		VAII8057 399		
Date In: 2/3/18-17:05	Jeb description	Date &Time Completed	Done	by:
Rel No: NA) INCIBOSOUVIZY	SAS e-filing			
Veh No: 56293827	E-mail (within Shrs, AIC 2hrs)			
D.O.A : 2/1/18-08:15	i-Motor Claim Form	MT/0992714-001	2/5/18	(9:02
00 170 10 6	i-Motor W/O (Within: OD 2h)	rs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded			
THE PARTY OF THE P	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: GD	447570 INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () P	Period: (Cover Type: () .	
Confirmed by : (Date:	Time:)	200000000000000000000000000000000000000
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]	N.
Year of Registration: ()	Warranty: YES ()/NO ()		3000
	,000 ()/\$2,000 ()	·		
General Remarks;-	CHILD SHEET CONTRACTOR OF COLUMN	ACTE ALLEGA		
() Walk-In Customer : Customer's inf	The state of the s		Section 12.3	
		alcuy NO Tster of reporter		
() Total Loss Case : to e-mail Insu		Souther Co. (1
Drive-In ()/ Towed-In (); Invoid	ce: YES() / NO();7	Cowing Co: (,
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/	Courtesy Car ()			
- /				
	()			STATE OF THE STATE
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	()			
2) QC Check / Post Repair Inspection	()			
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5]	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()			- Tree to 1.00
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()		TAR IN SANSE	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()		Transfer in the	-14-32-7
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()		TAPIA SANSE	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time: Actions	()	Gir Alie	Ant (5)	Amt (3)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	() () () () () () () () () ()	paration Checklist	Ant (5)	Amt (5)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions	() () () () () () () () () ()	t Reporting (\$30);	fitBill	4 A 1 A 1 2 3 3 4 4
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury: Date/Time: Actions NA 180 22 33	Invoice Pro	t Reporting (\$30); Assessment (\$100); INC (\$6	7 it Bill 30) 3/545	4 A 1 A 1 2 3 3 4 4
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time: Actions	Invoice Pro	t Reporting (\$30); Assessment (\$100); INC (\$60); Fee \$40 Through Survey	ficBift 30)	4 A 1 A 1 2 3 3 4 4
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions NA 180 22 33 Inimant's Particulars:	Invoice Pre	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$46 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2003	ficBill 30) 30545 \$120 \$30 ()	4 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Actions Laimant's Particulars:- river/Owner:	Invoice Pre Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) i*T: Follow-1 For claiming 6) TR: Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$40 hrough Survey hrough Survey (Resurvey) against INC Only (wef 10 Jan 2005) action	fst Bill 30) 9/\$45 \$120 \$30	4 × 1 + 1 1 1 1 1 1 1 1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions alimant's Particulars:- iver/Owner:	Invoice Pre Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) i*T: Follow-1 For claiming 6) TR: Re-inspe	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$40 Frough Survey Frough Survey (Resurvey) Against INC Only (wef 10 Jan 2003) Setion + SMRT Survey	56 Bill (1905) (4 × 1 + 1 1 1 1 1 1 1 1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions aimant's Particulars: iver/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) i*T: Follow-1 Forclaiming 6) TR: Re-inspe 7) N1: Idae DA 2 8) NTUC Additi	t Reporting (\$30); Assessment (\$100); INC (\$6 Fee \$40 Through Survey Through Survey (Resurvey) Assainst INC Only (wef 10 Jan 2005)	56 Bill (80) 20/545 5120 530 30) 575 5160	4 A 1 A 1 2 3 3 4 4
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Actions alimant's Particulars:- iver/Owner: ontact No: amaged Portion:	Invoice Pre	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 action + SMRT Survey onal Services.	56 Bill (1905) (4 1 H 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Laimant's Particulars: river/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):	Invoice President 1) AR: Accident 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-insper 7) N1: Idae DA 8) NTUC Addition OD* *N5: Courtes *N6: Repair (*N7: Fost Re*	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 action + SMRT Survey onal Services. y Cer / Tpt Allowance Co-ordination pair Inspection	56 Bill (80) (9/545 S120 S30 (9/545 S160 S15) S160 S25 S10	and the second
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions Actions Inimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): additors' Comments:-	Invoice Present 1) AR : Accident 2) DA : Damage 3) TF : Towing 4) FT : Follow-	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) action + SMRT Survey ional Services - y Cer / Tpt Allowanue Co-ordination pair Inspection	56 Bill 80) 9/545 \$120 \$30 9) \$75 \$160 \$25 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$3	and the second
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > S Injury: Date/Time Actions Laimant's Particulars: river/Owner: ontact No: armaged Portion: C Checked by (Engr-In-Charge):	Invoice Present 1) AR : Accident 2) DA : Damage 3) TF : Towing 4) FT : Follow-	t Reporting (\$30); Assessment (\$100); INC (\$8 Fee \$40 Through Survey Phrough Survey (Resurvey) against INC Only (wef 10 Jan 2003 section + SMRT Survey conal Services y Cer / Tpt Allowance Co-ordination pair Inspection cliect Excess Coordination P (Non INC) against INC	56 Bill (80) (9/545 S120 S30 (9/545 S160 S15) S160 S25 S10	and the contract

