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TP Particulars: Veh No: SCO	122331	, INC(.)/Non-MC	()	
Owner / Driver: (Tel:) .
Policy No. () Period	d: ()	Cover Type: (
Confirmed by : (Date:	Tine	-)
Insured/Driver Liability: (%) [Not	te-Est. Status (WC): N: 0-20	%; P: 21-79%	P: 80-100%	•
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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.

- 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.

itoresaid.	
	ACCIDENT STATEMENT
Date Of Report	27/11/2018 12:58
Date Of Accident	24/11/2018 13:50
Exact Location Of Accident	TOA PAYOH LORONG 8 HAWKER CENTRE CARPARK
Country/State of Loss	SINGAPORE
FEET TO STATE OF THE PARTY OF T	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC5041C
Insured/Policyholder	
Name Of Registered Owner	NG CHIA HONG DENNIS (HUANG JIAFENG DENNIS)
NRIC No	S7514791J
Email Address	CHIAHONG.NG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81818325
Alternative Phone No	OTHERS-81818325
Vehicle Particulars	
Manufacturer	AUDI
Model	4
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	5087926935-01
Cover Note Number	
Driver	
Name of Driver	NG CHIA HONG DENNIS (HUANG JIAFENG DENNIS)
NRIC No	S7514791J
Date Of Birth	25/05/1975
CALVORAD REPORTED AND COMPANY	A ID O O TO

 NRIC No
 \$75147913

 Date Of Birth
 25/05/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 20/10/1995

Driving Experience 23 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-B1818325

Fax Number

Contact Number OTHERS-81818325

EMail Address CHIAHONG,NG@GMAIL.COM

Address

6 ALEXANDRA VIEW

#28-05

Postcode

158746

OWNER

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

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

ambulance?

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

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)

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

SCW2233A

Vehicle Make/Model/Colour

TOYOTA CAMRY

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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:

Driver's Signature

(If driver is not the policyholder)

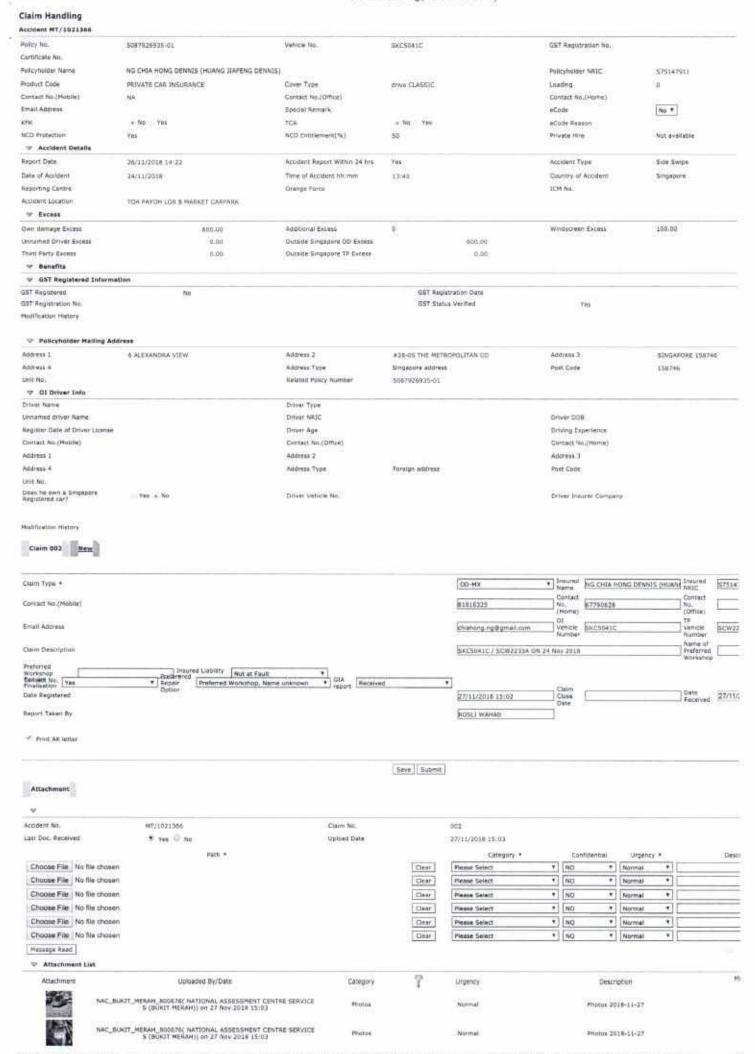
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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DESCRIBE CIRCUMSTANCES OF THE	ACCIDENT	
Do 24 NOV 2018 1 drove	My Car Scc5041C to	Too Payou Lov & hawker
ander at 1.45 pm.		
As I so so so to mer	my our Lyeverse pare) as seen in the picture
a not CCW 2222A 20	on in front of me	at high sprea crossinion
I was moving at a	slow speed in a revers	se monner and hear a
a 1 00 de 1 0000	IN ZOOM DOCK MILL FOR	nvct
1 strong will con	and saw car scw	2233A Stopped 710m in
I stepped and con	hove at fact speed)	
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1 2001:00 001	and notice there	is no neible damage sel
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DECLARATION		
DECLARATION I/We declare the foregoing particulars	are true in every respect.	/ / / . 0



