

Date In: 23/11/2008 17:47	Job description	Date & Time Completed	Done by
Ref No: NBA/INC/6021255/V	SAS e-illing		
Veh No: SKT 67687	E-mail (with: Bill, AIC 2hrs)		
D.O.A: 23/11/2008 10:48	I-Motor Claim Form	INT/1021180-001	28/11/2008
OD / TP: Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		18:07
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: 81B992G INC () / Non-INC ()

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%. F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() 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: ()

Remarks	INC/Non-INC	Date	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury: _____

Date/Time	Action

Customer Particulars	Invoice Itemization	Charge	Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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 withholding 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.

ACCIDENT STATEMENT

Date Of Report	23/11/2018 17:47
Date Of Accident	23/11/2018 10:45
Exact Location Of Accident	S'PORE GENERAL HOSPITAL (ONE OF THE ROUNDABOUT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT6768T
Insured/Policyholder	
Name Of Registered Owner	ONG ENG CHEOW
NRIC No	S1415137J
Email Address	DANIEL.ONG999999@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97453066
Alternative Phone No	OTHERS-97453066

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	VISIT BROTHER IN THE HOSPITAL
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	5099573542
Cover Note Number	

Driver

Name of Driver	ONG ENG CHEOW
NRIC No	S1415137J
Date Of Birth	18/07/1960
Occupation	INDOOR
Date Of Driving Pass	06/05/1978
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97453066
Fax Number	
Contact Number	OTHERS-97453066
EMail Address	DANIEL.ONG999999@GMAIL.COM

Address	BLK 562 CHOA CHU KANG STREET 52 #07-188
Postcode	680562
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

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?	NO
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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

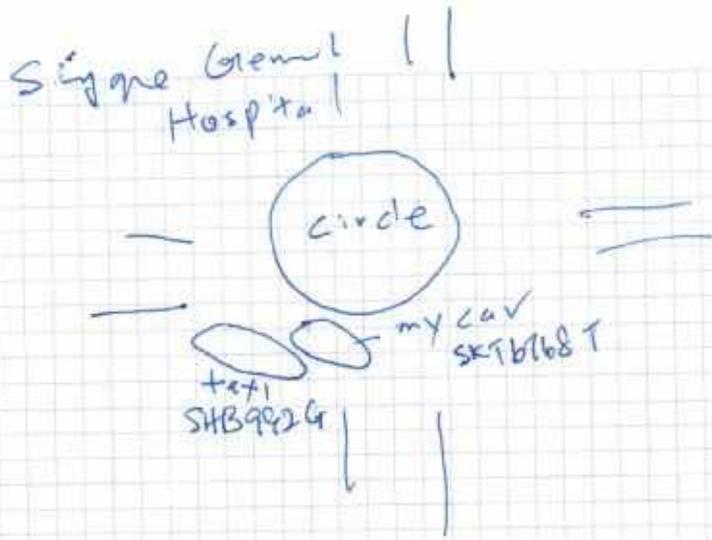
Attachment(s)

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	SHB992G
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN SOON BENG
NRIC/Passport Number	S1703065E
Contact Number	91816008
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving very slowly at one of the circle in side Singne General Hospital. I wanted to turn left and suddenly a vehicle from my left side passed thru and both car got scratches. My car is on the right, his car is on the left. What I want to say is the taxi driver is driving very fast inside Hospital. From my experience, it was 30-50 km per hr because it happened very fast. And it is hospital and at the junction of the circle.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

23/11/2018
14:57pm

[Signature]

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

[Signature]
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Claim Handling

Accident HT/1021180

Policy No.	SD96573542	Vehicle No.	SKT6768T	GST Registration No.	
Certificate No.					
Policyholder Name	ONG ENG CHEOW	Cover Type	drive CLASSIC	Policyholder NRIC	S1415137J
Product Code	PRIVATE CAR INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	97453066	Social Remark		Contact No. (Home)	
Email Address		TCA	= No / Yes	eCode	No *
NPI	= No / Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No
Accident Details					
Report Date	23/11/2018 18:07	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	23/11/2018	Time of Accident (H:mm)	10:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	S'PORE GENERAL HOSPITAL (ONE OF THE ROUNDABOUT)				
Excess					
Own Damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			600.00
Third Party Excess	0.00	Outside Singapore TP Excess			0.00
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 562 #07-188	Address 2	CHOA CHU KANG STREET 52	Address 3	SINGAPORE 880562
Address 4		Address Type	Singapore address	Post Code	880562
Unit No.		Related Policy Number	SD96573542		
GI Driver Info					
Driver Name	ONG ENG CHEOW	Driver Type	Main Driver	Driver DOB	18/07/1960
Unnamed driver Name		Driver NRIC	S1415137J	Driving Experience	40
Register Date of Driver License	01/01/1978	Driver Age	38	Contact No. (Home)	
Contact No. (Mobile)	97453066	Contact No. (Office)		Address 1	SINGAPORE 880562
Address 1	BLK 562 #07-188	Address 2	CHOA CHU KANG STREET 52	Post Code	880562
Address 4		Address Type	Singapore address		
Unit No.		Driver Vehicle No.	SKT6768T	Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes = No				
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes = No		