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</u> and <u>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.

- 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.

atoresaid,	
	ACCIDENT STATEMENT
Date Of Report	02/05/2018 17:05
Date Of Accident	02/05/2018 08:15
Exact Location Of Accident	JUNC KRANJI RD & KRANJI LOOP
Country/State of Loss	SINGAPORE
Day and the second seco	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ9382T
Insured/Policyholder	
Name Of Registered Owner	ONG CHIN MENG
NRIC No	S8224826I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91195647
Alternative Phone No	OFFICE-91195647
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO 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
If No, Please state action to be taken	REPORTING ONLY
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	5096080880
Cover Note Number	
Deliver	

D		

ONG CHIN MENG (WANG ZHENMING) Name of Driver

S8224826I NRIC No 09/08/1982 Date Of Birth OUTDOOR Occupation 07/02/2017 Date Of Driving Pass

1 YEAR AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-91195647 Mobile Number

Fax Number

OFFICE-91195647 Contact Number

NOEMAIL EMail Address

BLK 470C UPPER SERANGOON CRESCENT Address

#04-352

533470 Postcode

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

SIDE SWIPE Type Of Accident Weather Conditions CLEAR

DRY Road Surface

Other Information

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

1 Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

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, VEHICLE B WAS ALONG LANE 2 (MORE ON THE LEFT) MAKING A TURN FROM KRANJI RD TWDS KRANJI LOOP. I WAS MAKING A LEFT TURN FROM KRANJI ROAD TWDS KRANJI LOOP (MORE ON THE RIGHT) OF LANE 2. MY VEHICLE ACCIDENTALLY TOUCH VEHICLE B REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE SIZE TOO LARGE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBA4757U Vehicle Registration Number FIAT DOBLO Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

MOHAMMED IZAM Name of Driver

NRIC/Passport Number

92391659 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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

from

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

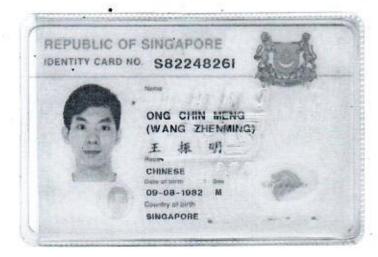
KRI	ALITA CAAA	
	ANJI ROAD	A: 56293827
		B= 684 (757 V
TO THE		
- Ab		
	47	
	Comp Chv37	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Refer to statem	nent.	
	/	
DECLARATION		
	ticulars are true in every respect.	
I/We declare the foregoing part	ticulars are true in every respect.	
	ticulars are true in every respect.	
I/We declare the foregoing part		Reporting Centre Personnel's Signature
	ticulars are true in every respect. Driver's Signature (If driver is not the policyh	Reporting Centre Personnul's Signature Name: NRIC/FIN No.:

