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Date In: >> 1 18-17:23	Jeb description	Date & Time Complete	DON	2 01
Re[No: HA INC 1800 1312 24	SAS e-filing		1	
Veh No: SICD 3484R	E-mail (within Shrs, AIC	2 2hrs)		.4
D.O.A : 20/1/8 - 16:17	l-Motor Claim For	m MT/0978932	35/1/8	18:53
OD : P Reporting Only	i-Motor W/O (Within	: OD 2hrs, TP 4hrs)		4-8-9
ob Windows	i-Photo Uploaded			
TP Insurer:	Assessment/Survey R	eport		
IF insurer.	Ass't Report by Fax /	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: Se	C 2161J	INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () F	Period: () Cover Type: ()	2000
Confirmed by : (Date	r: Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-79% F: 80	0-100%]	
Year of Registration: ()	Warranty: YES () / N	0()		
Excess: (\$) Loading: \$1	,000()/\$2,000()			
General Remarks:-				
() Walk-In Customer: Customer's in	formation strictly Confidenti	al & Strictly NO rafer of repaire	er.	
() Total Loss Case : to e-mail Insu	rer URGENTLY.		- 1	
Drive-In ()/ Towed-In (); Invoi	ce: YES () / NO () ; Towing Co: ()
Apply for Transport Allowance ()/ QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	()			
Injury:	33000] ()			
Date/Time Actions			903 (200) 1 140	
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	3	40		
VA1800 Uan	Invel	ce Preparation Checklist	Ant (S)	1
1A18004973	1) AR:	Accident Reporting (\$30);	Tat Bill	
laimant's Particulars :-	1) AR: 2) DA:	Accident Reporting (\$30); Damage Assessment (\$100); INC		
laimant's Particulars:-	1) AR: 2) DA: 3) TF: 4) FT:	Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey	Tst Bill (\$80) \$40/\$45 \$120	
laimant's Particulars :-	1) AR: 2) DA: 3) TF: 4) FT: 5) FT:	Accident Reporting (\$30); Damage Assessment (\$100), INC Towing Fee	Tst Bill (\$80) \$40/\$45 \$120 \$30	
Allouyors Inimant's Particulars:- river/Owner: ontact No:	1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fors 6) TR:	Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) daiming against INC Only (wef 10 Jan 2) Re-inspection	(\$30) \$40/\$45 \$120 \$30 (005) \$75	
NAI800 YOTS claimant's Particulars :- river/Owner: contact No:	1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fors 6) TR: 7) N1:	Accident Reporting (\$30); Demege Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Daiming against INC Only (wef 10 Jan 2	Tst Bill (\$80) \$40/\$45 \$120 \$30	
NAI800 YOTS Plaimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) N1: 8) NTU	Accident Reporting (\$30); Demage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Italiming against INC Only (wef 10 Jan 2) Re-inspection Idae DA + SMRT Survey JC Additional Services	(\$80) \$40/\$45 \$120 \$30 (005) \$75 \$160	
NAI800 YOTS Claimant's Particulars:- river/Owner: ontact No: amaged Portion:	1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fers 6) TR: 7) N1: 8) NTU	Accident Reporting (\$30); Demage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Italianing against INC Only (wef 10 Jan 2) Re-inspection Idae DA + SMRT Survey JC Additional Services	(\$30) \$40/\$45 \$120 \$30 (005) \$75	
NAI800 yor . Elaimant's Particulars :- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fers 6) TR: 7) N1: 2 8) NTU OUL* *N5: *N6: *N6: *N7:	Accident Reporting (\$30); Derriege Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Italianing against INC Only (wef 10 Jan 2 Re-inspection Idae DA + SMRT Survey JC Additional Services: Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection	(\$80) \$40/\$45 \$120 \$30 \$005 \$75 \$160 \$5 \$510 \$25	
NAI800 yors Claimant's Particulars: river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:	1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fers 6) TR: 7) N1: 2 8) NTU OUL* *N5: *N6: *N6: *N7: *N8:	Accident Reporting (\$30); Derriege Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Iniming against INC Only (wef 10 Jan 2 Re-inspection Idae DA + SMRT Survey JC Additional Services: Courtesy Car / Tpt Allowance Repair Co-ordination Fost Repair Inspection DV / Collect Excess Coordination	(\$80) \$40/\$45 \$120 \$30 (\$005) \$75 \$160	Amt (3 Add Bs
NAI800 Y97) Claimant's Particulars:- Oriver/Owner: Contact No: amaged Portion: C Checked by (Engr-In-Charge): auditors' Comments:- t 1: t 2/3:	1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fors 6) TR: 7) N1: 2 8) NTU OD!* *N5: *N6: *N7: *N8: TP (Accident Reporting (\$30); Damage Assessment (\$100); INC Towing Fee Follow-Through Survey Follow-Through Survey (Resurvey) Italianing against INC Only (wef 10 Jan 2 Re-inspection Idae DA + SMRT Survey IC Additional Services: Courtesy Car / Tpt Allowance Repeat Co-ordination Fost Repair Inspection DV / Collect Excess Coordination N11): TP (Non INC) against INC Idae Mobile	(\$80) \$40/\$45 \$120 \$30 005) \$75 \$160 \$53 \$10 \$23 \$55 \$20 30	

