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Date In: 16/3/18-14:53	Jeb description	Date & Time Completed	Done by
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Vch No: SCN94464	E-mail (within Shrs, AIC 2hrs)		
D.O.A 18/3/12-13:50	i-Motor Claim Form	MT13986684	19/3/18 19:28
	i-Motor W/O (Within: OD 2h)	(2, TP 4brs)	
OD / TP// Reporting Only	i-Photo Uploaded		1
TDI	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax:
TP Particulars: Veh No: 5	15876k INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	(Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-	100%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		
General Remarks:-		10.1 对1. 标题设施	3.00
() Walk-In Customer : Customer's in			
() Total Loss Case : to e-mail Insu		*	
		owing Co: (·)

Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Lione by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number Contact Number

EMail Address

- 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 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.

- 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	19/03/2018 14:53
Date Of Accident	18/03/2018 13:50
Exact Location Of Accident	PIE (TUAS) AFTER JALAN EUNOS EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN9446Y
Insured/Policyholder	
Name Of Registered Owner	OOI KIAN BENG (HUANG JIANMING)
NRIC No	S8341620C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92279017
Alternative Phone No	OFFICE-92279017
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G 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
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	5092973222
Cover Note Number	
Driver	
Name of Driver	OOI KIAN BENG (HUANG JIANMING)
NRIC No	S8341620C
Date Of Birth	27/12/1983
Occupation	INDOOR
Date Of Driving Pass	21/08/2015
Driving Experience	2 YEARS AND 6 MONTHS

MALE

NOEMAIL

(LOCAL) +65-92279017

OFFICE-92279017

BLK 202 MARSILING DRIVE Address

#07-140 730202

Postcode

Was driver an employee of the Insured's Company NO

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

COLLISION - HEAD TO REAR 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 2 Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 4 Number of Passengers (Including Driver)

Passenger 1 : YII MENG HA NAME:

GENDER: : FEMALE

Passenger 2 : ATHENA LIM SU BING NAME:

GENDER: : FEMALE

Passenger 3 : IU KIAN KEONG NAME:

GENDER: : MALE

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180318/2073.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJJ5876K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 18

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name OOI KIAN BENG (HUANG JIANMING)

Approximate Age

Injuries Sustain CHEST & NECK
Injured person in which vehicle? SLN9446Y
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name IU KIAN KEONG

Approximate Age

Injuries Sustain

NECK & BACK
Injured person in which vehicle?

SLN9446Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 3

Name YII MENG HA

Approximate Age

Injuries Sustain

NECK & BACK
Injured person in which vehicle?

SLN9446Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 4

Name ATHENA LIM SU BING

Approximate Age

Injuries Sustain NECK, BACK & SHOULDER

Injured person in which vehicle? SLN9446Y
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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.
- 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: Reporting Centre Personnel's Signature

NRIC/FIN No.:

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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name:

GIARME SketchPlanEorm V





1 of 3

Report No. T/20180318/2073

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 18/03/2018 17:28		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
Name of Informant: OOI KIAN BENG			Address: APT BLK 202 MARSILING DR #07-140 HDB-WOODLANDS SINGAPORE 730202		
ID Type / ID No.: NRIC NO / S8341620C		Contact No.: Home/Office:	Mobile: 92279017		
National SINGAP	ity: ORE CITIZ	EN.	Email:		
Sex: Male	Age: 34	Date of Birth: 27/12/1983	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PROJECT ENGINNER		Driving Licence Informa Class: 3	tion: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2018 13:50	Type of Location Straight Road
	EXPRESSWAY			
Weather:	(TIME TETOVET	Road Surface:	Ro	oad Speed Limit:
		Dry		
Clear		Traffic Control:	Te	
Clear Traffic Flow:		Not Controlled	13/23/	affic Volume: eavy

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SJJ5876K	Car	HONDA	STREAM 1.8X A	Grey		0	
SLN9446Y	Car	HONDA	FIT 1.3G A	White	Seriously Damaged	180	

