Date In: 3/0/19 -10:10	Jeb description	Date & Time Completed	Done by
Ref No: NA/14C18=13899/24	SAS e-filing		
Veh No: 12514890	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 30/8/18-19-25	i-Motor Claim Form	M7 1009566-001	31/8/18 11:05
7),031/12	i-Motor W/O (Within: OD 2hr		210/10
OD TP Reporting Only	i-Photo Uploaded	1	
	Assessment/Survey Report		SILOVARIO POCENCIA
TP Insurer:	Ass't Report by Fax / Hand	la Owner/Wish	
Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: 14			
Owner / Driver: (J30195	Tel:	1
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-1	00%]
Year of Registration: ()	Warranty: YES ()/NO ()	
	51,000 ()/\$2,000 ()		
		O Marie Co. 158" (Carlotter)	SECTION OF THE PERSON
General Remarks;-		TERMINAL SECTION	Scott Million
() Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Ins	urer URGENTLY.	·	
	MANAGEMENT SECRETARIST SECRETA	owing Co. (
		owing Co: (
			THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.
Cemarks: (INC hotline) 6788 6616	response to the second second second	Date& Time Completed	Done by
		Date&Timic Completed*	Done by
Apply for Transport Allowance ()	/ Courtesy Car ()	Date&Time Completed	Done by
Apply for Transport Allowance ()		Date&Timb Completed	Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Timb Completed	Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ()	Date&Tamb Completed	Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection	/ Courtesy Car ()	Date&Timb Completed	Done by
1) Apply for Transport Allowance () 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ()	Date&Timb Completed	Done by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available				
and the same of the same of the same	ACCIDENT STATEMENT				
Date Of Report	31/08/2018 10:10				
Date Of Accident	30/08/2018 19:25				
Exact Location Of Accident	SLIP RD PAYA LEBAR RD TWS PIE (TUAS)				
Country/State of Loss	SINGAPORE				
meg have instance cash on	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SKF5489D				
Insured/Policyholder					
Name Of Registered Owner	NG EK GUAN				
NRIC No	S1314561Z				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-98242578				

Alternative Phone No **Vehicle Particulars**

HYUNDAI Manufacturer

ELANTRA 1.6 AT ABS D/AB 2WD 4DR Model

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-98242578

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

THIRD PARTY If No. Please state action to be taken Vehicle Category PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5101358913 Policy Number

Cover Note Number

Driver

NG KWAN WEE Name of Driver S9342995H NRIC No 10/11/1993 Date Of Birth INDOOR Occupation 21/01/2013 Date Of Driving Pass

5 YEARS AND 7 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-92360207 Mobile Number

Fax Number

OFFICE-92360207 Contact Number

NOEMAIL EMail Address

BLK 80 BEDOK NORTH ROAD Address

#11-274

460080 Postcode

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

YES

NO

3

: TEO SWEE NGOH

GENDER: : FEMALE

Passenger 2

NAME:

: NG EK GUAN

: MALE GENDER:

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?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGJ3019S

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

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

NG KWAN WEE Name

Approximate Age

BODY Injuries Sustain SKF5489D Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

NO

TEO SWEE NGOH Name

Approximate Age

BODY Injuries Sustain

SKF5489D Injured person in which vehicle?

YES Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 3

NG EK GUAN Name

Approximate Age

BODY Injuries Sustain

SKF5489D Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

NO

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 <u>truthful</u> and accurate as <u>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.

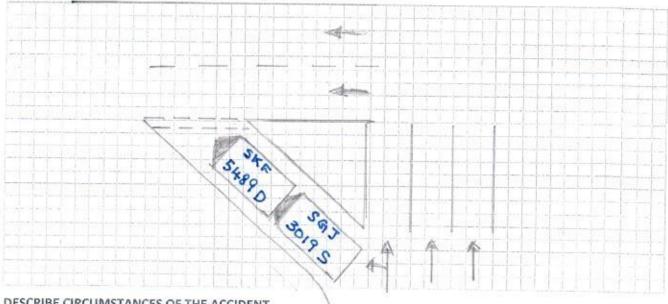
Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The Addition
ON THE 30/8/2018 at 7.24 PM AS I WAS TRAVELLIN
ON PAYA LEBAR SUP ROAD TOWARDS PIE JUROWG, I
SLOW DOWN AND STOP TO GIVE WAY TO ONCOMING
VEHICLE ON MY RIGHT.
SUDDEWLLY WITHOUT WARNING I HEAR A VER
LOUD BANG FROM THE REAR OF MY VEHICLE.
UPON INSPECTION THE VEHICLE SGJ 3019 S
HAD HIT INTO MY REAR OF MY VEHICLE.
PHERE WERE 2 OTHER PASSENGETR IN MY
CAR. (1) THO SWHE NGOH
O. NO EK GUAW.
x-And

