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Date In: 31 4 18 - 15:34	Jeb description		Date &Time Completed	Done	O,
Rei No: NA INC 1800 7384 24	SAS e-filing		i		
Veh No: JJH8821C	E-mail (within	Shrs, AIC 2hrs)			-
D.O.A .: 20/4/18-22 130 130	i-Motor Clair	m Form	MT/0991256-001	1 8/1/16	1:19
OD (TP) Reporting Only	i-Motor W/O	(Within: OD 2hr	s, 7P 4brs)		
OD : (17) Reporting Only	i-Photo Uplo:	aded	1		
TP Insurer:	Assessment/Su	rvey Report	<u> </u>		
IP Insuler.	Ass't Report by	y Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 57 W	54526	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: ().	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V		0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
	000()/\$2,000			STEPRES PROTEIN	
General Remarks:-				Sept No.	
() Walk-In Customer : Customer's info	ormation strictly Cor	nfidential & St	rictly NO refer of repairer		70 0015
() Total Loss Case : to e-mail Insur	rer URGENTLY.	9		(4)	
	e: YES()/N	TO();T	owing Co: ()
			Date&Timb Completed	E Company	ha/
Remarks:- (INC hotline: 6788 6616)	The state of the s		Dates Jame Comple. 3d	WEST CHANGE	Liy
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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.
- 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

ACCI	DENT	CTAT	IΕN	т
ACC	DEN			

21/04/2018 10:34 Date Of Report 20/04/2018 22:30 Date Of Accident

CTE AFTER BRADDELL RD EXIT **Exact Location Of Accident**

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SJN8821C Vehicle Registration Number

Insured/Policyholder

NGO WEI CHIANG Name Of Registered Owner

F1981262Q Passport No/FIN NOEMAIL **Email Address**

(LOCAL) +65-98773578 Mobile Phone No OFFICE-98773578 Alternative Phone No

Vehicle Particulars

NISSAN Manufacturer

LATIO 1.5L AT ABS D/AIRBAG 2WD 4DR Model

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?

THIRD PARTY

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

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

NO

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5097972752 Policy Number

Cover Note Number

Driver

NGO WEI CHIANG Name of Driver

F1981262Q Passport No/FIN 09/05/1986 Date Of Birth INDOOR Occupation 16/06/2009 Date Of Driving Pass

8 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98773578 Mobile Number

Fax Number

OFFICE-98773578 Contact Number

NOEMAIL EMail Address

BLK 500 SERANGOON NORTH AVENUE 4

#07-516

EEDED

Postcode 550500

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

ehicle

Address

189

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

dent 4

Number of vehicles involved in the accident

7

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 1 CTE AFTER BRADDELL RD EXIT. SUDDENLY VEHICLE D HIT ONTO VEHICLE B REAR PORTION. AFTER THE IMPACT, VEHICLE B MOVE FORWARD AND HIT ONTO MY VEHICLE REAR PORTION. AFTER THE IMPACT, MY VEHICLE MOVE FORWARD AND HIT ONTO VEHICLE C REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

FILE SIZE TOO LARGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJW5452G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE SIAN HOU

NRIC/Passport Number

S7510724B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJF5085Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SULAIMAN BIN SARIF

NRIC/Passport Number

S1581039D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SH7457C

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NGO WEI CHIANG

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJN8821C

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. 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.
- 7. 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)
 - (i) 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
- 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 Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

Date & Time:



S PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer CHONG LEE LEONG SENG COMPANY LIMITED

Sector: MANUFACTURING



NGO WEI CHIANG

PROJECT COORDINATOR

5 Pass No. 4 02577436

Date of Application 03-08-2016

16-08-2016

16-08-2018

L7106208



Lewis familier F1981262Q

NGO WEI CHIANG

Birth Date 09 May 1986 losue Date 06 Aug 2014 Valid Till 05 Aug 2019

VISIT PASS Immigration Regulations

NGO WEI CHIANG



Date of Birth Sex

09-05-1986 M

F1981262Q 16-08-2016

MALAYSIAN Date of Expiry

16-08-2018



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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

