Date In: 36/3/18-14:03	Jeb description	Date &Time Completed	Done	o'.
Ref No: 114 INC 18005607 24	SAS e-filing			
Veh No: S6V5191D	E-mail (within Shrs, AIC 2hrs)			
D.O.A .: 24/3/18-21:40	i-Motor Claim Form	MT/0987722	26/3/18 1	1:12
	i-Motor W/O (Within: OD			
OD TP Reporting Only	i-Photo Uploaded	1		1/2
	Assessment/Survey Repor	t i		
TP Insurer:	Ass't Report by Fax / Han	d to Owner/Wksp		-
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: FB	FIDE INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: () .	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0)-20%; P: 21-79%. F: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()			
General Remarks:-			50.00	
() Walk-In Customer : Customer's in	nformation strictly Confidential &	Strictly NO refer of repairer		- 20
() Total Loss Case : to e-mail Inst				-Charles and
		; Towing Co: ()
Dive-in ()//dived-in (), invo	100. 125 () / 110 ()	1		
	The second secon	15 MAE 7	EPASTER COS	
Remarks: (INC hotline: 6788 6616)	n i de la companya d	Date&Time Completed	Done	by
Remarks: (INC horline: 6788 6616) 1) Apply for Transport Allowance ()		Date& Time Completed	Done	by
		Date&Time Completed	Done	by
Apply for Transport Allowance () QC Check / Post Repair Inspection	/ Courtesy Car ()	Date& Time Completed	Done	by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ()	Date& Time Completed	Done	by
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i special time

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 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.

- 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

oforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/03/2018 14:03
Date Of Accident	24/03/2018 21:40
Exact Location Of Accident	ALONG RAFFLES AVE BEFORE JUNC ESPLANADE DR
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV5591D
Insured/Policyholder	
Name Of Registered Owner	PG MOTORING
Co Reg No	53213875M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63339441
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5089747594
Cover Note Number	
Driver	

HENG KIA HO (WANG JIAHOU) Name of Driver S7630955H NRIC No 28/09/1976 Date Of Birth OUTDOOR Occupation 07/05/1997 Date Of Driving Pass 20 YEARS AND 10 MONTHS **Driving Experience** MALE Gender (LOCAL) +65-98734243 Mobile Number Fax Number

OFFICE-98734243 Contact Number

NOEMAIL EMail Address

Address BLK 470A UPPER SERANGOON CRESCENT

#03-302

Postcode 531470

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

1

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

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? 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.

1

NO

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 5 RAFFLES AVE. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR LEFT PORTION.

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

Vehicle Registration Number FBF121D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE
Name of Driver GOH GUAN LIN
NRIC/Passport Number S9871711J

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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)

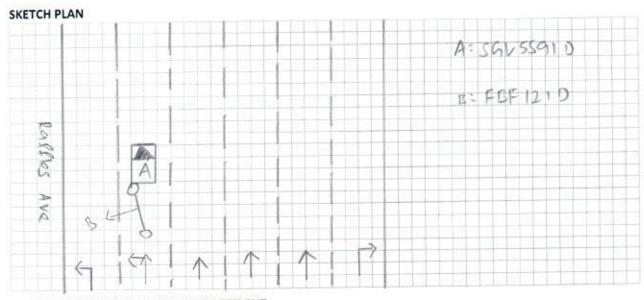
I understand, acknowledge, agree and consent that:

- (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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	statement.

DECLARATION

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

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:







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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 07 May 1997 of the driver; and other motor vehicles =< 2500kg

NP 428A

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_800	601			A CHARLES AND A SHARE		•	Change Lan	guage	Change Passwo	rd • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	10.				Date of Acc	ident	24/03	3/2018 21:40	3
	Vehicle	No.(For Motor)	SGV5591D							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5089747594	PG MOTORING	53213875M	GFT	drivo CLASSIC	SGV5591D	SGV55910	19/06/2017	

