Date in 26 W 76	NATIONAL Assessment Cent	tre Services	rel i Janiosi .	GALA CASH	40012	· ·	-
Ref No. NBA MUCRO 1974 V Ven No. 3. P. 5496 L Do A 2016 2018 27 15 I-Motor Cistar Form M (0779 200 30 10 00 00 17 17 8 Reporting Only 1-Motor Cistar Form M (0779 200 30 10 00 00 17 18 8 Reporting Only 1-Motor Cistar Form M (0779 200 30 10 00 00 17 18 8 Reporting Only 1-Motor Willows 20 2014, 7° share) Preferred Wissp / INC Assign Wilep / OW! (Tel: 1-Motor Wilep / INC Assign Wilep / OW! (Tel: 1-Motor Wilep / INC Assign Wilep / OW! (Tel: 1-Motor Wilep / INC Assign Wilep / OW! (Tel: 1-Motor Milep / INC (Policy No: (Policy No: (Policy No: (Policy No: (Period (Policy No: (Period (Policy No: (Policy N	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11 133 103) , F	Date &Time C	Completed	Done	by
Veh No		1					
DO A SOLVE COLOR I-Motor Claim Form M CT COLOR OD IP Reporting Only I-Motor Wo (winhs: OD 2nt, Tr 4hr) I-Photor Uploaded I-Motor W/O (winhs: OD 2nt, Tr 4hr) I-Photor Uploaded Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Assessment/Survey Report Tel: Post: Tr 2hr Proformed Wikep / INC Assign Wikep / QW: (Tel: Pax/ Hand to Owner/Wikip Proformed Wikep / INC Assign Wikep / QW: (Tel: Pax/ Hand to Owner/Wikip Proformed by : (Tel:) Post: Tel:) Policy No: () Period: () Cover Type: () Confirmed by : (Date: Time:) Insured/Driver Liability: () Warranty: YES () / NO () Excess: (S) Loading: \$1,000 () / 73,000 () General Registration: () Warranty: YES () / NO () Excess: (S) Loading: \$1,000 () / 73,000 () General Registration: () / Towed-in (); Invoice: YES () / NO (); Towing Co: () Order of the Color of the	1001000111111		- A(C3)-41				
I-Motor W/O (withis: OD 2ton, TP 4ton) I-Photo Uploaded I-Photo	241 1/2/2			MI vol77	AL-OWN	2010	hold
I-Photo Uploaded Assessment Survey Report Assessment Survey Proceed Assessment Survey Survey Survey Proceed Assessment Survey Proceed Assessment Survey Proceed Assessment Survey Sur	00 × 30 (10) 700 01/13	1(0)379435576591(0)		Phillolli	11.607	2010	100
Assessment/Survey Report Ass't Report by Fax/Hand to Owner/Wiking Fax: Proferred Wksp / INC Assign Wksp / OW: (OD / TP & Reporting Only			(TP 4hrs)		10.4	2
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fex: TP Particularys: Veh No: SeV 2772 Z. INC () / Non-INC () . Owner / Driver (Tel:) . Policy No: () Period: () Cover Type: () . Confirmed by: (Date: Time:) . Insured/Driver Liability: (%) [Note-Bst Status (WO): N: 0-20%; P: 21-79% P: 80-100%] Year of Registration: () Warranty: YES () / NO () . Excess (S) Loading: \$1,000 () /\$2,000 () . Gentle Alfeith Pks. () Walk-in Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-in () / Towed-in (); Invoice: YES () / NO () ; Towing Co: () . 2) QC Check / Post Repair Inspection () . 3) Upload Resurvey Photo [Repair Cost > \$3000] () . Injury: . Difference Actions Actio							
Profession Wesp / INC Assign Wesp / QW: (TP Insurer:			<u> </u>			
TP Particulars: Veli Not: SFV 3112 INC () / Non-INC () Owner / Driver: () Period: () Cover Type: () Policy Not. () Period: () Cover Type: () Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: () Warranty: YES () / NO () Excess: (S) Loading: \$1,000 () / \$2,000 () Settleval Aleithapts: () Walk-In Customer: Customer's information strictly Confidential & Strictly No reser of repairer. () Youth Loss Case: (to e-mail Insurer URGENTLY.) Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () Olive-In () / Towed-In (); Invoice: YES (Ass't Report by	Fax/Handt	Owner/Wksp			
