NATIONAL Assessment Cen	tre Services Met 1 Jan'051 N		F 1
Date In: > 3 18-16:11	Jeb description	* Date &Time Completed	Done by
Ref No: AlA/INC18008047/24	SAS e-filing		
Veh No: SFV7001P	E-mail (within Shrs, AIC 2hrs)		
D.O.A : 2/5/18 - 00:30	i-Motor Claim Form	M10992719-001	2/5/18 19:24
	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)	PARTIE VALUE OF
OD / TP / Reporting Only	i-Photo Uploaded		- 74
TD	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (70	Fax:
TP Particulars: Veh No: SE	WGG87A INC		-
Owner / Driver: (Tcl:	
Policy No: ()	Period: () Cover Type: (
Confirmed by : (Date:	Time:	100%]
	Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 50-	10076]
Year of Registration: ()	Warranty: YES ()/NO (
Excess: (\$) Loading: \$ General Remarks:-	The second secon		PROPERTY OF THE PERSON OF THE
Remarks: (INC horline: 6788 6616 1) Apply for Transport Allowance () / Courtesy Car ()	Date&Time Completad	Done by
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	- \$3000] ()		
Injury:			•
Date/Time Actions		and the state of	
	Invoice P	reparation Checklist	Ani((5) Amil(
. PEE081AN	1) AR : Acci	dent Reporting (\$30);	100000000000000000000000000000000000000
laimant's Particulars :-	2) DA : Dam 3) TF : Towi	age Assessment (\$100); INC (\$80) (40/\$45
river/Owner:	4) FT : Follo	w-Through Survey w-Through Survey (Resurvey)	\$120 \$30
Contact No:	For claimi	ng against INC Only (wef 10 Jan 20	05)
amaged Portion:	6) TR: Re-it 7) N1: Idao 3) NTUC Ad	spection DA + SMRT Survey Iditional Services -	\$160
C Checked by (Engr-In-Charge):	OD* *N5: Cour *N6: Rep	rtesy Cer / Tpt Allowenge	\$5 510
Auditors! Comments :-	*N7; Fost *N8; DV TP(N11)	Repair Inspection / Collect Excess Coordination : TP (N::n INC) against INC	\$25 \$35 \$20
at1;	9) N12: Idaa	Mobile	30
at. 2/3;	Invoice date	a	MARKETON VICTORY

3.75 45

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.
- 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.

- 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

A REAL PROPERTY OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	02/05/2018 16:11
Date Of Accident	02/05/2018 00:30
Exact Location Of Accident	JUNC BALMORAL RD & DUNEARN RD
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFV7001P
Insured/Policyholder	
Name Of Registered Owner	PAN KUI YOKE
NRIC No	S8077372B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81028494
Alternative Phone No	OFFICE-81028494
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
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	YES
Policy Number	5097029630
Cover Note Number	

-		24	_	
D	rı	v	0	r
_		۰	u	

VINCENT ONG CHEE KIAT (WANG ZHIJIE) Name of Driver

S9117761G NRIC No 30/05/1991 Date Of Birth INDOOR Occupation 15/02/2017 Date Of Driving Pass

1 YEAR AND 2 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-88138161 Mobile Number

Fax Number

OFFICE-88138161 Contact Number

NOEMAIL EMail Address

BLK 311 HOUGANG AVENUE 5 Address

#13-185 530311

Postcode

Was driver an employee of the Insured's Company NO

CHILDREN If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION 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.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

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/20180502/2032.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKW4987A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name VINCENT ONG CHEE KIAT (WANG ZHIJIE)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

SFV7001P

YES

NO

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:

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

KETCH PLAN			
			A: SFV7001P
		DUNEARN Dd	B: SKW498=
EALMORAL A			
1 1 1	OF THE ACCIDENT		
ESCRIBE CIRCUMSTANCES			
Refor to police r	eport-1/20180562/203	2 .	
	/		
	/		
7,11			
DECLARATION			(%)
I/We declare the foregoing part	iculars are true in every respect.		Im
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyho Date & Time:	Reporting Centre Pe Name: NRIC/FIN No.:	rsdnnel's Signature

Proper contentions can all





1 of 3

Report No. T/20180502/2032

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

Tel No: 65470000

EPORT O	F A TRAFFIC	ACCIDENT		Station Diary No.:	
Date/Tim	e Report M 18 11:19		Vide Report No.: E/20180502/0004	Station Biary No.	
Informar	nt's Particu	lars	AL ALBERT GENEVAL		
Name of	Informant: T ONG CH		Address: APT BLK 311 HOUGANG AVE SINGAPORE 530311	5 #13-185 HDB-HOUGANG	
ID Type	/ ID No.:	31G	Contact No.: Home/Office: Mobile: 88138161		
NRIC NO / S9117761G Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age:	Date of Birth: 30/05/1991	Type of Informant: Driver		
Race: Chinese Occupation:			Language:	Institution / School Name:	
			Driving Licence Information: Class:	Date of Expiry:	