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.
- 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 ability.
- 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

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Date Of Report 22/01/2018 17:23

Date Of Accident 22/01/2018 16:15

Exact Location Of Accident SLIP RD PIE (CHANGI) TWDS EUNOS LINK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD3484R

Insured/Policyholder

Name Of Registered Owner ONG HOCK LEONG

NRIC No S1602562C Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-96201973

 Alternative Phone No
 OFFICE-96201973

Vehicle Particulars

Manufacturer TOYOTA

Model WISH 1.8 CVT

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken Vehicle Category THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

NO

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5056693232-05

Cover Note Number

Driver

Name of Driver ONG HOCK LEONG

 NRIC No
 \$1602562C

 Date Of Birth
 07/08/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 27/01/1984

Driving Experience 33 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96201973

Fax Number

Contact Number OFFICE-96201973

EMail Address NOEMAIL

BLK 501 TAMPINES CENTRAL 1 Address

#01-269

Postcode 520501

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

Insurance Company of Driver's Own Vehicle

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SKC2161J Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category HUANG PEIYUAN Name of Driver

S7775975A NRIC/Passport Number 94597714 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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:
 - (i) 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:

Driver's Signature

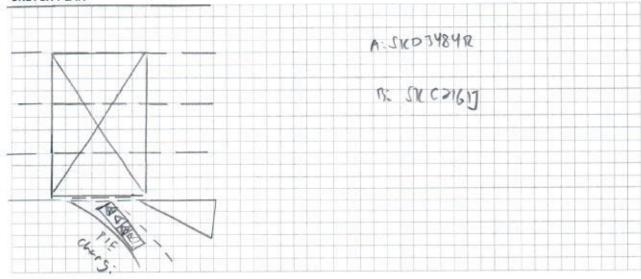
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Si

Name:

NRIC/FIN No .:



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inna!	unlc.	Endlenly	vehicle	Ŋ	hit	onto	my	vehicle	Mel	portio,
	=-2									

DECLARATION

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

Policyholder's Signature Date & Time:

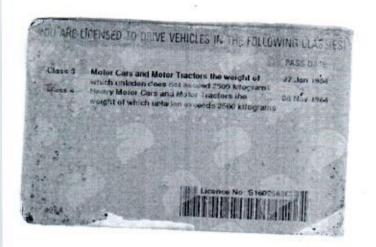
Driver's Signature (If driver is not the policyholder) Date & Time:

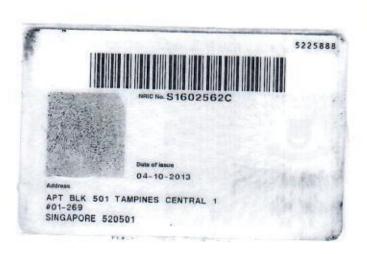
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









eBao Tech		1							Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		A STATE OF THE PARTY OF THE PAR		Control Section 1		Change Lan	guage '	Change Passwo	rd • Log Out
My Desktop Notice of Loss	Policy Que Policy No. Vehicle No.(For		SKD3484R					22/01/2	018 16:15	
	Select	Policy No. 5056693232-	Policyholder Name ONG HOCK	Policyholder NRIC S1602562C	Product	Cover Type drivo PREMIUM	Vehicle No. SKD3484R	Insured Object SKD3484R	Commence Date 23/11/2017	Expiry Date 22/11/2018
		05	LEONG			Continue		S THE CONTROL SOUTH	0.0000000000000000000000000000000000000	00000000000000000000000000000000000000

