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Re[No: MA]INC 1800 13 21/14	SAS e-filing				
Veh No: SCM 2573P	E-mail (within 8	hrs, AIC 2hrs)			
D.O.A: 20/1/8-16:00	i-Motor Clain	n Form	M 0978944	27/1/18	19:36
	i-Motor W/O	(Within: OD 2hrs, 7	P 4hrs)		a annen
OD : TP! Reporting Only	i-Photo Uploa	ded !			10
CD 1	Assessment/Sur	vey Report			
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	MS (= 20
TP Particulars: Veh No: 60	Q 6 867x	, INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (W	O): N: 0-20%	6; P: 21-79%. P: 80	0-100%]	
Year of Registration: ()	Warranty: YES ()/NO()			
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Apply for Transport Allowance ()	/ Courtesy Car ()		-1		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
- Information provided must be as <u>truthful and accurate</u> 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.

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 Report	22/01/2018 10:33
Date Of Accident	20/01/2018 16:00
Exact Location Of Accident	BESIDE BLK 23 UPPER SERANGOON RD
Country/State of Loss	SINGAPORE
Shelizating the party of the second of the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM2573P
Insured/Policyholder	
Name Of Registered Owner	ONG PENG KIT
NRIC No	S0177293G

 Mobile Phone No
 (LOCAL) +65-90397785

 Alternative Phone No
 OFFICE-90397785

Vehicle Particulars

Email Address

Manufacturer HONDA

Model VEZEL 1.5X A

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?

NO

NOEMAIL

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

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5088608776

Cover Note Number

Driver

 Name of Driver
 ONG PENG KIT

 NRIC No
 S0177293G

 Date Of Birth
 09/11/1952

 Occupation
 INDOOR

 Date Of Driving Pass
 15/09/1978

Driving Experience 39 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90397785

Fax Number

Contact Number OFFICE-90397785

EMail Address NOEMAIL

BLK 216 SERANGOON AVENUE 4 Address

#07-76

550216 Postcode

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3 Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

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

GQ6887X Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

GOH SOON SIAH Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

S1610756E

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBC9177A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

YEO SEE HAN

S1211450H

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SKETCH PLAN

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

NRIC/FIN No.:

Name:

Reporting Centre Per

nel's Signature

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some way vehicle B collided onto my vehi	\$b
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ECLARATION	

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.:

GIARMC SketchPlanForm_V3









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My Desktop	Polic	y Query								•
Notice of Loss	Policy N	io.				Date of Acc	ident	20/01	/2018 16:00	
	Vehicle	No.(For Motor)	SLM2573P							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088608776	ONG PENG KIT	S0177293G	GPC	drivo PREMIUM	SLM2573P	SLM2573P	24/03/2017	23/03/2018
					- 1	Continue		12		

Policy No.	5088608776	Policyholder Name	ONG PENG KI	T	Policyholder NRIC	S0177293G
Address	BLK 216 #07-76 SERANGOON A	VENUE 4 SING	GAPORE 55021	5		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N
Policy ssue Date	22/03/2017	Effective Date	24/03/2017 0	0:00	Expiry Date	23/03/2018 23:59
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			
Agent	TAN MOTOR-CAR ENTERPRISES	Agent Tel.	64577328		GST Flag	Y
Co- Insurance Flag	No					
Open Policy Info						
Certificate Info						
→ Policyl	holder Mailing Address			No. 100 may 1 may 100		The second secon
Address 1	BLK 216 #07-76	Address 2	SERANGOON	AVENUE 4	Address 3	SINGAPORE 550216
Address 4		Address Type	Singapore ad	dress	Post Code	550216
Unit No.		Related Policy Number	5088608776			
D Insure	ed Object: SLM2573P					
♥ Endors	sements					95999 See See See See See See See See See
Sequen	ce Date of Endorsement	Endorse	ement Type	Endorsen	nent Status	Endorsement Content
1	24/03/2017 00:00	Basic Inform Endorseme		Endorsement T	ake Effective	Thank you for giving us the opportunity to serve you. We confirm that from 24 Mar 2017, the following amendment(s) is/are made to this policy: 1. PERIOD OF INSURANCE: 24 Mar 2017 TO 23 Mar 2018 2. ORIGINAL REGISTRATION DATE: 24 Mar 2017 3. VEHICLE REGISTRATION NUMBER: SLM2573P
	24/03/2017 00:00 POI Move		Endorsement Take Effe			Thank you for giving us the opportunity to serve you. We

cident MT/0978944	12200000000	Victory Vic	SUH2573P	GST Registration No.	
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oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading Contact No.(Home)	0
ontact No.(Mobile)	90397785	Contact No.(Office)		eCode	NC V
mail Address	96735360	Special Remark			178
FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	NAME /
CD Protection	Yes	NCD Entitlement(%)	40	Private Hire	No
Accident Details					
sport Date	22/01/2018 19:33	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
ite of Accident	20/01/2018	Time of Acadent hh:mm	16:00	Country of Accident	Singapore
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nnamed driver Name	1200000		65	Driving Experience	39
egister Date of Driver License		Driver Age		Contact No.(Home)	0
ontact No.(Mobile)	90397785	Contact No. (Office)	0		
ddress 1	BLK 216	Address 2	SERANGOON AVENUE 4	Address 3	SINGAPORE 550216
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ederation irrectivalyser or Blood Test leading? Claim OD1 New Claim OD1 New Contact No. (Mobile) imail Address Daim Description referred Workshop Contact 10. Date Registered Report Taken By Attachment Sp Accident No.	O mg CO-MIX ✓ 90397785 Ongek®-ymail.com SLM25739 / GQ6887X ON 20 Jan 2018 Yes ✓ 22/01/2018 19:36 Dackson MT/0976944 ● Yes No	Any injury? Insured Name Contact No. (Home) OI Vehicle Number Insured Date III ** Preferend Repair Option Claim Close Date Claim No. Upload Date Browss Browss	CNS PENG KIT 6.804356 SLM2573P Proferred Workshop, Name unknown Preferred Workshop, Name unknown C01 22/01/2018 19:37 Category * C Cear Please Select C Cear Please Select C Cear Please Select C Cear Please Select	Insured NRIC. Contact No.(Office) TP Verticle Number Name of Preferred Work GIA report Date Received Confidential (NO V No NO V No	501772930 66035339 GQ6687X Cshop Received V 22/01/2018 00:00 III Urgency * Description * ormal V Ormal Ormal Ormal Ormal Ormal Ormal Ormal Ormal Ormal Ormal Ormal Ormal Ormal Ormal Ormal
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Attachment	U	ploaded By/Date	Category	?	Urgency	Description	Sent? Action (CO)
107 MIN 107 MIN	NAC_PAYA_UBI_800601(NATIO	VAL ASSESSMENT CENTRE SERVICES) on 22 Ja n 2018 19:37	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-1-22	Edit
49	NAC_PAYA_UBI_B00601[NATIO	NAL ASSESSMENT CENTRE SERVICES) on 22 Ja n 2018 19:37	SAS		Normal	SAS 2018-1-22	Edit
	NAC_PAYA_UBL_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 22 July 19:36	Photos		Normal	Photos 2018-1-22	Edit
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24	NAC_PAYA_UBI_BOOGD1(NATIO	PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 Ia n 2018 19:36	Photos		Normal	Protos 2018-1-22	Edit
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 to n 2018 19:36		Photos		Normal	Photos 2018-1-22	Edit
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5	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 22 3a in 2018 19:36		Photos		Normal	Photos 2018-1-22	Edit
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25	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 22 la n 2018 19-36	Photos		Normal	Photos 2018-1-22	Edit
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