ACCIDENT STATEMENT

~ 1	TION: Krany	1-000			
	V., .				
1.	DETAILS OF VEHICLE	010 0700	T raint.		*
	a) VEHICLE NUMBER:	292 9302	12		
17	b)INSURANCE COMP	PANY: NIVE			
	c)POLICY NUMBER:_		TI IDD DADTY	FIRE &THEFT	,43
	d)POLICY TYPE: (CO	MPREHENSIVE / THIR	D PARTY / THIRD PARTY	TINE WITHOUT	000
	MALLE & MODEL	TOXOTA AND			
	DITUDE IS ALCOHUL CO	OUPF LMPV /V AN /	LORRY / MOTORCYCLE	E/OINERS)	
	a) VEHICLE CATEGOR	RY: (PRIVATE / COM	MERCIAL / MOTORCTC	LE)	
	PUBLICACE OF HISING	S AT ACCIDENT TIME		0.	
	DARE VOLL CLAIMING	S LINDER YOUR OWN	I INSURANCE (YESANO)		
	IF NO, PLEASE STATE	E (THIRD PARTY CLAI	M / REPORTING ONLY)	,	*
2.	INSURED / POLICY HO	OLDER	MAALE	FEMALE)	50
	A)NAME: ONG C	HIM WIENG.		1195647	0
	b) NRIC/FIN/PASSPOR	RT: 50224626	DON MESTENT		X Ho of
	c) ADDRESS: 470 C	- UPPER SECTING	CON CHELLING		bascenger.
8.9	· ·		CYLICIDER		. (Including
	+ COLUMN HIE TO 2 4 ID	E DRIVER ALSO POLI	T HUNDING		· ·
	* CONTINUE TO 3.d IF	DIGITER TIES . SE	CTTOLDE	\$50	()
3.	DRIVER	·		/ FEMALE)	(_)
3.	DRIVER a) NAME:		(MALE	/ FEMALE)	(_)
3.	DRIVER a) NAME: b) NRIC/FIN/PASSPOR			/ FEMALE)	(<u> </u>
3.	DRIVER a) NAME:		(MALE	/ FEMALE)	(<u> </u>
3.	DRIVER a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS:	RT:	(MALECONTACT:	/ FEMALE)	(<u> </u>
3.	DRIVER a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS: *d) DATE OF BIRTH: (PRT:	(MALECONTACT:	/ FEMALE)	(_)
	DRIVER a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INI	09 / 08/1982 DOOR (OUTDOOR)	(MALE		رے
	DRIVER a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INIT f) YEARS OF DRIVING WAS DRIVER AN EM	OR 108/1982 DOOR FOUTDOOR) EXPRERIENCE: 1	(MALE CONTACT:		(_)
4.	DRIVER a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INIT f) YEARS OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH	PRI:	(MALE CONTACT:		(_)
4.	briver a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS: *d) DATE OF BIRTH: (_0 e) OCCUPATION: (INI f) YEARS OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH a) WEATHER CONDING	DOOR OUTDOOR EXPRERIENCE: 1 APLOYEE OF THE INTERIOR ON: (CLEAR / RAIN)	(MALE CONTACT:		(_)
4.	briver a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS: *d) DATE OF BIRTH: (_0 e) OCCUPATION: (INI f) YEARS OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH a) WEATHER CONDING	DOOR OUTDOOR EXPRERIENCE: 1 APLOYEE OF THE INTERIOR ON: (CLEAR / RAIN)	(MALE CONTACT:		
 4. 5. 6. 	DRIVER a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INIT f) YEARS OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH a) WEATHER CONDITION b) ROAD SURFACE: (E) WAS ANYBODY INJUR	PRI:	(MALE CONTACT:		
 4. 5. 6. 	DRIVER a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INIT f) YEARS OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH a) WEATHER CONDITION b) ROAD SURFACE: (E) WAS ANYBODY INJUR a) REPORTED TO POLI	PRT:	(MALE(MALE(MALE(MALE		
 4. 5. 6. 	DRIVER a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INIT f) YEARS OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH a) WEATHER CONDITION b) ROAD SURFACE: (E) WAS ANYBODY INJUR a) REPORTED TO POLI	PRI:	(MALE(MALE(MALE(MALE		
 4. 5. 6. 	DRIVER a) NAME: b) NRIC/FIN/PASSPORE c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INIT f) YEARS OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH a) WEATHER CONDITION b) ROAD SURFACE: (E) WAS ANYBODY INJURE a) REPORTED TO POLITIFYES, PLEASE STATE	PRI:	(MALE	(YES / NO)	La la pas
 4. 5. 6. 	DRIVER a) NAME: b) NRIC/FIN/PASSPORE c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INIT f) YEARS OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH a) WEATHER CONDITION b) ROAD SURFACE: ([] WAS ANYBODY INJUR a) REPORTED TO POLIT IF YES, PLEASE STATE THIRD PARTY VEHICLE a) VEHICLE NUMBER	PRI:	(MALE CONTACT:	(YES / NO)	200 500
 4. 5. 6. 	DRIVER a) NAME: b) NRIC/FIN/PASSPORE c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INIT f) YEARS OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH a) WEATHER CONDITION b) ROAD SURFACE: (E) WAS ANYBODY INJURE a) REPORTED TO POLIT IF YES, PLEASE STATE THIRD PARTY VEHICLE a) VEHICLE NUMBER b) DRIVER'S NAME:	PRI:	(MALE	(YES / NO)	200 500
4. 5. 6. 7.	DRIVER a) NAME: b) NRIC/FIN/PASSPORE c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INIT f) YEARS OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH a) WEATHER CONDITION b) ROAD SURFACE: (E) WAS ANYBODY INJUR a) REPORTED TO POLIT IF YES, PLEASE STATE THIRD PARTY VEHICLE a) VEHICLE NUMBER b) DRIVER'S NAME: c) NRIC/FIN/PASSPORE	PRI:	(MALE	(YES / NO)	200 500
4. 5. 6. 7.	DRIVER a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INIT f) YEARS OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH a) WEATHER CONDITION b) ROAD SURFACE: (WAS ANYBODY INJUR a) REPORTED TO POLIT IF YES, PLEASE STATE THIRD PARTY VEHICLE a) VEHICLE NUMBER b) DRIVER'S NAME: c) NRIC/FIN/PASSPOTHIRD PARTY VEHICLE	PRI:	(MALE	(YES / NO)	*No of pase (Including ()
4. 5. 6. 7. 8.	DRIVER a) NAME: b) NRIC/FIN/PASSPORE c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INDEDITION OF THE PARTY OF THE PARTY VEHICLE a) VEHICLE NUMBER b) DRIVER'S NAME: c) NRIC/FIN/PASSPORTION OF THE PARTY VEHICLE d) VEHICLE NUMBER d) VEHICLE NUMBER d) VEHICLE NUMBER	PRI:	(MALE	(YES / NO)	200 500
4. 5. 6. 7. 8.	DRIVER a) NAME: b) NRIC/FIN/PASSPOR c) ADDRESS: *d) DATE OF BIRTH: (e) OCCUPATION: (INIT f) YEARS OF DRIVING WAS DRIVER AN EM IF NO, RELATIONSH a) WEATHER CONDITION b) ROAD SURFACE: (WAS ANYBODY INJUR a) REPORTED TO POLIT IF YES, PLEASE STATE THIRD PARTY VEHICLE a) VEHICLE NUMBER b) DRIVER'S NAME: c) NRIC/FIN/PASSPOTHIRD PARTY VEHICLE	PRI:	(MALE	(YES / NO)	(Including