5089747594	Policyholder Name	PG MOTORING	Policyholder NRIC	53213875M
200 JALAN SULTAN #02-3	38 TEXTILE CENTRE S	INGAPORE 199018		
FLEET INSURANCE	Plan		Group Policy Flag	N
05/04/2017	Effective Date	05/04/2017 00:00	Expiry Date	04/04/2018 23:59
1500	Own damage Excess	2000	Windscreen Excess	100
0	OS Premium	0		
2000	Outside Singapore TP Excess	1500		
ASSURE PTE. LTD.	Agent Tel.	68489119	GST Flag	Y
No				
2011-001-001-001-001-001-001-001-001-001	Address 2	#02-38 TEXTILE CENT	RE Address 3	SINGAPORE 199018
200 JALAN SULTAN	Address Type	Singapore address	Post Code	199018
02-38	Related Policy Number	5098041149		
ed Object: SGV5591D				
sements				
Date of Endorsement 06/04/2017 00:00	Endorsement Type Basic Information Endorsement	Endorsement Number	Endorsement Status Endorsement Take Effective	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJE2941B 07-04-2017 \$1,468.51 In view of this amendment, an additional premium of \$1,468.51 (inclusive of GST) is payable under your policy. Please ignor this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make
	200 JALAN SULTAN #02-3 FLEET INSURANCE 05/04/2017 1500 0 2000 ASSURE PTE. LTD. No holder Mailing Address 200 JALAN SULTAN 02-38 d Object: SGV5591D sements ce Date of Endorsement	200 JALAN SULTAN #02-38 TEXTILE CENTRE S FLEET INSURANCE Plan 05/04/2017 Effective Date 05/04/2017 Own damage Excess 0 OS Premium Outside Singapore TP Excess ASSURE PTE. LTD. Agent Tel. No nolder Mailing Address 200 JALAN SULTAN Address 2 Address Type Related Policy Number od Object: SGV5591D sements Date of Endorsement Endorsement Type	200 JALAN SULTAN #02-38 TEXTILE CENTRE SINGAPORE 199018 FLEET INSURANCE Plan 05/04/2017 Effective Date 05/04/2017 00:00 1500 Own damage 2000 Excess 0 0 OS Premium 0 2000 Singapore TP Excess ASSURE PTE. LTD. Agent Tel. 68489119 No 100 Address 2 #02-38 TEXTILE CENTRE SINGAPORE 199018 Address 2 #02-38 TEXTILE CENTRE SINGAPORE 199018 1500 Own damage 2000 Excess 0 Agent Tel. 68489119 1500 Singapore 3500 Address 2 #02-38 TEXTILE CENTRE SINGAPORE 199018 Address 2 #02-38 TEXTILE CENT	Name PG MOTORING NRIC 200 JALAN SULTAN #02-38 TEXTILE CENTRE SINGAPORE 199018 FLEET INSURANCE Plan Group Policy Flag 05/04/2017 Effective Date 05/04/2017 00:00 Expiry Date 05/04/2017 Own damage 2000 Windscreen Excess 0 OS Premium 0 2000 Singapore 1500 TP Excess ASSURE PTE. LTD. Agent Tel. 68489119 GST Flag No nolder Mailing Address 200 JALAN SULTAN Address 2 #02-38 TEXTILE CENTRE Address 3 Fype Singapore address Post Code Related Policy Number So98041149 add Object: SGV5591D Sements Ce Date of Endorsement Endorsement Type Endorsement Number Endorsement Status Date of Endorsement Endorsement Type Endorsement Endorsement Take

