NATIONAL Assessment Centre		44 1100		
Date In: 7/4/18 -18:56	Job description	Date &Time Completed	Done by	
Rei No: NA) INCROORZ47/24	SAS e-filing			
Vch No: SLW X77 V	E-mail (within Shrs, AIC 2hrs)			•
D.O.A.: 5/5/18-20:00	i-Motor Claim Form	M7 0993740-001	7/4/18 20	; 56
	i-Motor W/O (Within: OD 2h	ira, TP 4hrs)		
OD TP Reporting Only	i-Photo Uploaded			
V	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (when the same of t	ax:	
TP Particulars: Veh No: MBS bi	SiE . INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]	
	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000	0()/\$2,000()		**************************************	
General Remarks;			Con Silver	
() Walk-In Customer : Customer's inform	nation strictly Confidential & S	Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer		*		
Drive-In ()/ Towed-In (); Invoice:	The state of the s	Towing Co: (4)
		Date&Time Completed	Done b	y
Remarks: (INC horline: 6788 6616)		Dates Into Strips	50000	
1) Apply for Transport Allowance ()/Co	ourtesy Car ()			
2) QC Check / Post Repair Inspection	()		- 255 - ADIMA -	
3) Upload Resurvey Photo [Repair Cost > \$30	000] ()			
Injury:				-
		3 -7 7 546	GIZ-Windows	V ** 1. P. 1
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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
- 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

STATE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	07/05/2018 18:56
Date Of Accident	05/05/2018 20:00
Exact Location Of Accident	ALONG EU TONG SEN ST AFTER JUNC TEO HONG RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW3577U
Insured/Policyholder	
Name Of Registered Owner	GD CARZ
Co Reg No	53122597J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97319460
Alternative Phone No	OFFICE-97319460
Vehicle Particulars	
Manufacturer	TOYOTA
Model	881
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	5083196477-01
Cover Note Number	
Driver	
U (Deles	ANG BOON YONG (HONG WENRONG)

ANG BOON YONG (HONG WENRONG) Name of Driver S8426443A NRIC No 13/09/1984 Date Of Birth OUTDOOR Occupation 21/10/2005 Date Of Driving Pass

12 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-93203558 Mobile Number

Fax Number

OFFICE-93203558 Contact Number

NOEMAIL EMail Address

BLK 672D EDGEFIELD PLAINS Address #12-581

824672 Postcode

NO Was driver an employee of the Insured's Company

OTHER - HIRER 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 - CHANGE/CROSS LANE 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 NO Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1 NAME:

GENDER: : FEMALE

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHB8082E Vehicle Registration Number

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)

Page 2 of 19

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.
- 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.
- 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:
 - 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.

(NO.00)

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 .:

Refer to Hafemont	

DECLARATION

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

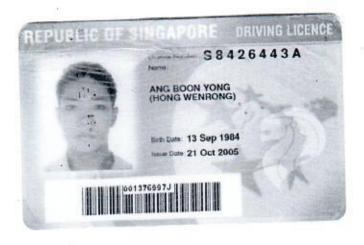
NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 EU TONG SEN ST JUNCTION. AS I APPROCHED THE JUNCTION, THE TRAFFIC LIGHT TURN GREEN SO I PROCEED. AFTER MY VEHICLE PASS BY THE YELLOW BOX, SUDDENLY VEHICLE B FROM LANE 3 CUT ONTO MY LANE AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