DECLARATION

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

Policyholder's Signature

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

Reporting Centre Personne's Signature Name: NRIC/FIN No .:

GIARMC SketchPlenForm_VS

Date & Time:

Date of Accident	Accident Time: 1924 (24-HR-Format)
Accident Place	: PAYA LEBAR SLIP ROAD TOWARDS PIE JU
Vehicle, No. (Car Plate No.)	:Make/Model:
Insurace Company	Policy No:
Owner or Company Name /IC No.	
Owner or Company Contact No.	: 98 242578 Owner's Hp Company Tel
DRIVER'S Name / IC No.	
DRIVER'S Date Of Birth	:DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \Parents \Children \ Sibling \ Employee\ Others:
DRIVER'S Address	:
DRIVER'S Contact No./ Alt No.	:1) 913(0207 2)_
DRIVER'S Occupation	INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	:CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 2
Was there any video Captured by or Exact purpose for which vehicle wa Any Injury (If YES) Pls state):	r camera: YES NO s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle. No: _ \(\sqrt{61.749S} \)	Vehicle, No:
Vehicle Make\Model:	
Name Driver:	
IC No. Driver/Contact:	

^{*} NEW - Passenger's name & gender:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	AD	DENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMEN	IDMENTS:
	Original Report No : MNA181785	Vehicle Registration No:
	Name(as shownin NRIC): Ng kuga wee	NRIC/FIN/Passport No :
	(*Vehicle Driver / Vehicle Owner) (*) Please de	lete as appropriate
	Address : Blc 80 Be dolc	15-16 Royd 4 11-274 Singapore (460080)
	Contact (Tel) :	Mobile No.: 9236207
	Email Address :	
	Date of Accident : 3 8/18	Time of Accident :
	Place of Accident : Utip Rd Payn Le	hr Pd tools PIECTURS).
	Insurance Company:	
	ADDITIONALINFORMATION / AMENDMENTS	
	1. Amend 7p. letick number City	
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9342995H



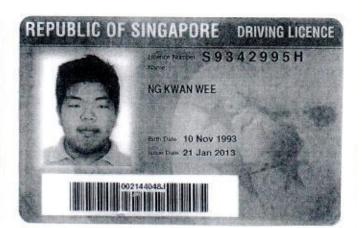
NG KWAN WEE

冠璋

CHINESE Date of birth 10-11-1993

SINGAPORE

S9342995H



DRIVER



21-11-2008

APT BLK 80 BEDOK NORTH ROAD

SINGAPORE 460080

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

Motor Cars=< 3000kg with =<7 passengers, exclusive 21 Jan 2013 of the driver; and other motor vehicles =< 2500kg

NP 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Cover 1 drivo CLASSIC

Certificate Number: 5101358913.

Index mark and Registration Number of Vehicle

Chassis Number

Z. Name of Policyholder 3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to driver

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

SKESARRD

NG EK GUAN

1. 13 Jun 2018

: 12 Jun 2019

KMHDH41CMCU563131

6. Limitations as to User

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

55600 EXCESS (SECTION 1) N/A EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS + NO REPAIR AT OWNER'S PREFERRED WORKSHOP YES INSURE WITH COE YES NCD PROTECTION : NO TRANSPORT ALLOWANCE NO EXCESS WAIVER NG EK GUAN

PRIMARY DRIVER N/A NAMED DRIVER (1) N/A NAMED DRIVER (2) N/A

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS HIRE PURCHASE COMPANY SUM INSURED

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

TELESALES-DIRECT MARKETING (00000601661) Agency

: 11 Jun 2018 12:32 hrs Date of Issue

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By

Authorised Officer

Chief Executive



Policy No.	5101358913	Policyholder	NG EK GU	AN	Policyholder NRIC	S1314561Z	
Certificate		Name			NKIL		
No.							
Address	BLK 80 #11-274 BEDOK NORT	H ROAD SINGA	PORE 46008	30			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	11/06/2018	Effective Date	13/06/201	8 00:00	Expiry Date	12/06/2019 2	3:59
Excess Type		All Claims 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	0			Young	/Inexperience Driver Excess
Agent	TELESALES-DIRECT MARKETIN	NC Agent Tel.			GST Flag	Y	
Co- Insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 80 #11-274	Addre	ess 2	BEDOK NORTH RO	DAD	Address 3	SINGAPORE 460080
Address 4		Addre	ress Type Singapore address		s	Post Code	460080
Unit No.		Relat Numi	ed Policy ber	5101358913			
B *	ed Object: SKF5489D						
IP Insure							
Thsure	sements						

