Date In: 27/10/18-11:40				
	Job description	Date &Time Completed	Don	e pi
Res No: NA INCITO 19200/14	SAS e-filing			
Veh No: JF 6703 42	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 20/10/18-18:30	i-Motor Claim Form	M71016675-001	22/12/18	19 158
Sections and in the second section in the section	i-Motor W/O (Within: OD 2h			
OD TP Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			groon names
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tol: F	fax:	
TP Particulars: Veh No: (r	MA GIVE . INC ()/Non-INC()	4	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	100%]	1
Year of Registration: ()	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		Welst Color of the	
General Remarks:		Guld California and an analysis of the	20%	
() Walk-In Customer: Customer's in	nformation strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Inst		<u> </u>		
Drive-In ()/Towed-In (); Invo	pice: YES() / NO(); T	owing Co: ()
Remarks: (INC hotline: 6788 6616))	Date&Time Completed	Done	by
1) Apply for Transport Allowance ()	/ Courtesy Car ()		80-37+1 A	
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost>	()			
5) Spidal resultey I hold (repair cost)	33000) ()			
Injury:				
				7. 16 10
Date/Time / Actions		r i e a e e e e e e e e e e e e e e e e e		- 1- F
		e it sat	rank popular	- S - 11. P.
Date/Time / Actions				- 1. F.
Date/Time / Actions				- 1 - 1 - p.
Date/Time / Actions				
Date/Time / Actions				3
Date/Time Actions	Inveice Pre	paration Checklist.	An((5))	
Pate/Time Actions		paration Ghecklist	Ant(S)	
Date/Time Actions	Invoice Pre 1) AR: Accident 2) DA: Darrage	Reporting (\$30); Assessment (\$100); INC (\$8	fú.Bijl (0)	
Date/Time Actions Actions Actions	1) AR : Accident 2) DA : Darrage 3) TF : Towing F	Reporting (\$30); Assessment (\$100); INC (\$8	(4) Bill (0) (/\$45	
Pate/Time Actions Actions Actions Actions Figure 1 Actions Fiver/Owner:	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T	Reporting (\$30); Assessment (\$100); INC (\$8	fú.Bijl (0)	- C. C. C. C.
Date/Time Actions Actions Lamant's Particulars:	1) AR : Accident 2) DA : Darnage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a	Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	16 Bill (10) (1/545 5120 530)	42 1 1 1 1 1 1 1 1 1 1
Date/Time Actions Actions Actions	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec	Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	16 Bill (10) (17545 S120 S30) \$75	- C. C. C. C.
Date/Time Actions Actions August Inimant's Particulars:- river/Owner:	1) AR: Accident 2) DA: Darrage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec 7) N1: Idac DA	Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 ction + SMRT Survey	16 Bill (10) (1/545 5120 530)	- C. C. C. C.
Date/Time Actions Algocyt Laimant's Particulars: river/Owner: ontact No: amaged Portion:	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idae DA 3 8) NTUC Addition	Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 tion + SMRT Survey onal Services:-	16 Bill (10) (1745 120 130	- 1 - Carlo
Date/Time Actions Actions August Inimant's Particulars:- river/Owner:	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idac DA 3 8) NTUC Addition OD* *N5: Courtesy	Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 tion + SMRT Survey onal Services:-	16 Bill (10) (1745 S120 S30) \$75 S160 S5	4.0
Date/Time Actions Actions August Inimant's Particulars: iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idae DA 3 8) NTUC Addition OD.* *N5: Courtesy *N6: Repair C *N7: Post Rep.	Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 stion + SMRT Survey onal Services:- Cer / Tpt Allowanue o-ordination air Inspection	16 Bill (10) (1745 120	Amu(\$)
Date/Time Actions Laimant's Particulars: river/Owner: ontact No: maged Portion: Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idac DA 3 8) NTUC Addition OD.* *N5: Courtesy *N6: Repair C *N7: Post Rep. *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 bition + SMRT Survey onal Services:- Cer / Tpt Allowanue o-ordination air Inspection lect Excess Coordination	16 Bill 100 10	4.00
Date/Time Actions Actions August Inimant's Particulars: iver/Owner: Intact No: Imaged Portion: Checked by (Engr-In-Charge):	1) AR : Accident 2) DA : Darrage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a 6) TR : Re-inspec 7) N1 : Idac DA 3 8) NTUC Addition OD.* *N5: Courtesy *N6: Repair C *N7: Post Rep. *N8: DV / Col	Reporting (\$30); Assessment (\$100); INC (\$8 fee \$40 hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005 bition + SMRT Survey onal Services:- Cer / Tpt Allowanue co-ordination air Inspection lect Excess Coordination (Non INC) against INC	18 Bill	4.0

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.
- 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.
- 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 aforesaid.