ACCIDENT STATEMENT

	IDENT DATE: 5/5/18 J(DD/MM/YYYY), TIME: (20: 00) (HH:MM)	ii.
ACCID	1 - Silve Too Head Rd	
LOCAT	ATION: Along the Tong Sen of after jung ion to	
**************************************	PERMIT OF VEHICLE	
1.	alvehicle NUMBER: SCW3577V 3176	
	a) VEHICLE NUMBER:	
	DINSURANCE COMPANY: NTUC	30
	C)POLICY NUMBER: 5083196477-01 C)POLICY NUMBER: 5083196477-01 C)POLICY NUMBER: 5083196477-01	
	d)POLICY TYPE: (COMPREHENSIVE / ITALIA	
	B)MAKE & MODEL:	
	COLIDE / LADI/ // AN / I UKKI / MOIONO	
1	THE RELIGIOUS AT ACCUMENT HING.	
13	THE PARTY OF THE PROPERTY OF THE PARTY OF TH	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	***
2	INSURED / POLICY HOLDER	
	ANNAME: 6D COST	. 0
4	b) NRIC/FIN/PASSPORT:	10 of
	CLADDRESS:	cenger.
	boxerage spalling in the state of the state	ncluding d
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	2)
3.	- LIVER	Female.
	1. 1. 1. AAM 1000 1 700 C 000 C	14000
	WIND WILLIAM SEPONT. SAN 1044 AH	20
	CIADDRESS: Blic GAD Edge field Plains \$ 12-58 1. (8246+2)	**
	100,000,000	
	*d)DATE OF BIRTH: (12 / 9 / 1984)(DD/MM/YYYY)	
555	e)OCCUPATION: (INDOOR / OUTDOOR)	(T)
	TYPEARS OF DRIVING EATHER OF THE INSURED'S COMPANY? (YES! NO)	2.5
4.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	
	IF NO, RELATIONSHIP OF THE OTHERS	
5.	6. a) WEATHER CONDITION: (GLEAGY KITTAL)	
	b)ROAD SURFACE: (DRY / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES / NO)	
. 7.	a)REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	٨
8.	THIRD PARTY VEHICLE	of passo
	a) VEHICLE NUMBER:	duding dr
	DI DRIVER SINAME.	77
	c) NRIC/FIN/PASSPORT:CONTACT:(THIRD PARTY VEHICLE	
9.	d) VEHICLE NUMBER:MODEL:	Ho of passi
	U) TETROCET.	100 mg
1920		Including d
1	f) NRIC/FIN/PASSPORT:CONTACT:	(-).
	ormer a quail. com	50 19
		# TO 10 TO 1

email = golarz @ gnail.com



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8426443A





ANG BOON YONG (HONG WENRONG)

文荣

CHINESE Date of birth 13-09-1984

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 3

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg

21 Oct 2005

Licence No: Se426443A

5352281



15-09-2014

APT BLK 672D EDGEFIELD PLAINS #12-581 SINGAPORE 824672

NRIC No: \$8426443A

Date: 27/05/2015

NP 428A

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80	0601						Change Lan	guage '	Change Passwor	
My Desktop Notice of Loss	Policy Q Palicy No. Vehicle No. (F	anno este o succ	SLW3577U		=	Date of Acc	ident	05/05/	2018 20:00	
	Select Po	licy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 508	01 01	GD CARZ	531225973	GFT	drivo CLASSIC	SLW35770	SLW3577U	08/02/2018	
					100	Continue				

olicy No.	5083196477-0	01	Policyholder Name	GD CARZ		Policyholder NRIC	53122597J	
dress		B ROAD B16 TURF		ORE 287995				
oduct	FLEET INSURA		Plan			Group Policy Flag	N	
ime licy	FLEET INSURA	NCE.	Effective			777	10/09/2019 7	7.50
sue ite	01/08/2017		Date	19/08/2017	7 00:00	Expiry Date	18/08/2018 2	2.07
rcess			All Claim Excess					
nird	1000.00		Own damage	1000.00		Windscreen Excess	100.00	
ccess	1000.00		Excess			LACLAS		
dditional xcess	0		OS Premium	1161.85				
iutside ingapore	transportation .		Outside	1000.00			Youn	g/Inexperience Driver Excess
D xcess	1000.00		Singapore TP Excess	1000.00				2000
gent	COWELL INS	URANCE (AGENCY)	Agent Tel.	63392592		GST Flag	Υ	
o- isurance lag								
open olicy								
Certificate Info								
100.00	holder Mailin	g Address					Ten administra	Secretary Character Wildows
Address 1	210	TURF CLUB ROAD	Addr	ess 2	B16 TURF CITY		Address 3	SINGAPORE 287995
ddress 4			Addr	ess Type	Singapore address		Post Code	287995
Init No.			Rela Num	ted Policy	5078340356-02			
	ed Object: SL	w3577U	ivuii	ioe.				
	rsements							
Seque	12/17	e of Endorsement	Endorsem	ent Type	Endorsement Numb	er Endors	ement Status	Endorsement Content
1		8/2017 00:00	Basic Inform Endorsemen		000001286621488	Endorsen Effective	nent Take	Thank you for giving us the opportunity to serve you. We confirm that from 19 Aug 2017, the Hire Purchase Company is amende as follows: HIRE PURCHASE COMPANY: INDEX CREDIT PTE LTD
2	19/0	8/2017 00:00	Basic Inform Endorsemen		000001286621575	Endorser Effective	ment Take	Thank you for giving us the opportunity to serve you. We confirm that from 19 Aug 2017, the Vehicle Number is amended as follows: VEHICLE REGISTRATION NUMBER: SLR5260X
3	19/0	8/2017 00:00	Basic Inforr Endorseme		000001286621458	Endorse Effective	ment Take	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: CHASSIS NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GP71116703 19-08-2017 \$1,255.11 In view of this amendment, an additional premiur of \$1,255.11 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days fron the date of this letter. For cheque payment, please issue the cheque favour of "NTUC Income" with you name and policy number indicated on the reverse of the cheque.