Claim Handling									50	
Accident HT/1009566										
Policy No.	5101358913		Vehicle No.	5KF54890		GST Registration No.				
Cersificate No.										
Policyholder Name	NG EK GUAN					Policyholder NRIC		51314	5612	
Product Code	PRIVATE CAR INSUR	RIVATE CAR INSURANCE Cover Type		drive CLASS	Bac	Loading		0		
Contact No.(Mobile)	98242578 Contact No.(Office)		Contact No.(Office)	0		Contact No.(Home)		0		
Email Address			Special Remark			eCode		m.v		
KPK	® No ○ Yes		TCA	® No ⊜Y	н.	eCode Reason				
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire		No		
			The Charles of the Ch					507.		
	STATE OF THE STATE		10 200200 42 30°C 4864 546 60°C	0.9200		TISSESSES -		e-950	00 COLORED AND CO	
Report Date	31/08/2018 10:52		Accident Report Within 24 hrs			Accident Type			n - Head to Rear	
Date of Accident	30/08/2018		Time of Accident Nh.mm	19:25		Country of Accident		Singap	ore	
Reporting Centre			Grange Force			ICM No.				
Accident Location	SLIP RO PAYA LEBAR	R RD TWS PIE (TUAS)								
W Excess										
Own damage Excess		600.00	Additional Excess	0		Windscreen Excess		100.00		
Innamed Driver Excess		2,500.00	Outside Singapore DD Excess		600.00					
Third Party Excess		0.00	Outside Singapore TP Excess		0.00					
♥ Benefits										
□ GST Registered Inform	ation									
SST Registered	No			GST	Registration Date					
IST Registration No.				GST	Status Verified	Yes				
Modification History										
♥ Policyholder Mailing Ac	ddress									
Address 1	BLK 80 #11-274		Address 2	BEDOK NO	RTH ROAD	Address 3		SINGA	PORE 460080	
Address 4			Address Type	Singapore a	ddress	Post Code		46000	0	
unit No.			Related Policy Number	510135891	3					
OI Driver Info										
Onver Name	unnamed briver		Driver Type	Unnamed D	river					
Urnamed driver Name	NG KWAN WEE		Driver NRIC	59342995H		Driver DOB		10/11	1993	
Register Date of Driver License	21/01/2013		Driver Age	24		Driving Experience		5		
Contact No. (Mobile)	92360207		Contact No.(Office)	0		Contact No.(Home)		0		
Address 1	BLK 80		Address 2	BEDOK NO	RTH ROAD	Address 3		SINGA	PORE 460080	
Address 4	and the second		Address Type	Singapore a		Post Code		46000		
	11.22		Manager 1994	anipapore a	100	Post Code		40000		
Unit No. Does he own a Singapore	11-274									
Registered car?	O Yes ® No		Driver Vehicle No.			Driver Insurer Comp	any			
Declaration										
Breatharyser or Blood Test Reading?	0 mg		Any injury?	Yes ○ Y	10					
Modification History										
20011-0004-04-04-04-04										
Claim 001 OD-MX Nex	w									
Claim Type *	Ор-мх	V	Insured Name	NG EK GUA	N	Insured NRIC		51314	561Z	
Contact No.(Mobile)	98241578		Contact No:(Home)	67811597		Contact No. (Office)				
Email Address			OI Vehicle Number	50/54890		TP Vehicle Number		SG330	196	
	Please Select	V	Type of Benefit *	Please Sele	et 🔍	To you have		34430	-	
Dialmant Type Claimant Type *	Tueste select			pricese sere	, T					
Claimant Name *		28	Claimant NRIC *			Ť				
Claimant Address	processor and a second							_		
Daim Description	SKF5489D / SG3304	95 ON 30 Aug 2018				Name of Preferred W	iorkshap			
Preferred Workshop Contact No.			Insured Dability *	Not at Faul	· V					
Require Finalisation	Ves	v	Preferend Repair Option	Preferred V	Vorkshop, Name unknown	GIA report		Receiv	ed 🔍	
Date Registered	31/08/2018 11:05		Claim Close Date			Date Received		31/08	2018 00:00	
Report Taken By	Jackson		Workshop Repairer			Total Loss but Repair	red	0.410.000	Tours I will be you	
D Print AK letter	and the second		The state of the s							
				Save Sub	me					
Attachment										
9										
Acodent No.	MT/1009566		Claim No.		001					
Last Doc. Received	● Yes ○ No		Upload Date		31/06/2018 11:06					
	THE STATE OF THE STATE OF	Path *	NESCOTORION		Category *	Confidential	Urgene		Description •	
		Patri -	1000000	I SPECIAL	STOCK DODGE	CONTRACTOR CONTRACTOR	32.73.0	2017	Description *	
			Browse				Normal	\ \rightarrow \rightarrow \ \rightarrow \ \rightarrow \ \rightarrow \rightarrow \ \rightarrow \rightarrow \rightarrow \ \rightarrow \rightarro		
			Browse		Please Select		Normal	Y		
			Browse	Clear	Please Select	1 NO V	Normal	V		