Policy No.	5056693232-05	Policyholder Name	ONG HOCK LEONG	Policyholder NRIC	S1602562C
Address	BLK 501 #01-269 TAMPINES	CENTRAL 1 SING	GAPORE 520501		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	02/11/2017	Effective Date	23/11/2017 00:00	Expiry Date	22/11/2018 23:59
Third Party Excess	0	Own damage Excess	0.0	Windscreen Excess	100
Additional Excess	0	os Premium	0		
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0		
Agent	ONG BEE GUAN PETER	Agent Tel.	64555753	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	nolder Mailing Address				
Address 1	BLK 501 #01-269	Address 2	TAMPINES CENTRAL 1	Address 3	SINGAPORE 520501
Address 4		Address Type	Singapore address	Post Code	520501
Unit No.		Related Policy Number	5056693232-05		
▶ Insure	d Object: SKD3484R	tttotuwo-er0			
▼ Endors	sements				
Sequenc	ce Date of Endorsement	Endorse	ment Type Endors	sement Status	Endorsement Content

Claim Handling					8
ccident MT/0978932					
roley No.	5056693232-05	Vehicle No.	SKD3484R	GST Registration No.	
slicyholder Name	ONG HOCK LEONG			Policyholder NRIC	\$1602562C
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
ontact No.(Mobile)	96201973	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	THE V
nk	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
			102	Acodent Type	Collision - Head to Rear
eport Date	22/01/2018 18:51	Accident Report Within 24 hrs			
ate of Accident	22/01/2018	Time of Accident hhimm	16:19	Country of Accident	Singapore
eporting Centre		Orange Force		JCM No.	
codent Location	SLIP RD PIE (CHANGI) TWDS EUNOS LINK				
▽ Benefits					
overage			Sum Insured		
vcess Walver			39999999.99		
ransport Allowance			99999999.99		
W Excess					
wn damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	100.00
nnamed Driver Excess	0.00	Outside Singapore OD Excess	0.00		
hird Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa					
ST Registered	No		GST Registration Date		
ST Registration No.	66700		GST Status Verified	Yes	
lodification History					
punceous resions					
▽ Policyholder Mailing Ad	draw.				
	BLK 501 #01-269	Address 2	TAMPINES CENTRAL 1	Address 3	S0NGAPORE 520501
ddress 1	MLX 301 #01-209	Address Type	Singapore address	Post Code	520501
Odress 4			5056693232-05	Total design	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
nit No.		Related Policy Number	5050693232-05		
□ OI Driver Info		PINAL PRINCE			
river Name	ONG HOCK LEONG	Driver Type	Main Driver	Driver DOB	07/08/1963
innamed driver Name		Driver MRIC	51802562C		
egister Date of Driver License	27/01/1984	Driver Age	54	Driving Experience	33
Contact No.(Mobile)	96201973	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BUK 501	Address 2	TAMPINES CENTRAL 1	Address 3	SINGAPORE 520501
uddress 4		Address Type	Singapore address	Post Code	520501
wit No.	01-269				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
tegistered car?		PROPERTY CONTRACTOR			
eclaration					
Ireathalyser or Blood Test	0-000	Victoria (Control Control Cont	Over 840		
leading?	0 mg	Any injury?	O Yea ® No		
lodification History					
and the second second					
Claim 001 New					
Inime Trans.	DD-MX V	Insured Name	ONG HOCK LEONG	Insured NRIC	\$1602\$62C
laim Type •					
Contact No. (Mobile)	96201973	Contact No.(Home)	67864032	Contact No.(Office)	CARTIELS
mail Address	m_leong@singnet.com.sg	OI Vehicle Number	SKD3484R	TP Vehicle Number	SKC21613
Description	SKD3484R / SKC2161) ON 22 Jan 2018	and the control of the control of	1	Name of Preferred Workshop	
referred Workshop Contact to.		Insured Lieblity *	Not at Fault		2 52
Lequire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ate Registered	22/01/2018 18:53	Claim Close Date		Date Received	22/01/2018 00:00
eport Taken By	Jackson				
Print AK letter					
A THE PERSON			manual ma		
			Saye Submit		
Attachment					
3.5					
₹					
Accident No.	MT/0978932	Claim No.	001		
ant Doc. Received	⊕ Yes □ No	Upload Date	22/01/2018 18:56		
	Path *		Category *	Confidential Urgen	cy * Description *
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		Browse		V No V Normal	<u> </u>
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