Licence No: F1981262Q

NP 428A

eBao Tech								West of the	Gene	ralClaim
Hello, NAC_PAYA_UBI_800	0601					• (Change Lan	guage +	Change Passwo	rd • Log Ou
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	10.				Date of Acc	ident	20/04/2	2018 22:30	
	Vehicle	No (For Motor)	SJN8821C							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097972752	NGO WEI CHIANG	F1981262Q	GPC	drivo CLASSIC	SJN8821C	S3N8821C	07/02/2018	02/03/2019

olicy No.	5097972752	Policyholder Name		Policyholder NRIC	F1981262Q
ddress	BLK 500 #07-516 SERANGOON	CASTOCKSTAN	JE 4 SINGAPORE 550500		
	BER 300 #07-310 SERANGOON			Group	
Product Name	PRIVATE CAR INSURANCE	Plan		Policy Flag	N
Policy ssue Date	07/02/2018	Effective Date	07/02/2018 00:00	Expiry Date	02/03/2019 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	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co- Insurance Flag	No				
Open Policy Info					
Certificate Info					
Policy	holder Mailing Address				
Address 1	BLK 500 #07-516	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550500
Address 4		Address Type	Singapore address	Post Code	550500
Unit No.	07-516	Related Policy Number	5097972752		
D Insure	ed Object: SJN8821C				
♥ Endor	sements				
Sequen	ce Date of Endorsement	Endorse	ement Type Endorseme	nt Status	Endorsement Content

aim Handling									
cident MT/0991256						estates es ou no estates			
ecy No.	5097972752		Vehicle No.	SJN8821C		GST Registration No.			
Lcyholder Name	NGO WEI CHIANG					Policyhalder NR3C		F1981262Q	
oduct Code	PRIVATE CAR INSURA	INCE	Cover Type	drive CLASSIC		Loading		0	
intact No.(Mobile)	98773578		Contact No.(Office)	0		Contact No.(Home)		0	
nail Address			Special Remark			eCode		21.0	
K	® No ○ Yes		TCA	⊕ No ○Yes		«Code Reason			
D Protection	No.		NCD Entidement(%)	0		Private Hire		No	
v Accident Details	1076								
sport Date	21/04/2018 11:16		Accident Report Within 24 hrs	Yes		Accident Type		Chain Collision	
			Time of Accident hhimm	22:30		Country of Acadent		Singapore	
ate of Accident	20/04/2018		Grange Force			ICM No.			
porting Centre	CTE AFTER BRADDEL	WO HALT	Change Force						
ccident Location	CLE WALER BRATOEC	C KD EXIT							
P Benefits									
♥ Excess		600.00	Additional Excess		0.00	Windscreen Excess			100.00
wn damage Excess		0.00	Outside Singapore OD Ricons		600.00				
noamed Driver Excess		0.00	Outside Singapore TP Excess		0.00				
ned Party Excess	Second Second	0.00	Oblace Single-Control						
GST Registered Informa				GST R	agistration Date				
ST Registered	No				tatus Vented	Yes			
ST Registration No.									
odification History									
Policyholder Mailing Ad	dress			100100000000000000000000000000000000000	NO. 1 CA. 1 C. Karolo G. H.	7004000000		enganone con-	10
ddress 1	BLK S00 #07-516		Address 2		NORTH AVENUE 4	Address 3		SINGAPORE 55050	70
ddress 4			Address Type	Singapore ad	dress	Past Code		550500	
init No.	07-516		Related Policy Number	5097972752					
OI Driver Info									
miver Name	NGO WET CHEAVE		Driver Type	Main Driver		ACCOUNT TO THE SECOND S			
innamed driver Name			Driver NRIC	#1981262Q		Driver DOB		09/05/1986	
egister Date of Driver License	16/06/2009		Driver Age	31		Driving Experience		0	
Contact No. (Mobile)	98773578		Contact No.(Office)	0		Contact No.(Home)		0	
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			MULTINESS 2	SERANGOON	ROKIN AVENUE *				
Address 4			Address Type	Singapore ad		Post Code		550500	
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unic No. Does he own a Singapore Registered car? Declaration	07-516		Address Type	Singapore ad	ddress	Post Code	any		
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