Modification History

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	ONG ENG CHEOW	Insured NRIC	S1415137J
Contact No. (Mobile)	97453066	Contact No. (Home)	67607491	Contact No. (Office)	
Email Address	DANIEL.ONG9999@GMAIL.COM	CI		TP	
Claim Description	SKT6768T / SH8992G ON 23 Nov 2018				
Preferred Workshop		Insured Liability	Not at Fault	Workshop Repair Option	Preferred Workshop, Name unknown
Saloon No. Finalisation	Yes	GIA report	Received	Claim Close Date	23/11/2018 18:05
Date Registered				Workshop Repairer	ROSLI WANAB
Report Taken By				Total Loss not Reported	
Print AK letter					
Save Submit					

Attachment

Accident No.	HT/1021180	Claim No.	001
Last Doc. Received	Yes No	Upload Date	23/11/2018 18:07
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Det
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
			Description

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 11 / 2018 (DD/MM/YYYY). TIME: 10 : 44 (HH:MM)

LOCATION: Singapore General Hospital (one of the circle)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT 67681
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5099573542
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA CAMRY 2.5 Hybrid
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: VISIT MY BROTHER IN HOSPITAL
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: DNA ENG CHEOW (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S14151377 CONTACT: 97453016
c) ADDRESS: BUK 562 BIR Chai Chu Kang St 52
*07-188 51680562

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS _____)

b) 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

- a) VEHICLE NUMBER: SHB 9926 MODEL: TOYOTA PRIUS
b) DRIVER'S NAME: TAN SOON BEN G
c) NRIC/FIN/PASSPORT: S170305E CONTACT: 91816008

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

email = daniel.ong9999@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1415137J



Name

ONG ENG CHEOW

王咏超

Race

CHINESE

Date of birth

18-07-1960

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1415137J



ONG ENG CHEOW

Birth Date: 18 Jul 1960

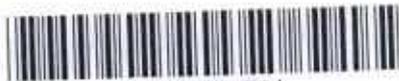
Issue Date: 11 Mar 2015



002404403D



5444756



NRIC No. S1415137J



Date of issue

11-03-2015

Address

APT BLK 562 CHOA CHU KANG STREET 52
#07-18B
SINGAPORE 680562

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 06 May 1978



Licence No: S1415137J

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)

Certificate Number: 5099573542

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SKT6768T**
Chassis Number : AXVH701013071
2. Name of Policyholder : ONG ENG CHEOW
3. Effective Date of Insurance : 09 Apr 2018
4. Expiry Date of Insurance : 08 Apr 2019
5. Persons or Classes of Persons entitled to drive#
 - (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.
6. Limitations as to Use#
 - (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.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ONG ENG CHEOW
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

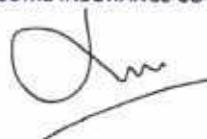
Agency : LECO AUTOMOBILE PTE LTD (00000571429)
Date of Issue : 06 Apr 2018 15:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SKT6768T		
Vehicle Type:	P11 - Passenger Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	CAMRY HYBRID 2.5G CVT
Chassis No.:	AXVH701013071	Engine No.:	A25A0074091
Motor No.:	10E117A04012	Trailer Chassis No.:	-
Propellant:	Petrol-Electric	Passenger Capacity:	5
Engine Capacity:	2487 cc	Power Rating:	88.0 kW
Maximum Power Output:	155.0 kW (207 bhp)		
Unladen Weight:	1570 kg	Maximum Laden Weight:	1845 kg
Primary Colour:	Brown	Secondary Colour:	-
First Registration Date:	09 Apr 2018	Original Registration Date:	09 Apr 2018
Manufacturing Year:	2017	Open Market Value:	\$34,888.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$15,422.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$14,888.00 (140%)
Actual ARF Paid:	\$30,844.00		

Owner Particulars

Owner Name:	ONG ENG CHEOW
Owner ID Type:	Singapore NRIC
Owner ID:	S1415137J
Registered Address Type:	HDB / HUDC
Registered Block /House No.:	562
Registered Street Name:	CHOA CHU KANG STREET 52
Registered Unit No.:	#07 - 188
Registered Building Name:	-