Qmail = fax =





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 07 Feb 2017 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg



CHANGE CONTROL S82248261 14-06-2010 APT BLK 470C UPPER SERANGOON CRESCENT #04-352 SINGAPORE 533470 03/06/2016 NRIG No: \$82248281

eBaoTech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601		ALIE OF				Change Lan	guage	Change Passwor	d • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	02/05	5/2018 08:15	9
	Vehicle	No.(For Motor)	SGZ9382T							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5096080880	ONG CHIN MENG	S8224826I	GPC	drivo CLASSIC	SGZ9382T	SGZ93827	21/11/2017	22/11/2018
					- 1	Continue				

Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Name Policy issue Date	20/11/2017	Effective Date	21/11/201	7 00:00	Expiry Date	22/11/2018 2	3:59
Excess Type		All Claim Excess					
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	٥			Young	/Inexperience Driver Excess
Agent	TAI THONG LEE TRADING PTE I	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 470C #04-352	Addr	ess 2	UPPER SERANGO	ON CRESCENT	Address 3	HOUGANG PARKVIEW
Address 4	SINGAPORE 533470	Addr	ess Type	Singapore address		Post Code	533470
Unit No.	04-352	Rela Num	ted Policy ber	5096080880			
	ed Object: SGZ9382T						
D Insur							
30000400	sements						