Owner / Driver: (Tel:) Policy No: () Period: () Cover Type: () Confirmed by: (Date: Time:) Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: () Warranty: YES () / NO () Excess: (S) Loading: \$1,000 () / \$2,000 () General Reinards: () Warranty: YES () / NO () Excess: (S) Loading: \$1,000 () / \$2,000 () General Reinards: () Warranty: YES () / NO () General Reinards: () Content of the result o				17,5430	Shear		
Policy No. Period. Period. Cover Type.		V31722.	, INC(().		
Confirmed by : (SERVICE AND AND ADDRESS OF THE PROPERTY OF THE		77	74170780			
Insured/Driver Liability: (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Reinants: () Walk-In Customer: Customer's Information sticity Confidential & Sticity NO refer of repairer. () Walk-In Customer: Customer's Information sticity Confidential & Sticity NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () () Walk-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: () () Apply for Transport Allowance () / Courtesy Car () () Apply for Transport Allowance () / Courtesy Car () () Upload Resurvey Photo [Repair Cost > \$3000] () () Injury: () Injury: () Trillow Transport Missing Provided Resurvey Provided Res	1137/33/00/05/00/05	eriod: ()				100
Year of Registration: () Warranty: YES ()/NO () Excess: (\$) Loading: \$1,000 ()/\$2,000 () Seneral Reinary (**) () Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/Towed-In (); Invoice: YES ()/NO (); Towing Co: () () Apply for Transport Allowance ()/Courtesy Car () 2) QC Check/Post Repair Inspection () 2) Upload Resurvey Photo [Repair Cost> \$3000] () Injury: Action)	
Excess: (\$) Loading: \$1,000 () / \$2,000 () Sententh Reliability: (**) (**) Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of repairer. (**) Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-in (); Invoice: YES () / NO (); Towing Co: () (**) Apply for Transport Allowance () / Courtesy Car () (**) Apply for Transport Allowance () / Courtesy Car () (**) QC Check / Post Repair Inspection () (**) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: ***Actions** Actions** Actions** Actions** Actions** Actions** Actions** ***Actions**				%; P: 21-79%	P: 80-1009	/6]	
Walk-In Customer: Customer's Information sticity Confidential & Stricty NO refer of repairer. Total Loss Case : to e-mail Insurer URGENTLY. Drive-In ()/NO()			
Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. Total Loss Case : to e-mail Insurer URGENTLY.)				
Distriction	sencial itempokraziki si sa zizi ili ili ili ili ili ili ili ili il			462000000000000000000000000000000000000	17.12.	4 97	
Drive-In () Walk-In Customer : Customer's inf	formation strictly Confi	dential & Str	ictly NO refer o	repairer.	ESNIVESTI PESTI	
Apply for Transport Allowance ()/Courtesy Car () QC Check / Post Repair Inspection () Upload Resurvey Photo [Repair Cost > \$3000] () Injury:) Total Loss Case : to e-mail Insu	rer URGENTLY.		·	,	•	
Apply for Transjort Allowance () / Courtesy Car () December 1 December 2 December 3 Dec	Drive-In ()/Towed-In (): Invoice	ce: YES() / NO)();T	owing Co: (")
Apply for Transport Allowance () / Courtesy Car () December 1 December 1 December 2 Dec			no state of the state	maromassancom	र विकास सम्बद्ध	SP SHOT IN	C.
OgC Check / Post Repair Inspection	The state of the s	75。《中华战争和特别的		DITERTOTOR	tiple sar ver	trilitions.	by ·
Deposit Resurvey Photo [Repair Cost > \$9000] Deposit Resurvey Photo [Repair Cost > \$9000] Deposit Resurvey Photo [Repair Cost > \$9000] Deposit Resurvey Resur		Courtesy Car ()					W