Accident MT/0987722							
		Vehicle No.	S0V5691D	GST	Registration No.		
Policy No.	5089747994	venicle no.	20139310		yholder NRIC	53213	875M
Policyholder Name	PG MOTORING		500 500 50 50 F	Load		0	
Product Code	FLEET INSURANCE	Cover Type	drivo CLASSIC			0	
Contact No (Mobile)	0	Contact No.(Office)	63339441		act No.(Home)	Tu. V	
Email Address		Special Remark		eCod	de	11= 0	
KFK	® No ○ Yes	TCA	No ○Yes	eCod	de Reason		
NCD Protection	No	NCD Entitlement(%)	0	Priva	ate Hire	Yes	
♥ Accident Details	.150						
Wecopene Details			Ver	Acres	dent Type	Collisio	on - Head to Rear
Report Date	26/03/3018 17:08	Accident Report Within 24 hrs	Yes				
Date of Accident	24/03/2018	Time of Accident Inh:mm	21:40	Cour	ntry of Acodem	Singap	ore
Reporting Centre		Orange Force		ICM	No.		
Accident Location	ALONG RAPPLES AVE BEFORE JUNG E	SPLANADE DR					
□ Benefits							
W Excess							
	2,000.00	Additional Excess	0.00	Wind	dscreen Excess		100.00
Own damage Excess	2,000	Outside Singapore OD Excess	2,000.00				
Unnamed Oriver Excess	70000		1,500.00				
Third Party Excess	1,500.00	Outside Singapore TP Excess	0.00				
GST Registered Informa	ition						
GST Registered	No		GST Registration Date		2000		
GST Registration No.			GST Status Verified		Yes		
Modification History							
Policyholder Mailing Add	dress	No. of the second				10.50	
Address 1	200 JALAN SULTAN	Address 2	#02-36 TEXTILE CENTRE	Add	ireso 3		APORE 199018
Address 4		Address Type	Singapore address	Post	t Code	1990	18
une No.	02-38	Related Policy Number	5008041149				
2000 D	W4538						
₩ Of Driver Info	Harrison Harrison	Oriver Type	Unnamed Driver				
Driver Name	Unnamed Driver HENG KIA HO (WANG ISAHOU)	Driver NR3C	\$7630965H	Driv	ver DOB	28/01	W1976
Unnamed driver Name			41		ving Experience	20	
Register Date of Driver License		Onver Age			stact No.(Home)	0	
Contact No. (Mobile)	98734243	Contact No.(Office)	0				SANG PARKVIËW
Address t	BLK 470A	Address 2	UPPER SERANGOON CRESCENT		iress 3		
Address 4	SINGAPORE 531470	Address Type	Singapore address	Posi	t Code	5314	70
Unit No.	03-302						
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driv	ver Insurer Compa	any	
Does he own a Singapore Registered car?		Driver Vehicle No.		Driv	ver Insurer Compa	any	
Does he own a Singapore		Driver Vehicle No. Any injury?	○ Yes ® No	Driv	ver Insurer Compa	any	
Does he own a Singapore Registered car? Declaration Breathplyser or Blood Test	Û Yes ® Na) (Sites Medical Cor	○ Yes ® No	Driv	ver Insurer Compa	any	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	Û Yes ® Na) (Sites Medical Cor	○ Yes No	Driv	ver Insurer Compa	any	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 Next	○ Yes ® Na 0 mg	Any injury?			ver Insurer Compa		3875M
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 Ms.xx	Û Yes ® Na	Any injury? Insured Name	○ Yes ® No	Ins	ured NRIC	5321	3875И
Does he own a Singapore Registered car? Declaration Breathalyser or Bisod Test Reading? Modification History Claim 001 Msx Comm Type * Contact No.(Mobile)	○ Yes ® Na 0 mg	Any injury? Insured Name Contact No.(Home)	FG MOTORING	îne Cor	sured NRIC	5321 NIL	
Does he own a Singapore Registered car? Declaration Breathalyser or Bisod Test Reading? Modification History Claim 001 Nsw Comm Type * Contact No.(Mobile) Emeil Address	O mg	Any injury? Insured Name Contact No.(Home) OI Vehicle Number		Ine Cor	nured NRIC neact No. (Office) Vehicle Number	S32) NIL FBF1	
Does he own a Singapore Registered car? Cectaration Breathalyser or Blood Test Reading? Modification History Claim 001 Nsix Caim Type * Contact No. (Mobile) Email Address Claim Description	○ Yes ® Na 0 mg	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	FG MOTORING	Ine Cor	sured NRIC	S32) NIL FBF1	
Does he own a Singapore Registered car? Declaration Breatharyser or Brood Test Reading? Modification History Claim 001 Next Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	O mg	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	FG MOTORING	Ines Cor TP	nured NRIC neact No. (Office) Vehicle Number	S32) NIL FBF1	210
Does he own a Singapore Registered car? Cectaration Breathayter or Blood Test Reading? Modification History Claim 001 Neux Caim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No.	O mg	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	FG MOTORING	Ine Cor YP Nar	nured NRIC neact No. (Office) Vehicle Number	S32) NIL FBF1	
Does he own a Singapore Registered car? Declaration Breathayter or Blood Test Reading? Modification History Claim 001 Missix Caim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	O mg O mg SGV5591D / FSF121D ON 24 Mer 20 Yes	Any injury ³ Insured Name Contact No.(Home) OI Vehide Number LB Insured Liability *	FG MOTORING SGV55910 Not at Fault	Insection Correction Nav	oured NRIC ntact No. (Office) Vehicle Number me of Preferred W	S321 NIL FBF1	210
Does he own a Singapore Registered car? Declaration Breathayter or Blood Test Reading? Modification History Claim 001 Mstx Claim 001 Mstx Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	O mg O mg OO-Mix SGV5591D / F8F121D ON 24 Mer 20 Yes 26/03/2018 17:12	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	FG MOTORING SGV55910 Not at Fault	Insection Correction Nav	sured NRIC neact No. (Office) Vehicle Number me of Preferred W A report	S321 NIL FBF1	23D
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Attachment		Joloeded By/Date	Category	?	Urgency	Description	Sent? Action (CO)
er ===	NAC_PAYA_UBI_800601[NATIO	MAL ASSESSMENT CENTRE SERVICES) on 26 Ma 7 2018 17:13	NRIC/ Driving Licerse		Normal	NRDC/ Driving License 2018-3-26	Edit
663	NAC_PAYA_UBI_B00G01(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 26 Ma v 2016 17:13	SAS		Mormal	SAS 2018-2-26	Edit
	NAC_PAYA_UBI_800601(NATIO	NAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 17:12	Photoe		Normal	Photos 2018-3-25	Edit
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	NAC_PAYA_UB1_B00601(NATIO	MAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 17:12	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800501(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 17:12	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_BOOGOT(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 26 Ma - 2018 17:12	Prioritina		Normal	Photos 2018-3-26	Edit
5	NAC_PAYA_UB1_BD0601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 26 Ma 7 2018 17:12	Photos		Normal	Photos 2018-3-26	Edit
- Contract	NAC_PAYA_US1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 26 Ma r 2018 17:12	Phones		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_URL_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 26 Ma + 2018 17:12	Photos		Normal	Photos 2018-3-26	Edit
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 26 Ma + 2018-17:12	Photos		Normal	Photos 2018-3-26	Edit
♥ Video List						The state of the s	Action
	Uploaded By/Date	Polder Date	File Name		9	Source	Action