General Inform	nation of the Accident	D. Late	Date/Time of	Type of Location
Type of Accident:	Injury Attended by Police	Drink Date/Time of		
Location: Along Road 1 DUNEARN R	OAD			
				Dood Spood Limit
Weather:		Road Surface:		Road Speed Limit:
Weather: Traffic Flow:		Road Surface: Traffic Control:		Road Speed Limit: Traffic Volume:

Details of Ve	ehicle Invo	lved		Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	NI COLUMN TO A STATE OF THE PARTY OF THE PAR	The second secon	
SFV7001P	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T		Slightly Damaged	0
SKW4987A	Car	VOLKSWAGO N	NEW GOLF 1.4 AT 5K13G5		Slightly Damaged	





2 of 3

Report No. T/20180502/2032

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

CONTINUATION OF REPORT

Details of Persor Any Pedestrian In	volved: No	1	1 - 1-1	Crossi	ng: NA
No. of Pedestrian	s Injured: NIL	Use of Pe	edestrian	Crossi	ing. NA
Driver			ID No.		S9117761G
Name	VINCENT ONG CHEE KIAT				
	SFV7001P (Car)		Contact No.		88138161
Related Vehicle			Class of		Class: NIL
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOL	ENTRAL 24-HR CLINIC (HOUGANG)		or g ce & Date	Date of Expiry: NIL
		Date Di	scharge	02/05	5/2018
Date Treatment	02/05/2018 nted Medical Leave 02	Degree	of Injury	Sligh	t

Brief Details.

On 2/5/18 at about 0030hrs

While driving along Dunearn Road, I wanted to turn right to CTE so I stopped to let the cars from the opposite direction pass. However one of the cars driving too close to the side collided onto my vehicle. I then got out of my vehicle to assist the other party, after seeing that they were ok I left the scene to go to a clinic as I had breathing difficutlies and chest pain. I asked my younger brother to go to the scene to attend to the matter for me as I was having my injuries checked. The investigator then told me to come to TP HQ at 10am.





3 of 3

Report No. T/20180502/2032

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

CONTINUATION OF REPORT

			7420	
C	Vot	tch	PI	an
-	KPI		-	a

NP168

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 / WONG ZI WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2018 11:19
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	-28

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$91177619



VINCENT ONG CHEE KIAT



PR-

CHINESE

Date of birth

30-05-1997 Country of birth

SINGAPORE

NRIC No. S9117761G

3886916

APT BLK 311 HOUGANG AVENUE 5 \$13-185 SINGAPORE 530311

01-06-2006



1.7

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 15 Feb 2017 passengers, exclusive of driver, and other motor vehicles with unladen weight =< 2500kg

Licence No:S9117761G

NP 428A

eBaoTech						10 Sec. 1			Gene	ralClaim
sello, NAC_PAYA_UBI_800	501		and the second		NAME OF TAXABLE PARTY.		Change Lan	guage	Change Passwo	rd > Log Ou
My Desktop	Poli	cy Query								,
Notice of Loss	Policy N	lo.				Date of Acc	ident	02/05/2	2018 00:30	3
	Vehicle	No.(For Motor)	SFV7001P							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097029630	PAN KUI YOKE	S8077372B	GPC	drivo CLASSIC	SFV7001P	SFV7001P	29/12/2017	22/01/2019

Seque	ence Date of Endorse	ment	Endorseme	nt Type	Endorsemer	it Status	Endorsement Content
□ Endor	sements					TOWN TO	Endorsement Content
) Insur	ed Object: SFV7001P						
Unit No.	13-185	Rela	ted Policy iber	5097029630			
Address 4			ress Type	Singapore address		Post Code	530311
Address 1	BLK 311 #13-185	Add	ress 2	HOUGANG AVENUE	5	Address 3	SINGAPORE 530311
Policy	holder Mailing Address					Total Society Are	an haliniya waxaya nana a sanasa
Certificate Info							
Open Policy Info							
lo- nsurance lag	No						
lgent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag		
ingapore D xcess	600	Singapore TP Excess	0		GST Flag	Young	/Inexperience Driver excess
xcess Jutside	455.	Outside				Verse	/Inexperience Driver Excess
dditional	0	OS Premium	0				
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xcess ype		All Claim Excess					
olicy sue ate	29/12/2017	Effective Date	29/12/2017	00:00	Expiry Date	22/01/2019 23	k:59
roduct ame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 311 #13-185 HOUGANG A	AVENUE 5 SING	APORE 53031	11	Comm		
olicy No.	5097029630	Policyholder Name	PAN KUI YO	KE	Policyholder NRIC	\$8077372B	

