| Date In: 5/6/18 - 19:34 | | | | |
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| 3/9/18-19.34 | Jeb description | Date &Time Completed | Done | by by |
| Ref No: NA INCISO 18104/24 | SAS e-filing | | | |
| Veh No: NAJ32J | E-mail (within Shrs, AIC 2h | rs) | | |
| D.O.A: \$19/18-19:40 | i-Motor Claim Form | 100- 90 SELIOI 12M | 2/10/18 | 14:53 |
| OD / TP / Reporting Only | i-Motor W/O (Within: OI | | 4/19/19 | 17.00 |
| OD : 1P : Reporting Only | i-Photo Uploaded | | | |
| TD | Assessment/Survey Repo | rt | | |
| TP Insurer: | Ass't Report by Fax / Ha | | | |
| Preferred Wksp / INC Assign Wksp / QW: (| | | ax: | |
| TP Particulars: Veh No: | · IN | C()/Non-INC() | 4. | - |
| Owner / Driver: (| | Tel: |) | |
| Policy No: () Po | eriod: (|) Cover Type: (| | |
| Confirmed by : (| Date: | Time: | · · · · | |
| Insured/Driver Liability: (%) [| Note-Est. Status (WO): N: | | 00%] | |
| | Warranty: YES ()/NO (| | 0070] | - 9 |
| Excess: (\$) Loading: \$1,0 | | | | |
| General Remarks:- | 300 () / 32,000 () | What was the second of the second of | CONTRACTOR OF THE PARTY OF THE | |
| | A CONTRACTOR OF THE PARTY OF TH | | 15.00 E | |
| () Walk-In Customer : Customer's info | rmation strictly Confidential & | Strictly NO refer of repairer. | | 1910-1957 1910-1957 |
| () Total Loss Case : to e-mail Insure | er URGENTLY. | | | |
| Drive-In ()/ Towed-In (); Invoice | :: YES() / NO() | ; Towing Co: (| 48 |) |
| Remarks: (INC hotline: 6788 6616) | | and the second | 7.55.05.56.55.55 | |
| | ARCHION BROWNING PROPERTY AND STATE OF THE CAMPRISH A | Date&Time Completed | xe | ry |
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| | Courtesy Car () | | | |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 liability.
- 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

| and the sandate of page 11 to 12 to 12 to 12 to | ACCIDENT STATEMENT |
|--|--|
| Date Of Report | 05/10/2018 14:34 |
| Date Of Accident | 25/09/2018 18:50 |
| Exact Location Of Accident | CIRCULAR RD CARPARK |
| Country/State of Loss | SINGAPORE |
| Control of the Contro | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLA532J |
| Insured/Policyholder | |
| Name Of Registered Owner | KEN HO RUI HENG |
| NRIC No | S9109249B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91506161 |
| Alternative Phone No | OFFICE-91506161 |
| Vehicle Particulars | |
| Manufacturer | AUDI |
| Model | A4 2.0 TFSI QU S-TRONIC |
| 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 | 5101716540 |
| Cover Note Number | |
| Driver | |
| Name of Driver | KEN HO RUI HENG |
| NRIC No | S9109249B |
| Date Of Birth | 21/03/1991 |
| Occupation | INDOOR |
| Date Of Driving Pass | 05/12/2009 |
| Driving Experience | 8 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91506161 |

OFFICE-91506161

NOEMAIL

BLK 141 SIMEI STREET 2 Address

#04-72

Postcode 520141

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s) 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

NO

1

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?

NO

Was there any audio recorded?

NO

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.
- 3. 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 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-
- 6. 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. 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.
- Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that:

- 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:
 - (i) 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, involces, 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.
- 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.

Policyholden's Sig Date & Time:

Driver's Signatu

e policyholder) (If driver is not

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

Policyholder's Senature Date & Time

(If driver is not the policyholder)

Reporting Centre Personne's Signature

Name: NRIC/FIN No .: ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ALONG CIRCULAR ROAD CARPARK. I RECEIVED A CLAIM LETTER FROM MY INSURANCE COMPANY THAT MY VEHICLE WAS INVOLVED IN AN ACCIDENT. THERE WAS NO DENT ON MY VEHICLE.