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SLN9446Y	NTUC Income Insurance Co-Operative Limited	5092973222	28/07/2017	27/07/2018			





2 of 3

Report No. T/20180318/2073

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

CONTINUATION OF REPORT

Details of Person		- 11/4 W W W - 10				
Any Pedestrian Ir	volved: No		Use of Peo	de estrica p	Cross	ing: NA
No. of Pedestrian	s Injured: NIL		Use of Pec	esman	Ciuss	ilig. NA
Driver				E ALIKES		000440000
Name	OOI KIAN BENG		ID No.		S8341620C	
Related Vehicle	SLN9446Y (Car) MOUNT ALVERNIA HOSPITAL			Contact No.		92279017
Hospital/Clinic				Class Drivin Licent	g	Class: 3 Date of Expiry: NIL
	10/00/0010		Date Disc	-		3/2018
Date Treatment	18/03/2018 ted Medical Leave	04	Degree of			

Brief Details.

On the above mentioned date, time and location, I was travelling along PIE > TUAS, traffic was very heavy at the moment. The vehicle infront slow down and brake due to heavy traffic, therefore I also applied brake, I managed to stop without any contact with the vehicle infront at all. Suddenly I felt impact from the rear. I have front and rear in-built camera in my vehicle but not sure if it's recording.

That's all.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180318/2073

CONTINUATION OF REPORT

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: TP / TONG HWEE SIONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/03/2018 17:28
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
Sgt 2 YEO KIA HUAT Contact No.: 65476325	J. Carlotte I



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8341620C





OOI KIAN BENG (HUANG JIANMING)

建

SINGAPORE

CHINESE Date of birth 27-12-1983



5336603

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 passengers, exclusive 21 Aug 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A

Date of lasts 05-08-2014

APT BLK 202 MARSILING DRIVE #07-140 SINGAPORE 730202



Policy No.	5092973222	Policyholder Name	OOI KIAN BENG (HUANG JIANM	Policyholder NRIC	S8341620C
Address	BLK 202 #07-140 MARSILING D		ORE 730202	WILC	
	BLK 202 #07-140 PIAKSILING DI	NIVE DINONI	NE 730202	Group	C249
Product Name	PRIVATE CAR INSURANCE	Plan		Policy Flag	N
Policy ssue Date	27/07/2017	Effective Date	28/07/2017 00:00	Expiry Date	27/07/2018 23:59
Third		Own		Windscreen	100
arty xcess	0	damage Excess	600	Excess	100
Additional Excess	0	OS Premium	0		
Outside		Outside			
Singapore DD Excess	600	Singapore TP Excess	0		
Agent	LQ INSURANCE AGENCY PTE LT	Agent Tel.	63340783	GST Flag	Y
Co- nsurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	older Mailing Address				
	BLK 202 #07-140	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730202
Address 1		0.0000000000000000000000000000000000000	202	Boot Code	730202
Address 1 Address 4		Address Type	Singapore address	Post Code	750202
			Singapore address 5092973222	Post Code	730202
Address 4 Unit No.	d Object: SLN9446Y	Type Related Policy		Post Code	730202
Address 4 Unit No.		Type Related Policy		Post Code	730202
Address 4 Unit No. Insure	ements	Type Related Policy Number			Endorsement Content