atoresaid,	
Control of the Control of the Control	ACCIDENT STATEMENT
Date Of Report	22/10/2018 11:40
Date Of Accident	20/10/2018 15:30
Exact Location Of Accident	CALTEX TAMPINES
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFG7034Z
Insured/Policyholder	
Name Of Registered Owner	ONG SIN ANN
NRIC No	S7533226B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97484870

OFFICE-97484870

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA

Model ISIS 1.8LX A

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

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 5104724679

Cover Note Number

Driver

Name of Driver ONG SIN ANN (WANG SHENG'AN)

 NRIC No
 \$7533226B

 Date Of Birth
 01/11/1975

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/11/1997

Driving Experience 20 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97484870

Fax Number

Contact Number OFFICE-97484870

EMail Address NOEMAIL

BLK 759 PASIR RIS STREET 71 Address

#16-184

510759

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-

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

Other Information

Postcode

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY INSIDE CALTEX PETROL KIOSK AS PUMP PETROL. SUDDENLY VEHICLE B COMING IN FROM MAJOR RD ONTO CALTEX PETROL KIOSK AND SQUEEZE THROUGH THE DRIVEWAY, AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMA6745K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN CHEE LEONG

NRIC/Passport Number S1734229J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 24

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 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

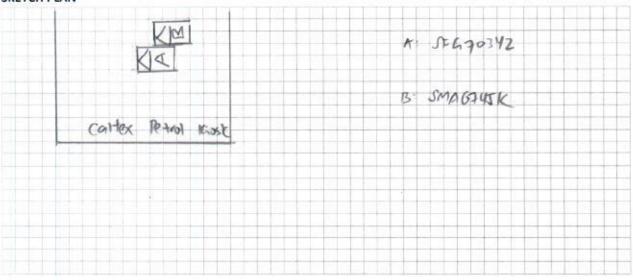
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	state mant.		
		- NO		
			<u></u>	

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.:

GIANME SKITCHFlunkorm, V3





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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

25 Nov 1997

NP 428A

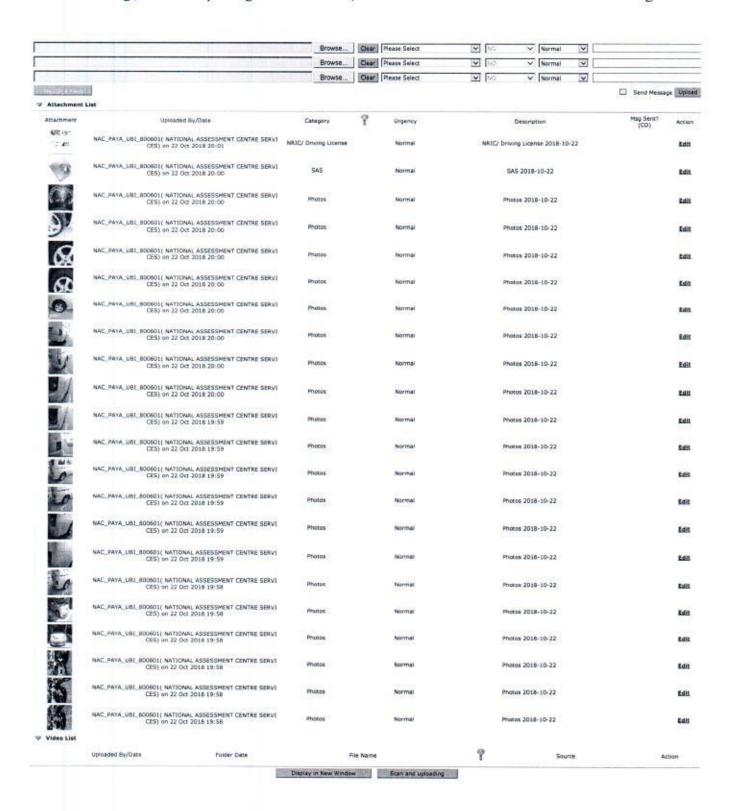




esaveno mesarrino assonmo estar-no o	BaoTech				社会经验					Genera	lClaim
Hello, NAC_PAYA_UBI_800601							• Change	e Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									,
Notice of Loss	Policy N	ło.				Date	of Accident		20/10/2018	15:30	
	Vehicle	No.(For Motor)	SFG70	342	No.	Certi	ficate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104724679		ONG SIN ANN	S7533226B	GPC	drivo CLASSIC	SFG7034Z	SFG7034Z	20/10/2018	19/10/2019