| | ACCIDENT STATEMENT | 8:50 |
|-------------------------------------|--|--|
| ACCIDENT DATE: 15/ | 09 / 0018 1(DD/MM/YYYY), TIME:(1 | INTHOUND ITHE MAN |
| LOCATION: | Compark circular Rog | ed cadsack |
| 1. DETAILS OF VEHIC | 15 | |
| a) VEHICLE NUME | | |
| b)INSURANCE CO | MPANY: NIUC | 2// |
| | FINIA INDIA | THEFT! |
| d)POLICY TYPE: (C | COMPREHENSIVE / THIRD PARTY / THIRD | PARTY FIRE ATTICLT |
| e)MAKE & MODEL | AWG A4 | CYCLE / OTHERS) |
| FITYPE: (SALOON / | COUPE / MRV /V AN / LORRY / MOTOR | CYCLET |
| g) VEHICLE CATEG | ORY: (PRIVATE / COMMERCIAL COM | A Company of the Comp |
| PIDLIDBORE OF IICH | NG AT ACCIDENT TIME: | Y |
| i) ARE YOU CLAIMII | NG UNDER YOUR OWN INSURANCE Y TE (THIRD PARTY CLAIM / REPORTING | ONLY) |
| IF NO, PLEASE STA | TE (THIRD PARTY CEAMY RESOURCE | |
| 2. INSURED / POLICY A)NAME: | Cen to kni tievin | IMALE FEMALE |
| b]NRIC/FIN/PASSPO | CONTA | CT: 91506161 |
| | 141 Simei St 2 #04-72 S | (52014) |
| | | |
| * CONTINUE TO 3.d | IF DRIVER ALSO POLICY HOLDER | 20 00 |
| 14 Ho of passongs DRIVER | | AFELANIEI |
| | | (MALE / FEMALE) |
| Cindiana Street BINRIC/FIN/PASSPC | ORT:CONTA | ici: |
| (01) claddress: | | |
| - | 21,031 1991 10D/MM/YYY | 37 |
| *d) DATE OF BIRTH: (_ | O CONTROCE | |
| e)OCCUPATION: (IN | DOOR / OUTDOOR) YEAVS | 154 Characteristics |
| f)YEARS OF DRIVING | PLOYEE OF THE INSURED'S COM | PANY? (YES / ND) |
| 4. WAS DRIVER AN EN | IP OF THE DRIVER WITH INSURE | D: OMU |
| IF NO, KELATIONSE | ON CEAR / RAINING / OTHERS | |
| 5. GIWEATHER CONDITI | ON: (CLEAR / RAINING / OTHERS_ | * 1 |
| b)ROAD SURFACE: (E | SED (VES / NO.) | |
| 6. WAS ANYBODY INJUR | | |
| 7. a)REPORTED TO POLIC | WHICH POLICE STATION: | 34 |
| | | |
| 8. THIRD PARTY VEHICLE | (H) h h / k | |
| to of passenger of VEHICLE NUMBER | WODE | |
| Induding driver) b) DRIVER'S NAME: | ORT: CONT | ACT: |
| () c) 'NRIC/FIN/PASSPO | DKI:CONIA | 101 |
| a management remote | LIOPE | |
| to of passenger of DRIVER'S NAME. | MODEL | |
| and the date of Diller Charles | | |
| nduding driver) 1) NRIC/FIN/PASSPO | RT:CONTA | ACT:: |

email =

DENTITY CARD NO. \$9109249B FUBLIC OF SINGAPORE

KEN HO RUI HENG

何 雅 CHINESE

Date of Brith 21-03-1991

SINGAPORE

SA 5323 SLU brop

CNS \$9109249B

Date of leave 08-04-2006

APT BLK 141 SIMEI STREET 2 #04-72 SINGAPORE 520141

Licence Number: \$9109249B

Name:

KEN HO RUI HENG

Birth Date: 21 Mar 1991

Issue Date: 22 Mar 2018

002785574C

REPUBLIC OF SINGAPORE

JUNEAU BUILD BURNING

YOU ARE LICENISED TO D

05 Dec 2009

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

Class 3

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NP 428A

| eBao Tech | | | | | | | | | | Genera | lClaim |
|------------------------|----------|----------------|-----------------------|----------------------|----------------------|--------------------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601 | | | | | | • Change | Languag | e • Chan | ge Password | + Log Out |
| My Desktop | Poli | cy Query | | | | | | | | | 7.6 |
| Notice of Loss | Policy N | io. | | | | Date | of Accident | | 25/09/2018 | 18:50 | |
| | Vehicle | No.(For Motor) | SLA532 | SLA532) | | Certificate Number | | | | | |
| | | | | | 1 | Search | | | | | |
| | Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | 0 | 5101716540 | | KEN HO RUI HENG | S9109249B | GPC | drivo CLASSIC | SLA532 | SLA5323 | 26/06/2018 | 25/06/2019 |
| | | | | | | Continue | I | | | | |