Injury :						7 .	
Marticol Action Marticol) Upload Resurvey Photo [Repair Cost>\$	()	1		1.1		
Mar. Academi Reporting (310); Mar. M	Infury:			1, 1			
11 12 13 14 15 15 15 15 15 15 15		no kana ana ana ana ana ana ana	SEPTEMBER SERVICE	00000000000000000000000000000000000000	CANALANS)		M. M. P.
Involve Attended Comments Involve Addition In	ate time Actions	and the second second	(2001) 1898 (1975)	A CARL SALANDARY	WHEN SCHOOL	MED-KEAF.	-
Involve Attended Comments Involve Addition In				•			-
The content of the				-			
Involve Attended Comments Involve Addition In							
Involve Attended Comments Involve Addition In			Survivas Sparana	WASHING VIOLEN	PACT AND AND	595,76315	N'ABUX
1) AR : Accident Reporting (\$30);	V960 1027	. 3	nvoiceAff	aration Cliect	HEAD PARTY	WALL	And B
Ver/Owner: 3) TF: Towing Fee \$40/545 4) FT: Follow-Through Survey \$120 5) FT: Follow-Through Survey \$30 For elaiming against INC Only (well to lan 2005) For elaiming against INC Only (well to lan 2005) For elaiming against INC Only (well to lan 2005) For elaiming against INC Only (well to lan 2005) TR: Re-inspection \$75 The Re-inspection \$75 S) NTUC Additional Services:- Only	cold of Manager and American Street, and the prescription between the property of the property of the property of the property of the prescription	1	AR : Accident	Reporting (530);		Series Series Ale	
Ver/Owner: 4 FT : Follow-Through Survey \$120	POSSIBLITATION STATES AND STATES AND ADDRESS OF THE PARTY	2 A S S S S S S S S S S S S S S S S S S	DA : Damege .	Assessment (\$100);			
For claiming against ING Only (wef 10 Jan 2005)	voi/Owner:	14	FT : Follow-T	wough Survey		-	
Transpection Tran	ntact No:	, 3	Por claiming a	rough Survey (Read			
The chief Portion: 7) NI : Idea DA + SMRT Survey 5160) TR : Re-inspec	tion	2.12	-	
Checked by (Engr-In-Charge): *NS: Courtesy Cor / Tpt Allowance 35 *N6: Repair Co-ordination 510 *N7: Fost Repair Inspection 525 *N8: DV / Called Bacess Coordination 55 TP (N11): TP (N-in INC) against INC 520 *N1: Idea Mobile 50 *Invoice dated Fee Charged 55 *NO: Post Repair Inspection 525 *N8: DV / Called Bacess Coordination 55 *Tr (N11): TP (N-in INC) against INC 520 *NO: Post Repair Inspection 55 *N8: DV / Called Bacess Coordination 55 *N8: DV / Called Bacess Coordinat	maged Portion:	17	NI : Idao DA	SMRT Survey	\$160		
Checked by (Engr-In-Charge): *NS: Courtesy Cer / Tpt Allowance *N6: Repair Co-ordination *N7: Post Repair Inspection *N8: DV / Collect Excess Coordination TP (N11): TP (N:in INC) against INC *Post Charged Involve dated *Involve dated *The Charged *Involve dated *The Charged *The Char	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 3	On.				
difors Comments: N7: Post Repair Inspection 525 + N8: DV / Collect Excess Coordination 55 TP (N11): TP (N-in INC) against INC 520 9) N12: Idao Mobile 500 Livolos dated Fee Charged	Checked by (Engr-In-Charge):	running N	*NS: Courtery	Cor/Tpt Allowance			
1: +NS: DV / Collect Excess Coordination 33 TE (Nt1): TP (N:n INC) scainst INC 520 9) N12: Idao Mobile 30 Livolos dated Fee Charged	THE STATE OF THE S	Sales Table Control of the Control	*NJ: Post Rep	air Inspection	\$2	3	
1: 9) N12: Idao Mobile 30 2/3: lavolos dated Fee Charged lavolos dated	ditors Comments:	《西班通》	+NB: DV / Col	lect Excess Coordina			
2/3: Involve dated Fee Charged	1:		TP (NII): TP	(Kin INC) against I		0	
Ves Charges! Frescharges	2/3				Ce results and the con-		distribution of
Invoice dated	2/3:	19	nvoice dated		Fee Charged	CASHY	L

