Date In: 7/6/18-17.41	Jcb description	Date & Time Completed	Done by
Res No: NA INC 1801 04 37/24	SAS e-filing		
Veh No: SkJ9939A	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 7/6/18-07:30	i-Motor Claim Form	M7 0997762-001	7/1/10 10 7
	i-Motor W/O (Within: OD 2hrs		7/6/18 19:3
OD (TP) Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (The state of the s	ax:
TP Particulars: Veh No: FR	67237c . INC(44.
Owner / Driver: (M1277C	Tel:	
Policy No: () Po	'eriod: (Cover Type: (
Confirmed by : (Date:		
		Time:)
	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. F: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,0			
General Remarks:-	後とみること マミアンド	Dest(\$1000000000000000000000000000000000000	Sec Garage
() W. H. C.	any company and a second	Test Land Control of the Control of	Com 3
() Walk-In Customer: Customer's info	ormation strictly Confidential & Stri	ctly NO refer of repairer.	
() Total Loss Case : to e-mail Insur		5	
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 5. 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.

	ACCIDENT STATEMENT
Date Of Report	07/06/2018 17:41
Date Of Accident	07/06/2018 07:30
Exact Location Of Accident	SLIP RD EUNOS LINK TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ9939A
Insured/Policyholder	
Name Of Registered Owner	ONG CHIN KEE
NRIC No	S1315929G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99592157
Alternative Phone No	OFFICE-99592157
Vehicle Particulars	
Manufacturer	JAGUAR
Model	XF 3.0L AT ABS D/AIRBAG 2WD 4DR
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	THIRD PARTY
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	5075775179-02
Cover Note Number	

Driver

Name of Driver WONG PUI CHENG (WANG FEIJING)

NRIC No S8702422I Date Of Birth 21/01/1987 Occupation INDOOR Date Of Driving Pass 18/03/2013

5 YEARS AND 2 MONTHS **Driving Experience**

Gender FEMALE

Mobile Number (LOCAL) +65-97592157

Fax Number

Contact Number OFFICE-97592157

EMail Address NOEMAIL

BLK 138 LORONG AH SOO Address

#12-117 530138

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

FBG7237C

Name of Driver

NRIC/Passport Number

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.
- 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:
 - (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 Person

Name:

NRIC/FIN No .:

TO PIEC Thangi) vehicle A: SKJ9939A. Vehicle B: FBG 7237C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date	d time, I, vehicle A', was
travelling along the stated	venue. Upon approaching the
telard - crossing, I slow a	lown 8 brated. Amoud 3-5
seconds later, vehicle 'b'	, hit outo my vehicle's wear
left portion. when the	motorayclist tell, he damajed
my rear left him as	well.

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver s not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

ACCIDENT DATE: 07 / 06 / 2018)(DD/MM/YYYY), TIME: 07 : 30)(HH:MM) EUNOS Link, towards PIE (changi). LOCATION: #10Mg 1. DETAILS OF VEHICLE SKJ 9939 A a) VEHICLE NUMBER: NTUC. b)INSURANCE COMPANY: c)POLICY NUMBER: d)POLICY TYPE: (COMPRIPHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) Jaguar e)MAKE & MODEL: f)TYPE:(SALOON / COUPE / MRY /VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Piva 16 I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A]NAME: IMALE / FEMALE b) NRIC/FIN/PASCOCOT. c) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER THE of passengs DRIVER a) NAME: WONG Puli Cheng CONTACT: 99192157 (Including driver) 58+024225 b)NRIC/FIN/PASSPORT:_ (01) 10r AU SOO #12-117 *d) DATE OF BIRTH: (21) 01) 1987)(DD/MM/YYYY) e)OCCUPATION: (INDOOR) f) YEARS OF DRIVING EXPRERIENCE: 5 YEARS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (VEC 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter-in-law. 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS_ b)ROAD SURFACE: (DE) (WET / OTHERS 6. WAS ANYBODY INJURED (10) - FBG 7237C. 7. a) REPORTED TO POLICE (1 (1) IF YES, PLEASE STATE WHICH POLICE STATION 8. THIRD PARTY VEHICLE # He of passenger FBG 7237 C a) VEHICLE NUMBER:_ (Induding driver) b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: THIRD PARTY VEHICLE * No of passenger d) VEHICLE NUMBER: e) DRIVER'S NAME:_ (Induding driver) f) NRIC/FIN/PASSPORT:

email = zoomautowerts Egmand. com

REPUBLIC OF SINGAPORE 'IDENTITY CARD NO. S87024221





WONG PUI CHENG (WANG FEIJING)