| Marchan Marc | Claim Handling | | | | | • E |
|---|-----------------------------------|--|---|----------------------------------|--|--|
| Marriad Michael Mich | Accident MT/1013506 | | | | | |
| Minimary | PORCY No. | 5101718540 | Vehicle No. | SLA\$321 | GST Registration No. | |
| MINISTED MINISTED MINISTED COMPTIVE C | ertificate No. | | | | | |
| March Mar | okcyholder Name | KEN HO RUI HENG | | | Policyholder NR3C | 591092498 |
| Square S | roduct Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading | 0 |
| No. | ontact No.(Mobile) | NA | Contact No.(Office) | | Contact No. (Home) | |
| Marie Mari | mail Address | | Special Remark | | eCode | - V |
| Modern | rk . | No ○ Yes | TCA | No ○ Yes | eCode Reason | |
| March Marc | | No | NCD Entitlement(%) | 0 | Private Hire | Not available |
| The content of the | | | | | | |
| Control Cont | sport Date | 28/09/2018 16:55 | Accident Report Within 24 hrs | Yes | Accident Type | Others |
| Control Control Contro | Nate of Accident | 25/09/2018 | Time of Accident hh:mm | 18:50 | Country of Accident | Singapore |
| ## Marchang Marchang | eporting Centre | | Orange Force | | ICM No. | |
| Material Print 100 | ccident Location | CIRCULAR ROAD PARKING LOT 11 | | | | |
| Marcia | | | | | | |
| | Own damage Excess | 500.00 | Additional Excess | D | Windscreen Excess | 100.00 |
| ## SET Requirement No. GST Anguiration Dispose Target Targ | innamed Driver Excess | 0.00 | Outside Singapore OD Excess | 600.00 | | |
| Set Repairment No. | hird Party Excess | 0.00 | Outside Singapore TP Excess | 0.00 | | |
| The purpose of the | ⇒ Benefits | | | | | |
| 100 | □ GST Registered Information | ation | | | | |
| ## Public Nation Material ## Public Nation Author ## Public Nation Author ## Public Nation Author ## Public Nation ## Public | ST Registered | No | | | | |
| ## PAISCHANDER MAINING ADDRESS BUX 141 #36-172 Address 2 SINES STREET 3 ADDRESS SONGARDE SOL641 ## Address 1 | ST Registration No. | | | GST Status Venfied | Yes | |
| Marie Mari | nonfication History | | | | | |
| Marie Mari | IR Policyholder Haller 1 | Mean | | | | |
| Address Type | | | 22222 | | TANK TO A STATE OF THE STATE OF | |
| Measure Meas | | BLR 141 #04-72 | | | | |
| ## California Taylor | | (1) SERIES | | | Post Code | 520141 |
| Direct Page Direct Name Direct Page Direct Name | | 04-72 | Related Policy Number | 5101716540 | | |
| Driver DOB | | | 2 - 2 - 2 | | | |
| Driver Age Contact No. (Chinese) Chinese No. Chinese N | | | | | 12999222 | |
| Contact No. (Notice) | | | | | | |
| Address 1 | | | 11 4 7 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | |
| Address Type Fareign address Post Code Address Type Fareign address Post Code Address Type On-Net No. Onliver Vehicle No. Onliver No. Onliver Vehicle No | | | | | | |
| Driver Venicle No. Driver Venicle No. Driver Venicle No. Driver Insurer Company Sudification relationsy Claim 602 Nex Sum Type * OO-MK | | | | | | |
| Claim 002 Next Claim 002 Next Claim 003 Next Claim 003 Next Claim 004 Spisolate Corract No.(Mobile) Spisolate Corract No.(Orrice) The Vericle Number Name of Preferred Workshop Spisolate Spire | | | Address Type | Foreign address | Post Code | |
| Claim 002 New | | C1080A-0-409-11 | | | | |
| Claim 602 New Insured Name KEN HO RUE HENG Insured NATIC \$81,002498 Corract No. (Mobile) 91,5051.61 Corract No. (Horne) Corract No. (Horne) Corract No. (Hobite) 91,5051.61 Corract No. (Horne) Corract No. (Horne) Corract No. (Horne) The Venice Number The Venice Number Corract No. (Office) Corract No | Registered car? | Yes (a) No | Driver Vehicle No. | | Driver Insurer Company | |