cident MT/0992714									
					5,00	82 W S			
icy No.	9096080880	Vehicle No.	SGZ9382T			Registration No.		and the same	
cyholder Name	ONG OHN MENG				Policy	holder NRIC		582248261	
otuct Code	DRIVATE CAR INSURANCE	Cover Type	driva CLASSIC		Loadi	100		0	
etact No.(Motile)	91195647	Contact No.(Office)	0			ct No.(Home)	- 3	0	
nail Address		Special Remark			eCode		3	ar A	
K	® No ○Yes	TCA	No ○Yes			e Reason			
30 Protection	No	NCD Entitlement(%)	D		Privat	te Hire		No	
Accident Details					9498933	002000		President	
port Date	02/05/2016 16:59	Accident Report Within 24 hrs	Yes			ent Type		Side Swipe	
te of Accident	02/05/2018	Time of Accident Inh:mm	08:15			try of Accident		Singapore	
porting Centre		Grange Force			TCM Y	No.			
cident Location	JUNC KRANJI KD & KRANJI LDOP								
2 Benefits									
F Excess					11000			100.00	
wil damage Excess	600.00	Additional Excess	0		Wind	screen Excess		100.00	
named Driver Expres	0.00	Outside Singapore OD Excess		600.00					
nd Party Excess	0.00	Outside Singapore TP Excess		0.00					
GST Registered Informa	ation								
T Registered	No			egistration Date					
T Registration No.			GST St	ranus Verified		Yes			
odification History									
Policyholder Mailing Ad	Mana								
Disconnice Railing Address 1	BLK 470C #04-352	Address 2	UPPER SERAN	IGOON CRESCENT	Addr	ess 3		HOUGANG P	ARKVIEW
dress 4	SINGAPORE 533470	Address Type	Singapore add		Post	Code		533470	
nit No.	94-352	Related Policy Number	5096080880						
Of Briver Info	CONSTANT TO STANTANT TO STANTA								
over Name	ONG CHIN MENS (WANG ZHEMING)	Driver Type	Main Driver						
nnamed driver Name	The state of the s	Driver NRIC	582248261		Driv	er DOB		09/08/1962	
egister Date of Driver License	07/02/2017	Driver Age	55		Drivi	ng Experience		1	
ontact No.(Mobile)	91195647	Contact No. (Office)	0		Cont	tact No.(Home)		8	
	BUK 470C	Address 2		IGOON CRESCENT	Add	ress 3		HOUGANG P	ARKVIEW
doress 1	SINGAPORE 533470	Address Type	Singapore adi		Post	Code		533470	
doress 4	04-352	M							
mit No.	ART 1624								
loes he own a Singapore registered car?	☐ Yes ® No	Driver Vehicle No.			Driv	er Insurer Comp	any		
egistered car?	○ Yes ® No	Driver Vehicle No.			Driv	er Insurer Comp	arry		
legistered car? eclaration freathalyser or Blood Test	© yes ® No 0 mg	Driver Vehicle No. Any injury?	○ Ves ® No		Driv	er Insurer Comp	any		
Joes he own a Singapore kegatered car? exclaration Readhallyser or Blood Test Reading?			○ Yes ® No		Driv	er Insurer Comp	any		
registered car? eclaration reathalyser or Blood Test			○ Yes ® No		Driv	er Insurer Comp	any		
egistered car? ectanation reathalyser or tilood Test eading? outflication History			○ ves ® No		Driv	er Insurer Comp	any		
relation of the second of the	o me	Any injury?				er Insurer Comp	eny	582246261	
relation of the second of the	0 mg	Any injury? Insured Name	ONG CHIN M		Insu	ured NRIC	eriy	582246261	
egistered car? sclaration reathalyser or tilood Test eacing? odification History Claim 001 New Larm Type *	o me	Any injury? Insured Name Cortact No. (Home)	ONG CHIN M 62524286		Insa Com	ured NRIC bact No.(Office)	eriy		
egistered car? sclaration reathalyser or tilood Test eacing? odification History Claim 001 New Larm Type *	0 mg	Any injury? Insured Name Contact No. (Home) Of Vericle Number	ONG CHIN M		Insu Con TP I	ured NRIC bact No.(Office) rehicle Number		582246261 GBA4757U	
relation restriction of Test restriction r	0 mg	Any injury? Insured Name Contact No. (Home) Of Vehicle Number	ONG CHIN M 62524206 8G29362T	eng	Insu Con TP I	ured NRIC bact No.(Office)			
relation restriction of the second of the se	0 mg	Any injury? Insured Name Contact No. (Home) Of Vericle Number	ONG CHIN M 62524286 5G29392T	eng V	Insc Con TP V	ured NR3C tact No.(Office) lehicle Number ne of Preferred V		GBA4757U	
relation of the second of the	0 mg	Any injury? Insured Name Contact No. (Home) Of Vehicle Number	ONG CHIN M 62524286 5G29392T	eng V	Insu Com	ured NRIC tact No.(Office) whicle Number ne of Preferred W report		GBA47\$7U	
claration mathalyser or filed Test mathalyser or filed mathalyser mathaly	0 mg OD-MX 91195647 2G29382T / G8A4757u ON 2 May 3018	Any injury? Insured Name Contact No. (Nome) Of Vehicle Number Insured Liability *	ONG CHIN M 62524286 5G29392T	eng V	Insu Com	ured NR3C tact No.(Office) lehicle Number ne of Preferred V		GBA4757U	Contract Con