dent MT/0992719	Teachers and the second	Vehicle No.	SFV7001P	GST Registration No.	
y No.	5097029630 PAN KUI YOKE	Telling that		Policyholder NRIC	\$90773729
		Cover Type	drive CLASSIC	Loading	0
luct Code	DRIVATE CAR INSURANCE		0	Contact No.(Home)	0
sact No.(Mobile)	81028494	Contact No. (Office)		eCode	Tnc →
ii Address		Special Remark	A 0	eCode Reason	1870.75
	No Yes	TCA	® No ○ Yes		1760
Protestion	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
ort Date	02/05/2018 19:22	Acadent Report Within 24 hrs.	Yes	Accident Type	Collesion - Cross Junction
of Accident	02/05/2018	Time of Accident hitchim	00:30	Country of Accident	Singapore
arting Centre		Drange Force		ICH No.	
dent Location	JUNC BALMORAL RD & DUNEARN RD				
Benefits					
Excess					
damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
	2,500.00	Outside Singapore OD Excess	600.00		
amed Oriver Excess	0.00	Outside Singapore TP Excess	0.00		
d Party Excess		Consideration in Excess	(A1375)		
GST Registered Informa			GST Registration Date		
Registered	No.		GST Status Venfied	Yes	
Registration No.					
Incation History					
Policyholder Mailing Ad	dress				
	6LK 311 #13-185	Address 2	HOUGAND AVENUE 5	Address 3	SINGAPORE 530311
iress 1	Section of the sectio	Address Type	Singadore address	Post Code	530311
dress 4	10 100	Related Policy Number	5097029630		
f. No.	13-105	Related Policy Number	3037023030		
OI Driver Info		Driver Type	Unnamed Driver		
ver Name	unnamed Onver	Driver NRIC	59117761G	Driver DOB	30/05/1991
named driver Name	VINCENT ONG CHEE KIAT (WAR		26	Driving Experience	ı
aster Date of Driver License		Oriver Age Contact No. (Office)	0	Contact No.(Home)	0
ntact No.(Mobile)	88138161			Address 3	SINGAPORE 530311
dress 1	BLK 311	Address 2	HOUGANG AVENUE 5		
dress 4		Address Type	Singapore address	Post Code	530311
dress 4 e No.	13-165	Address Type	Singapore address		
e No. és ne own a Singapore	13-185 () Ves (€ No	Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	
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Attachment		Uploaded By/Date	Category	T	Urgency	Description	Sent? Action (CO)
Yest)	NAC_PAYA_UBI_E00501(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:26	NRIC/ Driving License		Normal	NRIC/ Driving Ucenee 2018-5-2	Edit
100	NAC_PAYA_UBI_B00601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 02 Me y 2018 19:26	NRIC/ Driving License		Normal	NRJC/ Driving License 2018-5-2	Edit
171	NAC_PNYA_UBI_800601(NATI	DNAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2016 19:26	NR3C/ Driving License		Normal	NktC/ Driving License 2018-5-2	Edit
193	NAC_PAYA_UB1_800003(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:26	868		Normal	SAS 2018-5-2	Edit
	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:25	Photos		Normal	Photos 2018-5-2	Edit
) ¥(NAC_PAVA_UBI_B00601(NAT)	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018: 19:25	Photos		Normal	Photos 2018-5-2	Edit
	NAC_PAYA_URI_BD0601(NAT	ONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:25	Photos		Normal	Photos 2018-5-2	Edit
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1	NAC_PAYA_UB1_800601(NAT	[CNAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018-19:25	Photos		Normal	Photos 2018-5-2	Edit
1	NAC_PAYA_URL_8006011 NAT	CONAL ASSESSMENT CENTRE SERVICES) on D2 Ma y 2018 19:24	Photos		Normal	Photos 2018-5-2	Edit
	NAC, PAYA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:24	Photos		Normal	Photos 2018-5-2	Edit
60	NAC_PAYA_UB1_80060)(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:24	Photos		Normal	Photos 2018-5-2	Edit
1	NAC_PAYA_UBI_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19:24	Photos		Normal	Protos 2018-5-2	Edit
	NAC_PAYA_URL_BODGOT[NAT	IONAL ASSESSMENT CENTRE SERVICES) on 02 Me v 2018 19:24	Photos		Normal	Photos 2018-5-2	Edit
	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 02 Ma y 2018 19-24	Photos		Normal	Photos 2018-5-2	Edit
♥ Video List	uploaded By/Date	Folder Date	File Name		9	Source	Action