cident HT/0986684	T COMPANIES NO.	White was	SLN9446Y	GST Registration No.		
HCY NO.	5092973222	Vehicle No.	SLN9446Y		58341620C	
scyholder Name	DOT KIAN BENG (HUANG HANMING)		H = 5000000	Policyholder NRIC	0	
educt Code	PRIVATE CAR INSURANCE	Cover Type	trivo CLASSIC	Contact No.(Home)	0	
ntact No.(Mobile)	92279017	Contact No.(Office)	0	eCode	NC V	
nell Address	25 52	Special Remark	2	eCode Reason	K250,250	
K	® No ○ Yes	TCA	® No ○Yes		No.	
D Protection	PRO .	NCD Entitlement(%)	0	Private Hire	No	
P Accident Details					Collision - Head to R	
port Date	19/03/2018 19:26	Accident Report Within 24 hrs	Yes	Accident Type		ear
te of Accident	18/03/2018	Time of Accident hh:mm	13:50	Country of Accident	Singapore	
porting Centre		Orange Force		ICM No.		
ident Location	PIE (TUAS) AFTER JALAN BUNOS EXIT					
Benefits						
Excess						
n damage Excess	600.00	Additional Excess	0.00	Windscreen Excess		100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00			
nd Party Excess	0.00	Outside Singapore TP Excess	0.00			
GST Registered Informa	ation					
Registered	No		GST Registration Date			
Registration No.			GST Status Venfied	Yes		
Sheation History						
Policyholder Mailing Ad	idress					
ress 1	BLK 202 #07-140	Address 2	MARSILING DRIVE	Address 3	SINGAPORE 730202	
dress 4		Address Type	Singapore address	Post Code	730202	
		Related Policy Number	5092973222			
ENO.		AMERICAN PROPERTY.	***************************************			
OI Driver Info	OOT KIAN BENG (HUANG JIANMING)	Onver Type	Main Driver			
ver Name named driver Name	OUI KING BEING (HUNNG MARTING)	Driver NRIC	58341620C	Driver DOB	27/12/1983	
aster Date of Driver License	21/08/2015	Driver Age	34	Driving Experience	2	
neact No. (Mobile)	92279017	Contact No.(Office)	0	Contact No. (Home)	0	
dress 1	BLK 202			1000		
			MARSILING DRIVE	Address 3	SINGAPORE 73020	2
	30LP, 898	Address 2	MARSILING DRIVE			
dress 4		Address Type	MARSILING DRIVE Singapore address	Address 3 Post Code	51NGAPORE 73020. 730202	
dress 4 et No.	07-140	Address Type		Post Code	730202	
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dress 4 et No. es he own a Singapore gistered car?	07-140	Address Type		Post Code	730202	
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trisis 4 t No. es he own a Singapore petaned car? taration atthelyser or Blood Test ding? thication History tilliam 00.1 Mew test No.(Mobile) ai Address	07-140 ○ Yes ® No 0 mg	Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home)	Singapore address ® Yes O No OOJ KIAN BENG (HJANG JIAAM) NIL	Post Code Driver Insurer Compl Insured NRIC Contact No. (Office)	730203 any S8241620C S335876K	
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♥ Video List							
2	NAC_PAYA_UBI_BDD601{ NAT30	ONAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:28	Photos		Normal	Photos 2018-3-19	Edit
3	NAC_PAYA_UBI_800601[NATH	ONAL ASSESSMENT CENTRE SERVICES) on 19 Ma - 2018 19:28	Photos		Normal	Photos 2018-3-19	Edit
9	NAC_PAYA_UBI_BOOKO1[NATIO	WAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:28	Photos		Normal	Photos 2018-3-19	Edit
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4	NAC_PAYA_UBL_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:28	Photos		Normal	Photos 2018-3-19	Edit
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-	NAC_PAYA_UBI_800603(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma y 2018 19:28	Photos		Normal	Photos 2018-7-19	Edit
	NAC_PAYA_URI_800801(NATIO	INAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2016 19:28	Photos		Normal	Photos 2018-3-19	Edit
99	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma 7 2018 19:29	SAS		Normal	SAS 2018-3-19	Edit
164 c.	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 19 Ma r 2018 19:29	NR3C/ Oriving License		Normal	NRIC/ Driving License 2018-7-19	Edit
Attachment		uploaded By/Date	Category	9	Urgency	Description	Sent? Action (CO)