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 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.
- 5. 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

AT ANY DESCRIPTION OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	30/10/2018 15:51
Date Of Accident	30/10/2018 09:15
Exact Location Of Accident	ECP TOWARDS CITY (LAMPOST V3)
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP5596L
Insured/Policyholder	
Name Of Registered Owner	PANG'S MOTOR RENTAL PTE. LTD.
Co Reg No	201608109H
Email Address	ACE,ONGYC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94363550
Alternative Phone No	OFFICE-94363550
Vehicle Particulars	
Manufacturer	BMW
Model	5201
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101601339
Cover Note Number	
Driver	
Name of Driver	ONG YI CHER (WANG YIZHI)

Name of Driver	ONG YI CHER (WANG YIZHI)
----------------	--------------------------

NRIC No S8015711H Date Of Birth 03/06/1980 Occupation OUTDOOR Date Of Driving Pass 10/09/2005

Driving Experience 13 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94363550

Fax Number

Contact Number OTHERS-94363550

EMail Address ACE,ONGYC@GMAIL.COM

BLK 460 SEGAR ROAD Address

#12-193

Postcode 670460

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFV3772Z

Vehicle Make/Model/Colour

PEUGEOT

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ROMEL GERARD PAPALI

NRIC/Passport Number

S2658351I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMG97E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

VOLKSWAGEN

PRIVATE CAR

ONG PHUT CHAI EUGENE

S6831944G

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 truthful and accurate as possible. 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.
- 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.

REAL PROPERTY AND ADDRESS OF THE PARTY AND ADD

Driver's Signature

(If driver is not the poljcyholder)

Date & Time:

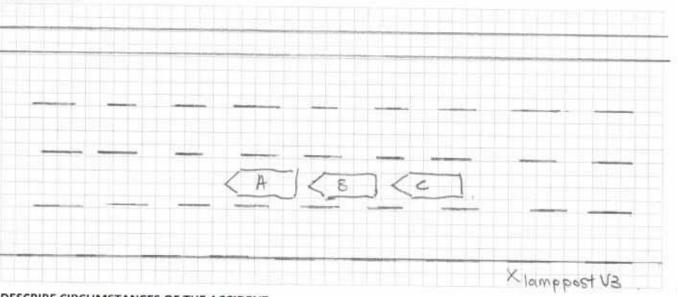
30 16 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Policyholder's Signature Date & Time: ECP direction City Before Fort Rd TE H LANEY LANES



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving vehicle C.	
Vehicle C SJP 5596L. I am driving vehicle C. Emergency braking observed from Vehicle A Vehicle B stop in time. Vehicle C collided into Vehicle B. Vehicle B then collided	Vehicle A: SMG97E
Land driving vehicle C. Emergency braking observed from Vehicle A. Vehicle B stop in time. Vehicle C. collided into Vehicle B. Vehicle B then collided	Vehide B. SFV 3772Z.
Emergency braking observed from Vehicle A. Vehicle B stop in time. Vehicle C collided into Vehicle B. Vehicle B then collided	Velicle C - SJP 5596 L.
Emergency braking observed from Vehicle A. Vehicle B stop in time. Vehicle C collided into Vehicle B. Vehicle B then collided	
Emergency braking observed from Vehicle A. Vehicle B stop in time. Vehicle C collided into Vehicle B. Vehicle B then collided into Vehicle A.	I am driving rehicle C.
time. Véhicle C collided into Véhicle B. Véhicle B then collided into Véhicle A.	Emergency braking observed from vehicle A Vehicle B stop in
IND VENICLE PI	time. Vehicle C collided into Vehicle B. Vehicle B then collider
	IND VENICLE M.

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the golicyholder) Date & Time: 36 16 200 30/10/2018

Beporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Atcident MT/1017781							
Pokey Ne:	2101901339	Vehicle No.	53935964		CORP.		
Certificate No.			20000		GET Registration No.		
Policyholder Natne	PANG'S MOTOR RENTAL PTE, LTD.				54020100-00400-		
Product Code	PRIVATE CAN INSURANCE	Cover Type	Third Party		Policyholder NRJC	20160810a+	
Cirriact Nu.(Mobile)	MA.	Contact No.(Office)	100775 100000		Loading	0	
Email Address		Special Remark			Cantact No.(Hume)	personal	
KPK	« No Yes	TICA	- No. No.		#Code	No. v	
NCO Protection	Ne	ACD Entitlement(%)	- No Yes		eCode Feason		
 Accident Details 		7400,04000410014[46]	0		Private viva	Not everlable	
Report Date	30/10/2018 15 53	And the second					
Date of Accident	EG/10/2016	Accident Report Within 24 hrs	Yes		Acodem Type	Chain Calleion	
Reporting Centre	24710/2016	Tang of Accident nin:mm	09:10		Country of Accident	Singapore	
Armdert Location		Orange Farce			ICM No.		
♥ Excess	BOF THWARDS MILE AFTER TANIONS NATUNG	FLYDVER					
Own camage Excess	V-23	Land words are used					
Unnamed Driver Excess	0.66	Additional Extres	.0		Windscreen Excess	0.00	
Third Party Excess	1103039	Outside Singaporé OD Excess		0.00			
V Benefits	1.500.00	Outside Singapore TF Excess		1,500.00			
- Clark B. C. C. Colon and C.							
□ GST Registered Informal	2000						
GST Registared GST Registration No.	No			tration Clate			
Hadification History			GST Status	verified.	Yes		
TOURIST THAT IS							
Policyholder Halling Add	ress						
Address (31 #01-34 WEST COAST HIGHW	Address 2	SINGAPORE 11795	4	Address 3		
Adoress 4		Address Type	Singapore address		Pust Code	247000	
Unit No.	R1+34	Seleteit Policy Number	5104142597		-100	117064	
₩ DI Driver Info		- Se summerira ive/lette	- CALLETT				
Oriver Name		Oriver Type					
Junamed Griver Name		Orbor NRIC			Driver DOS		
Register Data of Driver Dicense		Oriver Age			Driving Experience		
Contact No. (Mobile)		Contact No. (Office)			Contact No.(Home)		
Address 3		Address 2			Address 3		
Address 4		Address Type	Yureign eddress.		Post Code		
Unit No.			10.1969/11-11755		Fore Code		
Does he own a Singapore Repotened car?	Yes a No.	Driver Vehicle No.			Drives Insurer Company		
Claim Type *				ОО-ИХ	Drawing FANC'S MOTOR RE	NTAL PTE. LT Insured	20160
Centact No. (Wobbe)				Part Control of the C	Contact	Contact	50160
				MIL	No. (Home)	No. (Office)	
muit Address.					(01	TP.	To a
					Nymber SJP5596L	Vehicle	SFV27
Jam Destrution				\$375596L / \$7V3777Z (74 30 Oct. 2018	Name of Proferred	
Preferred Workshop	Insured Liability Fully at Fault	•			17 616 FCF 13435GF	Wiitkship	
Secure No. Yes	* Repair Preferred Workshop, Nor	ne unknown . GIA Received		į.			
Nate Registered	Dotton	CALL THE COLUMN TWO COLUMN		3W10/2018 16:21	Claim	Date	30/10
Report Taken By				The second	Date	Received	1000
age of the second of the secon				ROSLI WAHAE			
of third AX letter							
			Seem Submit				-
Attachment							
Character and A							
Ψ							
existent No.	MT/1017791	Claim No.:	(0	0.0			
ait Disc. Received	* Ves © No	Upload Date		0/10/2018.16:28			
	Peth •		-	Category *	Tellimon and a control	200 200	1200
Choose File No file chosen			Dear	Please Select	The second secon	mcy *	Desc
Choose File No file chosen			Transport I	Please Select			
Choose File No file chosen					* NO * Norms		
Choose File No file chosen				Please Select	* NO * Norma		
Choose File No file chosen			100000000000000000000000000000000000000	Mease Select	* NO * Normal		
Choose File No file chosen			Section 1	Please Select	Y NO Y Morme		
			Clear	Please Select	* No * Normal		
Message Rend							
♥ Attachment List							
Attachment	Uploaded By/Date	Category	- ?	Urgency	Description		M
NAC_SUR	T_MERAIE_B00576(NATIONAL ASSESSMENT CEN S (BUKIT MERAH)) on 20 Dct 2018 16 28	THE SERVICE Photos		Nurmal	Photos 2018-10-30		

Uploaded By/Date Folder Date File Name Ŷ Source Digitary in New Window Scan and uplooting

