27	A) NAME: DOMINIC C	S 99 4 26 20 R	CONTACT	
	C) ADDRESS: BIL 23B	Queen's CLOSE	#09-169	
7 3 7	56 (41023)			The state of the s
	* CONTINUE TO 3.d IF DRIV	ER ALSO POLICY HOL	DER	The second secon
\$110 of passenge	DRIVER '			<b>6</b> 2
	a)NAME:		(MALE	E / FEMALE)
(Including driver)	b) NRIC/FIN/PASSPORT:		_CONTACT:	
(_)	c) ADDRESS:		1	
빌				
601	*d) DATE OF BIRTH: (07)	DEC) 2017 100/M	M/YYYY)	§ .
¥11	e OCCUPATION: (INDOOR	DOUTDOOR)	017	
v v	1) DATE OF DRIVING LICE WAS DRIVER AN EMPLOY	VEE OF THE INCIDE	N'S COMPANY	7 (YES (NO)
9,	IF NO, RELATIONSHIP OF	F THE DRIVER WITH	INSURED:	, ,,,,,,,
5	a) WEATHER CONDITION: (	CLEAR / RAINING / O	THERS	
0,	b)ROAD SURFACE:(DRY)/	WET / OTHERS	1 1	
6.	WAS ANYBODY INJURED (	YES /(N'O)	354	1 .
7.	시 회사인 나가요하다 하나요요! 그런 얼마 하다 하나요요! 그런 나라 하네 하는데 생각하다 하다.		d wit Rate	OK NIPP
	IF YES, PLEASE STATE WHI	CH POLICE STATION:	BURLI DATE	1011
δ	THIRD PARTY VEHICLE			
to No of passenger	a) VEHICLE NUMBER:	20,40,12,41	_MODEL!	
( Induding driver)	b) DRIVER'S NAME:  o) NRIC/FIN/PASSPORT:_		_CONTACT:_	***************************************
( )	' 0) NRIC/FIN/PASSPORT:_ THIRD PARTY VEHICLE		_CONIACIL	
9.	THIRD PARTY VEHICLE			

(Including driver)

email: dom@ tangesoft.com.sg

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8943670B

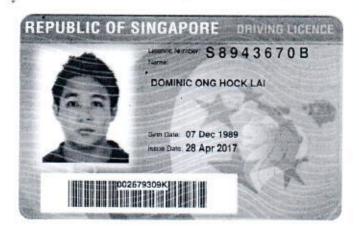


DOMINIC ONG HOCK LAI

I

CHINESE 07-12-1989

Country of birth SINGAPORE



3648380





13-12-2004

APT BLK 23B QUEEN'S CLOSE #09-169 SINGAPORE 141023

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 28 Apr 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

NP 428A



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Notice of Loss	Policy N	olicy No. Date of Accident		ident	27/10/2017 15:39					
	Vehicle	No.(For Motor)	S3H9292D							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092657303	DOMINIC ONG HOCK LAI	58943670B	GPC	drivo CLASSIC	51H9292D	SJH9292D	14/07/2017	13/07/2018