relation restriction of Test restriction of Test restriction Filtrony Claim 001 New New Type * ontact No. (Mobile) mail Address saim Description referred Workshop Confact to, equive Finalization sate Registered	0 mg OD-MX 91195647 \$G229182T / \$884757U ON 2 May 3018	Any injury? Insured Name Contact No. (Mome) Of Vehicle Number Insured Liability * Preferend Repair Option	ONG CHIN M 62524286 5G29392T	eng V	Insu Com	ured NRIC tact No.(Office) whicle Number ne of Preferred W report		GBA47\$7U	Contract Con
relation restriction of Test reading? Claim 001 New Claim 001 New Item Type * contact No. (Mobile) mail Address Jann Description referred Workshop Confact to, equire Pinalization hate Registered epont Taken By	0 mg OD-MX \$1195647 \$G2291827 / \$884757U ON 2 May 3018 Yes \$2,05,7018 19:02	Any injury? Insured Name Contact No. (Mome) Of Vehicle Number Insured Liability * Preferend Repair Option	ONG CHIN M 62524286 5G29392T	eng V	Insu Com	ured NRIC tact No.(Office) whicle Number ne of Preferred W report		GBA47\$7U	Contract Con
egistend car? restriction restriction until tood Test eading? outflication History	0 mg OD-MX \$1195647 \$G2291827 / \$884757U ON 2 May 3018 Yes \$2,05,7018 19:02	Any injury? Insured Name Contact No. (Mome) Of Vehicle Number Insured Liability * Preferend Repair Option	ONG CHIN M 62524286 5G29392T	eng	Insu Com	ured NRIC tact No.(Office) whicle Number ne of Preferred W report		GBA47\$7U	Contract Con
relation restriction of Test reading? Claim 001 New Claim 001 New Item Type * contact No. (Mobile) mail Address Jann Description referred Workshop Confact to, equire Pinalization hate Registered epont Taken By	0 mg OD-MX \$1195647 \$G2291827 / \$884757U ON 2 May 3018 Yes \$2,05,7018 19:02	Any injury? Insured Name Contact No. (Mome) Of Vehicle Number Insured Liability * Preferend Repair Option	ONG CHIN M 62524266 8G29362T Not at Fault Preferred Wi	eng	Insu Com	ured NRIC tact No.(Office) whicle Number ne of Preferred W report		GBA47\$7U	Contract Con
relatered cary restriction of the control of the co	0 mg OD-MX \$1195647 \$G2291827 / \$884757U ON 2 May 3018 Yes \$2,05,7018 19:02	Any injury? Insured Name Contact No. (Mome) Of Vehicle Number Insured Liability * Preferend Repair Option	ONG CHIN M 62524266 8G29362T Not at Fault Preferred Wi	eng	Insu Com	ured NRIC tact No.(Office) whicle Number ne of Preferred W report		GBA47\$7U	Contract Con
relatered cary relatered cary restriction relations Test restriction History Claim 901 New Item Type * sortact No.(Modile) mail Address lates Description referred Workshop Confact occurre Finalization sate Registered eport Takken By Print AK letter	0 mg OD-90K 93195647 9G293827 / G8A47570 ON 2 May 3018 Yee O2/OS/2018 19:02 Jackson	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	ONG CHIN M 62524266 8G29362T Not at Fault Preferred Wi	eng orkshoo, Name unknown	Insu Com	ured NRIC tact No.(Office) whicle Number ne of Preferred W report		GBA47\$7U	Contract Con
relatered cary relatered cary restriction relations Test restriction History Claim 901 New Item Type * sortact No.(Modile) mail Address lates Description referred Workshop Confact occurre Finalization sate Registered eport Takken By Print AK letter	0 mg OD-90x 93195647 93195647 93293827 / G8A47570 ON 2 May 3018 Yee O2/O5/2018 19:02 Jackson MT/0992714	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No.	ONG CHIN M 62524266 8G29362T Not at Fault Preferred Wi	eng v orkshoo, Name unknown	Insu Com	ured NRIC tact No.(Office) whicle Number ne of Preferred W report		GBA47\$7U	Contract Con
relatered cary relatered cary restriction relations Test restings restriction History Claim 901 New laim Type * sortact No.(Mobile) mail Address laim Description referred Workshop Contact occupier Finalization sate Registered eport Takken By Print AK letter Attachment	0 mg OD-90K 93195647 9G293827 / G8A47570 ON 2 May 3018 Yee O2/OS/2018 19:02 Jackson	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	ONG CHIN M 62524266 8G29362T Not at Fault Preferred Wi	orkshop, Name unknown 1	Insu Com	ured NATIC tact No. (Office) whicle Number ne of Preferred W report e Received	Varicahop	GRA4757U Received 02/05/2016	00.00