王琲

CHINESE

21-01-1987

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Name Name S87024221

WONG PUI CHENG (WANG FEIJING)

But Date 21 Jan 1987 - Date 18 Mar 2013



A0102340



S8702422I

04-02-2002

APT BLK 138 LORONG AH SOO #12-117 SINGAPORE 530138

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

EFFECTIVE DATE



eBaoTech								GeneralClaim		
Hello, NAC_PAYA_UBI_80	0601			THE RESIDENCE			Change Lar	nguage	Change Passw	ord · Log Out
My Desktop	Poli	cy Query								
Notice of Loss	Policy N	10.				Date of Acc	dent	07/06	/2018 07:30	3
	Vehicle	No.(For Motor)	SKJ9939A					A.C.C.		
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5075775179- 02	ONG CHIN KEE	S1315929G	GPC	drivo CLASSIC	SKJ9939A	SKJ9939A	05/03/2018	04/03/2019
					-	Continue				Service Constitution

Policy No.	5075775179-02	Policyholder Name	ONG CHIN	KEE	Policyholder NRIC	S1315929G	
Address	250 BEDOK ROAD SINGAPOR	E 469422			2347.20		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	28/02/2018	Effective Date	05/03/2018	00:00	Expiry Date	04/03/2019 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	n/Inexperience Driver Excess
Agent	NSK INSURANCE AGENCY	Agent Tel.	68720457		GST Flag	Υ	
Flag Open	No						
Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	250 BEDOK ROAD	Addre	ss 2	SINGAPORE 46942	2	Address 3	
Address 4		Addre	ss Type	Singapore address		Post Code	469422
Jnit No.		Relate Numb	d Policy er	5058925933-05			
D Insured	d Object: SKJ9939A						
	ements						
	ce Date of Endorsem	ent f	Endorsement				

Accident MT/0997762											
Accident M1/0997762											
Policy No.	5075775179-02		Vehicle No.	SK39939A			GST Regist	ration f	10.		
Policyholder Name	ONG CHIN KEE						Policyholde	r NRIC		513	15929G
Product Code	PRIVATE CAR INSURANCE		Cover Type	drivo CLAS	SSIC		Loading			0	2000 P
Contact No.(Mobile)	99592157		Contact No.(Office)	0			Contact No	/ Manager	1	0	
mail Address			Special Remark				eCode.	Carrie	4		77
OFK	® No ○Yes		TCA	On Ou						100	~
VCD Protection				® No ⊜Y	es		eCode Reas				
Accident Details	No		NCD Entitlement(%)	20			Private Hire	8		No	
	Y distributions										
eport Date	07/06/2018 19:33		Academ Report Within 24 hrs.	Yes			Accident Ty	rpe.		Coll	sion - Head to Rear
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GST Registered Inform	ation										
T Registered	No			051	Registration Date						
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diffication History											
Policyholder Mailing Ad	Idress										
dress 3	250 BEDOK ROAD		Address 2	SINGAPORE	E 469422		Address 3				
Idress 4			Address Type	Singapore a			Post Code				122
Vt No.				100000000			Host Code			469	122
OI Driver Info			Related Policy Number	505892593	3-00						
ver Name	Disposed Person		112800201								
named driver Name	Unnamed Driver	person.	Driver Type	Unnamed D	river						
	WONG PUT CHENG (WANG F	red)	Driver NRJC	587024221			Driver DOB			21/0	1/1987
gister Date of Driver License			Driver Age	31			Driving Expe	erience		5	
intact No.(Mobile)	97592157		Contact No.(Office)	0			Contact No.	(Home)		0	
idress 1	BLK 138		Address 2	LORONG AH	+ 500					GTM.	APORE 530138
				EUROPIO AC			Address 3				
dress 4			Address Type	Singapore a			Post Code				38
	12-117		Address Type							5301	38
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Attachment		Up/baded By/Date	Category	P Urgency	Description	Sent? Actio (CO)
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9	NAC_PAYA_UBI_800501(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 07 July 12018 19:37	SAS	Normal	SAS 2018-6-7	Edit
3	NAC_PAYA_UB1_800601(NAT	VA_UB1_800801(NATIONAL ASSESSMENT CENTRE SERVICES) on 07 July 0.2018 19:36		Normal	Protos 2018-6-7	Edit
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	NAC_PAYA_UBI_800603(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 07 Ju in 2018 19:35	Photos	Normal	Photos 2018-6-7	Edit
Video List	Uploaded By/Date	Folder Date	File Name	9	Seurce	Action

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