| Claim 602 New Insured Name KEN HO RUE HENG Insured NATIC \$81,002498 Corract No. (Mobile) 91,5051.61 Corract No. (Horne) Corract No. (Horne) Corract No. (Hobite) 91,5051.61 Corract No. (Horne) Corract No. (Horne) Corract No. (Horne) The Venice Number The Venice Number Corract No. (Office) Corract No | | | | | | |
| Claim Type * OD-MX | Hodification History | | | | | |
| Claim Type * OD-MX | Claim 002 Name | | | | | |
| Corract No. (Hobie) 91506161 Corract No. (Home) SLA5323 TP Vehicle Number Demand Name * Press Select V Type of Benefit * Please Select V Dammart Name * Press Select V Type of Benefit * Please Select V Dammart Name * Press Select V Type of Benefit * Please Select V Dammart Name * Press Select V Type of Benefit * Please Select V Dammart Name * Press Select V Type of Benefit * Please Select V Dammart Name * Press Select V Type of Benefit * Please Select V Dammart Name * Press Select V Type of Benefit * Please Select V Type Select V Type of Benefit * Please Select V Type Select Typ | CHARLES THE REAL PROPERTY. | | | | | |
| Corract No. (Hobie) 91506161 Corract No. (Home) SLA5323 TP Vehicle Number Demand Name * Press Select V Type of Benefit * Please Select V Dammart Name * Press Select V Type of Benefit * Please Select V Dammart Name * Press Select V Type of Benefit * Please Select V Dammart Name * Press Select V Type of Benefit * Please Select V Dammart Name * Press Select V Type of Benefit * Please Select V Dammart Name * Press Select V Type of Benefit * Please Select V Dammart Name * Press Select V Type of Benefit * Please Select V Type Select V Type of Benefit * Please Select V Type Select Typ | | | | | 1990-1-11-1000 | |
| Table Address AH_HENGSSSHOTMALL.COM Of Vehicle Number SLASS23 The Vehicle Number Please Select Very period Benefit * Very period Benefi | Jaim Type * | 00-MX | Insured Name | KEN HO RUE HENG | Insured NRJC | S9109249B |
| Damant Type Claiment Type Pease Select | Contact No.(Mobile) | | | | Contact No.(Office) | |
| Claimant Name * | Imail Address | AH_HENGBS@HOTMAIL.COM | Of Vehicle Number | SLA5323 | TP Vehicle Number | |
| Dam Description SLAS 223 ON 25 Sept 2018 Insured Liability * Not at Fault Insured Liability * Not at Faul | Jaimant Type Claimant Type • | Please Select | Type of Benefit * | Please Select | | |
| SLASS33 ON 25 Sept 2018 Insured Lability * Not at Fault Ves Preference Workshop Contact Require Finalisation Ves Preference Repair Option Date Registered OS/10/2018 14:53 Osim Close Date Save Submit Attachment Save Submit Attachment Save Submit Browse Description Path * Category * Confidential Urgency * Description * D | Daimant Name * | >> | Claimant NR3C * | | | |
| Insured Liability * Not at Fault Preferred Workshop, Name unknown GIA report Received Market Require Preferred Repair Option Preferred Workshop, Name unknown GIA report Received Market Require Preferred Repair Option Preferred Workshop, Name unknown GIA report Received Market Received Marke | Daiment Address | | | | | |
| Attachment Attachment Attachment Date Received Preferred Repair Option Preferred Workshop, Name unknown Date Received D | Dam Description | SLAS323 ON 25 Sept 2018 | | | Name of Preferred Workshop | |
| Preferred Repair Option Preferred Workshop, Name unknown V GSA report Received V GSA rep | Preferred Workshop Contact No. | | Insured Liability * | Not at Fault | | |
| OS/10/2018 14:53 | Require Finalisation | Yes | Preferered Repair Option | Preferred Workshop, Name unknown | GIA report | Received |
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| MT/101596 Claim No. DD2 | Attachment | | | | | |
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