claration mathalyses or Blood Test reding? redincation History Claim 901 New warn Type * streact No.(Modife) mail Address lasts Description referred Workshop Confact or, equire Finalisation ata Registered eport Taken By Print AK letter Attachment	0 mg OD-90x 93195647 93195647 93293827 / G8A47570 ON 2 May 3018 Yee O2/05/2018 19:02 Jackson MT/0992714	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Uploed Date	ONG CHIN M 62524206 8GZP302T Not at Fault Preferred Wi	orkshoo, Name unknown 1 oot 02/05/2018 19:04 Category *	Insu Com TP \ Nam Nam Date	ured NRIC bact No. (Office) whicle Number ne of Preferred W report e Received	Warkshop	GRA4757U Received 102/05/2016	Contract to the same of
claration mathalyser or Blood Test seding? claim 901 New wm Type * settact No.(Notife) mail Address last Description referred Workshop Contact specific Taken By Print AK letter Attachment	0 mg OD-90X 93195647 93195647 93293827 / G8A47570 ON 2 May 3018 Yeo OX/O5/2018 19:02 Jackson MT/0992714 • Yes \ No	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No.	ONG CHIN M 62524286 8GZ9392T Not at Fault Preferred Will Save Subm	orkshoo, Name unknown 1 orkshoo, Name unknown 1 ozycs/2018 19:04 Category * Piease Select	Institution of the Communication of the Communicati	ured NRIC bact No. (Office) whicle Number ne of Preferred W report e Received Confidential	Varicatiop Urgen: [Normal	GBA4757U Received 102/05/2016	00.00
claration mathalyser or Blood Test seding? claim 901 New wm Type * settact No.(Notife) mail Address last Description referred Workshop Contact specific Taken By Print AK letter Attachment	0 mg OD-90X 93195647 93195647 93293827 / G8A47570 ON 2 May 3018 Yeo OX/O5/2018 19:02 Jackson MT/0992714 • Yes \ No	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Uploed Date	ONG CHIN M 62524286 8GZ9392T Not at Fault Preferred Will Save Subm	orkshoo, Name unknown 1 oot 02/05/2018 19:04 Category *	Insu Com TP \ Nam Nam Date	ured NRIC tact No. (Office) whicle Number ne of Preferred W report e Received:	Urgen: Normal	GRA4757U	00.00
relation restriction of the control	0 mg OD-90X 93195647 93195647 93293827 / G8A47570 ON 2 May 3018 Yeo OX/O5/2018 19:02 Jackson MT/0992714 • Yes \ No	Any injury? Insured Name Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Claim No. Uploed Date Brows	ONG CHIN M 62524286 8G29392T Not at Fault Preferred Will Seve Subm Seve Subm Cheer C	orkshoo, Name unknown 1 orkshoo, Name unknown 1 ozycs/2018 19:04 Category * Piease Select	Institution of the Communication of the Communicati	ured NRTC tact No. (Office) whicle Number ne of Preferred W report e Received:	Varicatiop Urgen: [Normal	GBA4757U Received 102/05/2016	00.00
relatered cary relateration restrictions or thood Test eading? Claim 901 New Laim Type * contact No. (Modile) mail Address claim Description referred Workshop Contact occure Finalization hate Registered report Taken By Print AK letter Attachment	0 mg OD-90X 93195647 93195647 93293827 / G8A47570 ON 2 May 3018 Yeo OX/O5/2018 19:02 Jackson MT/0992714 • Yes \ No	Any injury? Insured Name Contact No. (Home) Of Vehicle humber Insured Liability * Preferend Repair Option Claim Close Date Claim No. Uploed Date Brows Brows	ONG CHIN M 62524296 8G29392T Not at Fault Preferred Will Save Subm Save Subm Gear Gear	orkshop, Name unknown state of the control of the c	Institution of the Communication of the Communicati	confidential	Urgen: Normal	GRA4757U	00.00
relatered cary relateration restrictions or thood Test eading? Claim 901 New Laim Type * contact No. (Modile) mail Address claim Description referred Workshop Contact occure Finalization hate Registered report Taken By Print AK letter Attachment	0 mg OD-90X 93195647 93195647 93293827 / G8A47570 ON 2 May 3018 Yeo OX/O5/2018 19:02 Jackson MT/0992714 • Yes \ No	Any injury? Insured Name Contact No. (Home) Of Vehicle humber Insured Liability * Preferend Repair Option Claim Close Date Claim No. Uploed Date Brows Brows Brows	ONG CHIN M 02524200 SGZ9302T Not at Fault Preferred Will Preferred Will Save Subm Save Subm Gear Gear Gear Gear Gear Gear	orkshoo, Name unknown state of the control of the c	Inside Communication Communica	confidential Confidential	Urgens Normal Normal	GRA4757U	00.00