Policy No.	5104724679	Policyholi Name	der ONG SIN A	ANN	Policyholder NRIC	S7533226B	
Certificate No.							
Address	BLK 507 #06-347 BE	DOK NORTH AVENUE	3 SINGAPORE	460507			
Product Name	PRIVATE CAR INSUR	ANCE Plan			Group Policy Flag	N	
Policy issue Date	19/10/2018	Effective Date	20/10/201	8 00:00	Expiry Date	19/10/2019 2	3:59
Excess Type		All Claims Excess	\$				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	1331.39				
Outside Singapore OD Excess	2000	Outside Singapor TP Excess				Young	/Inexperience Driver Excess
Agent	INSURE LINK PTE LT	D Agent Te	1. 64444644		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Policy Info Certificate							
Policy Info Certificate Info	holder Mailing Addro	ess					
Policy Info Certificate Info	holder Mailing Addre BLK 759 #16	GAZOV III OZ	ddress 2	PASIR RIS STREE	T 71	Address 3	SINGAPORE 510759
Policy Info Certificate Info Policy Address 1	matricines artimos	-184 Ac	ddress 2 ddress Type	PASIR RIS STREE Singapore addres	100000000000000000000000000000000000000	Address 3 Post Code	SINGAPORE 510759 510759
Policy Info Certificate Info Policy	matricines artimos	-184 Ac			100000000000000000000000000000000000000	CALCOLOUP OF	
Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 759 #16	-184 Ac	ddress Type	Singapore addres	100000000000000000000000000000000000000	CALCOLOUP OF	
Policy Info Certificate Info Policy Address 1 Address 4 Unit No.	BLK 759 #16 16-184 ed Object: SFG70342	-184 Ac	ddress Type	Singapore addres	100000000000000000000000000000000000000	CALCOLOUP OF	

Claim Handling The premium on this policy has	not been collected				- Ext
Accident MT/1016675					
Policy No.	5104724679	Vehicle No.	SFG7034Z	GST Registration No.	
Certificate No.	1232300000				
Policyholder Name	ONG SIN ANN	1928-022500	Chifropham a busis	Policyhalder NR3C	67533226B
Product Code Contact No.(Mobile)	PRIVATE CAR INSURANCE 97484870	Cover Type	drive CLASSIC	Loading	0
Email Address	9/4040/0	Contact No. (Office) Special Remark	.0	Contact No. (Home)	0
KFK	® No ○Yes	TCA TCA	® No ○Yes	eCode	No. V
NCD Protection	Yes	NCD Entitlement(%)	50 No. () No.	eCode Reason Private Hire	122
⇒ Accident Details	100	were engineerity (ve)	50	Private Pare	No
Report Date	22/10/2018 19:56	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	20/10/2018	Time of Accident hh:mm	15:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Acodem Location	CALTEX TAMPINES				
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
⇒ Benefita					
♥ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No. Modification History			GST Status Verified	Yes	
10017535555556					S. S
▼ Policyholder Mailing Ac	ldress				
Address 1	BUK 759 #16-184	Address 2	PASIR RIS STREET 71	Address 3	SINGAPORE 510759
Address 4		Address Type	Singapore address	Post Code	510759
Unit No.	16-184	Related Policy Number	5104724679		
♥ OI Driver Info					
Unnamed driver Name	ONG SIN ANN	Oriver Type	Main Driver	(2078058)	
Register Date of Driver License	25/11/1997	Oriver NR3C	575332268	Driver DOB	01/11/1975
Contact No (Mobile)	97484870	Driver Age	42	Driving Experience	20
Address 1	BLK 759	Contact No.(Office) Address 2	0 PASIR RIS STREET 71	Contact No.(Home)	0
Address 4		Address Type	Singapore address	Address 3 Post Code	SINGAPORE 510759
Unit No:	16-184	Transfer of Page	anigapore auta ess	Post Cool	510759
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?		5770,3370,550		prive trister Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Modification History					1
Record All to be					8
Claim 001 New					
Claim Type *	OD-MX	Insured Name	ONG SIN ANN	Insured NRIC	\$75332268
Contact No.(Mobile)		Contact No.(Home)	64567230	Contact No. (Office)	64472555
Email Address		Ol Vehicle Number	SFG7034Z	TP Vehicle Number	SMA6745K
Claimant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		
Claimant Name * .	22	Cleimant NR3C *		3	
Craimant Address					<u> </u>
Claim Description Preferred Workshop Contact	SFG7034Z / SMA6745K ON 20 Oct 2018	CARRELINGUAN		Name of Preferred Workshop	
No.		Insured Liability *	Not at Fault		
Require Finalisation	7331033018 19:50	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered Report Taken By	22/10/2018 19:58	Claim Close Date		Date Received	22/10/2018 00:00
	Jeckson				
☑ Print AK letter					
			Save Submit		
Attachment					
9					
	MTHATECHE	1212191	22/5		
Accident No. Last Doc. Received	MT/1016675	Claim No.	001		
THE PART METERS .	® yes □ No	Upload Date	22/10/2018 20:01	O deligation of a control	CANADA DA
	Path •	Parameter	Category *	Confidential Urgen	
		Browse.		NO V Normal	V
		browse.	The steet of	Normal	<u>v</u>



https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do