SAS

Normal

Normal

NRIC/ Driving License 2018-10-38

SAS 2018-10-30

NAC_BURIT_MERAH_800674(NATIONAL ASSESSMENT CENTRE SERVICE NRIC/ Driving License 5 (BURIT MERAH)) on 10 Oct 2018 15:21

NAC_BURIT_MERAH_BOOK?6(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 30 Oct 2018 16:21

663

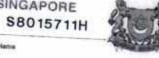
V Video List

ACCIDENT STATEMENT

ACCIDENT DATE: (30,10, 2018) (DD/MM/YYY), TIME: (09:15) (HH:MM)
LOCATION: ECP toward city (lamppost v3)
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: STP 5596L
DINSURANCE COMPANY: M'ILL
CIPOLICY NUMBER: 5101601339
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL: BMW 5001
F)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: RWATE WIRE
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
4. INSURED / POLICY HOLDER
ALMANET FRANCE MEDION HERE ON POLLINA
h) NIPIC /FIN /PASSBORY
c)ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
HILD OF PASSON GET DRIVER ALSO POLICY HOLDER
(1) bINRIC/FIN/PASSPORT: S8015711H CONTACT: 94363550
CIADDRESS: 460, Segar Road, #12-193, SE70513
0
"d) DATE OF BIRTH: (03/06/1980)(DD/MM/YYYY)
e OCCUPATION: (INDOOR TOUTDOOR)
f)YEARS OF DRIVING PACE
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HICE
5. a) WEATHER CONDITION: ICLEAR / RAINING / OTHERS
D)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:
8 THIRD PARTY VEHICLE
HAO of passenger of VEHICLE NUMBER: SFV 37722 MODEL: PEULMOT
(Including driver) b) DRIVER'S NAME: KOMAL GREECARD PAPALI
C) NRIC/FIN/PASSPORT: SOCKET CONTACT:
1HIRD PARTY VEHICLE
No of passenger of VEHICLE NUMBER: SMG 97E MODEL: WE VOLKE WHICHALL
(Inducting driver) 1) NRIC/FIN/PASSPORT: Shis1944 G CONTACT:
CONTACT:

email = ace ongyc @gmail.com VIDED

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8015711H





ONG YI CHER (WANG YIZHI)

Ŧ.

CHINESE Date of birth

03-06-1980 M Country of birth SINGAPORE



4596181





S8015711H

05-07-2010

APT BLK 480 SEGAR ROAD #12-193 SINGAPORE 670460

NRIC No: 58015711H

Date: 21/03/2015

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

BASS DATE

Motor cars < 3000 kg with </ 7 passengers, exclusive of the driver; and motor tractors /vehicles << 2500 kg Class 3

10 Sep 2005



6									alClaim
					• Change	e Languag	e • Chan	ige Password	· Log Ou
olicy Query									3-207/33
y No.				Date	of Accident		30/10/2018	12:06	1
cle No.(For Motor)	SJP559	96L		Certif	licate Number				
			1	Search					
ct. Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
5101601339		PANG'S MOTOR RENTAL PTE. LTD.	201608109H	GPC	Third Party	SJP5596L	SJP5596L	20/06/2018	26/03/2019
ti		cy No. SJP559 ect Policy No. Certificate Number	ect Policy No. Certificate Policyholder Number Name PANG'S MOTOR RENTAL PTE.	ect Policy No. Certificate Policyholder Policyholder Number Name NRIC PANG'S MOTOR RENTAL PTE. 201608109H	cy No. Date Cortilicate Policyholder Policyholder Product	cy No. Date of Accident Certificate Number Search ect Policy No. Certificate Policyholder Name NRIC PANG'S MOTOR RENTAL PTE. Date of Accident Certificate Number Search Product Cover Type PANG'S MOTOR RENTAL PTE. 201608109H GPC Third Party	cy No. Date of Accident Certificate Number Search ect Policy No. Certificate Policyholder Name NRIC Product Cover Type No. PANG'S MOTOR RENTAL PTE. 201608109H GPC Third Party SJP5596L	cy No. Date of Accident 30/10/2018 Certificate Number	cy No. Date of Accident 30/10/2018 12:06 Certificate Number Sip5596L Certificate Number