Attachment		Uploaded By/Date	Category	?	Urgency	Description	Mag Sent? Action (CO)
20151 1116	NAC_PAYA_LIB1_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:04	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-5-2	Edit
19	MAC_PAYA_UBI_800501(NATI	ONAL ASSESSMENT CENTRE SERVICEE) on 02 Ma y JOJE 19:04	BAS		Normal	SAS 2018-5-2	Edit
1	NAC_PAYA_UBI_RODGO1(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:03	Photos		Normal	Photos 2018-5-2	Edit
9	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:03	Photos		Normal	Photos 2018-5-2	Edit
	NAC_PAYA_UBI_B00601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:03	Photos		Normal	Photos 2018-5-2	Edit
200	NAC_PAYA_UBI_800601[NATI	DNAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:00	Prioces		Normal	Photos 2018-5-2	Edit
A	NAC_PAYA_UBI_800601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2016 19:03	Photos		Normal	Protos 2018-5-2	Edit
	NAC_PAYA_UB1_800601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:03	Photos		Normal	Photos 2018-5-2	Edit
	NAC_MAYA_UBL_BOOKOT[NAT	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:03	Photos		Normal	Protos 2018-5-2	Edit
	NAC_PAYA_URI_800601[NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:03	Photos		Normal	Photos 2018-5-2	Edit
	NAC_PAYA_UBI_BD0601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:03	Photos		Normal	Photos 2018-5-2	Edit
	NAC_PAYA_UBI_800601(NAT	CONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:03	Photos		Normal	Photos 2018-5-2	Edit
	NAC_PAYA_URI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Ma v 2018 19:03	Photos		Normal	Photos 2018-5-2	Edit
⇒ Video List					0		02003
	Uploaded By/Date	Folder Date	File Name		Y	Source	Action