m Handling remum on this policy has he	it been collected.						
ent MT/0993340	(V.S.) (C.) (C.)						
y No.	5083195477-01	Vehicle No.	SLW3577U	GST Regis		(3433503)	
	GD CARZ			Policyholde	ar NRIC	531225971	
The state of the s	FLEET INSURANCE	Cover Type	drivo CLASSIC	Loading		0	
DC. Corps	97319460	Contact No (Office)	0	Contact No		0	
	X-0-0-0-1	Special Remark		eCode		m. v.	
si Address	(ii) No C Yes	TCA	® No ○Yes	eCode Rea	isan		
	NO COPPES	NCD Entitlement(%)	0	Private Hir	re	Yes	
	NO.						_
Accident Details	CONTROL (C.)	Accident Report Within 24 hrs	Yes	Accident T	ype	Collision - Change / Cross lane	
ort Date	07/05/2018 20:54		20:00	Country (f Acadent	Singapore	
e of Accident	05/05/2018	Time of Accident Inh:mm Orange Force	20.00	SCH No.			
orong Centre							
ident Location	ALDING BU TONG SEN ST AFTER JUNC TO	10 HONG RD					
Benefits							
Excess		1. 80003000 <u>20008</u>	0	Windsore	en Excess	100.00	
n damage Excess	1,000.00	Additional Excess	1,000				
named Driver Excess		Outside Singapore OD Excess	1,000				
ed Party Excest	1,000.00	Outside Singapore TP Excess	2,000				
GST Registered Informa	tion		- 2022 - 106,5124				
T Registered	No		GST Registration Dat		Yes		
T Registration No.			GST Status Verified		1000		
diffication History							
Policyholder Hailing Ade	dress			Address	1	SINGAPORE 287995	
loress t	210 TURF CLUB ROAD	Address 2	B16 TURF CITY			287995	
idress 4		Address Type	Singapore address	Post Cod	Mor	200000	
Nt No.		Related Policy Number	5078340356-02				
g Of Driver Info							
tyer Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver D	ne.	13/09/1984	
named driver Name	ANG BOON YONG (HONG WENE	Driver NRIC	58426443A			12	
egister Date of Driver License	21/10/2005	Driver Age	33		Experience		
ontact No.(Mobile)	93203558	Contact No. (Office)	0		No.(Home)	0	
ddress 1	BLK 6720	Address 2	EDGEFIELD PLAINS	Address	3	WATERWAY BANKS	
	SINGAPORE 824672	Address Type	Singapore address	Post Cod	de	824672	
ddress 4.							
nit No.	12-581	Driver Vehicle No.		Driver 1	nsurer Company		
oes he own a Singapore egistered car?	O Yes ® No	Chine Vence No.					
eclaration							
reathalyser or Blood Test	¥100	Any injury?	○ Yes ® No				
eading?	0 mg						
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portugation in the state in							
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Claim ON 1 NEW					INEC	53122597)	
Claim 001 Mew	ор-мх 🔻	Insured Name	GD CARZ	Insured		53122597) 64649355	
Saim Type *	OD-MX V	Insured Name Contact No.(Home)		Contact	t No. (Office)	64649353	
Sum Type *			GD CARZ SLW3577U	Contact TP Value	t No.(Office) icle Number	64649355 SH88082E	
Claim Type + Contact No.(Mobile) Email Address	62331245	Contact No.(Home) OI Vehide Number		Contact TP Value	t No. (Office)	64649355 SH88082E	
Jaim Type + Contact No. (Mobile) Email Address Claim Description		Contact No.(Home) OI Vehide Number		Contact TP Value	t No.(Office) icle Number	64649355 SH88082E	
Claim Type + Contact No.(Mobile) Email Address	62331245 SLW3577U / SH88062E DN 5 May 20	Contact No.(Home) DI Vehicle Number SB Insured Liability *	SLW3577U	Correct TP Veh Name (t No.(Office) icle Number of Preferred Workshop	64649355 SH88082E	
Saim Type + Coreact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	62331245 SLW3577U / SH88062E DN 5 May 20 Yes	Contact No. (Home) OI Vehide Number 18 Insured Substity * Preferend Repair Option	SLW3577U	Contact TP Veh Name of	t No.(Office) icle Number of Preferred Workshop	64649355 SH98082E	
Claim Type + Coreact No. (Mobile) Email Address Court Description Performed Workshop Contact No.	62331245 SLW3577U / SH88062E DN 5 May 20	Contact No.(Home) DI Vehicle Number SB Insured Liability *	SLW3577U	Contact TP Veh Name of	t No.(Office) icle Number of Preferred Workshop port	64649355 SHIBBOB2E Received	
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