	Uplicaded By/Date	Folder Date	File Na	ne .	P Source
. may cite	GERNAGE 02510				
Video List	5 (BURLLE MERAH)	on 27 Nov 2018 15:02	NIDS/ Driving License	Narmai	NRIC/ Driving License 2018-11-27
A T MISS	NAC_BURTT_MERAH_BOOK76/ NA	TIDNAL ASSESSMENT CONTRE SERVICE			TOT (#740 4 4 147)
6.0	NAC_BURIT_HERAH_BUD676(NA S (BURIT MERAH	TIONAL ASSESSMENT CENTRE SERVICE) on 27 Nov 2018 15:02	SAS	Normal	545 201H-11-27
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S.2)	NAC_BURIT_HERAM_800676(N \$ (BURIT MERAN	ATIONAL ASSESSMENT CENTRE SERVICE (5) on 27 Nov 2018 35:03	Photos	Normal	Photos 2018-11-27
2.6	MAC_BUKIT_MERAH_600676[N S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (1) on 27 Nov 2018 15:03	Phoese	Apmal	Photos 2018-21-27
			Claim Handlin	g(Claim Task)	

Dispuy in New Wingow Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 27/11/200 (DD/MM/Y	YYY), TIME: (1 : AS PY (HH:MM
LOCATION: TOO Payor lov & Hawken	
1. DETAILS OF VEHICLE	2.0
a) VEHICLE NUMBER: SKC5041C	
DINSURANCE COMPANY: NTUC LACON	. 0
C)POLICY NUMBER: 5087926935-01	
D)POLICY TYPE: (COMPREHENSIVE / THIRD P	
FITYPE: (SALOON) COUPE / MPV /VAN / LO	RRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) COMMER	RCIAL / MOTORCYCLE)
TIPURPOSE OF USING AT ACCIDENT TIME:	
I) ARE YOU CLAIMING UNDER YOUR OWN IN	SURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM /	REPORTING ONLY)
2. INSURED / POLICY HOLDER	
A)NAME: AS BALLON	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT:
c)ADDRESS:	
V 95 85	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	HOLDER
THO OF passon gas, DRIVER	
Clindudina disas diname: Dennis Ma	(MALE) FEMALE)
DINRIC/FIN/PASSPORT: STST4441	CONTACT: 818 18325
CIADDRESS: 6 Alexandra View #20	8-05
"d) DATE OF BIRTH: (25/05/1975) (DD	D/MM/YYYY)
e/OCCUPATION: (INDOORY OUTDOOR)	MCAROSECTIONALES IS
DATE OF DRIVING PACC 1995	
4. WAS DRIVER AN EMPLOYEE OF THE INSUR	RED'S COMPANY? (YES NO
IF NO, RELATIONSHIP OF THE DRIVER WIT	TH INSURED:
5. a) WEATHER CONDITION: (CLEAR) RAINING /	OTHERS
b) ROAD SURFACE: (DRY) / WET / OTHERS	ft 08
6. WAS ANYBODY INJURED (YES (NO)	1).
7. a) REPORTED TO POLICE (YES (NO)	
IF YES, PLEASE STATE WHICH POLICE STATION	42
S THIPD DARTY VEHICLE	
the of passenger of VEHICLE NUMBER: 8C102233A	MODEL: Toyota Camry
(Induding driver) b) DRIVER'S NAME:	MODEL TAYOUR THAT
(Induding driver) b) DRIVER'S NAME:	CONTACT:
9. THIRD PARTY VEHICLE	
No of passenger d) VEHICLE NUMBER:	MODEL:
e) DRIVER'S NAME:	
(Including driver) of the contraction	CONTACT:

email = chiahong ng @gmail com . VIDEO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7514791J



NG CHIA HONG DENNIS (HUANG JIAFENG DENNIS)



to

CHINESE Date of borto

25-05-1975

Country of birth SINGAPORE









15-06-2005

6 ALEXANDRA VIEW #28-05 SINGAPORE 158748 NRIC No. \$7514791J

Date: 19/06/2017

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

Chass 2B Motorcycles not exceeding 200 cc Motor Cars and Motor Tractors the weight of which untaden does not exceed 2500 kilograms

PASS DATE 24 Aug 1995 20 Oct 1995

NF 428A



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RAH_800676						+ Chang	e Languag	e Chan		· Log Ou
Polic	y Query									· ATAMONA
Policy N	o.				Date	of Accident		24/11/2018	12:51	_
Vehicle I	No.(For Motor)	SKC50	41C		Cert	ficate Numbe				
					Search					
Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured . Object	Commence	Expiry Date
ō.	5087926935- 01		NG CHIA HONG DENNIS (HUANG JIAFENG DENNIS)	575147917	GPC	drivo CLASSIC		O. W.	01/03/2018	28/02/2019
	Policy N Vehicle Select	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5087926935	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name NG CHIA HONG DENNIS OI HUANG JIJAFENG	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Policyholder Name Name NRIC NG CHIA HONG DENNIS 01 HUANG JIAFENG S75147913	Policy Query Policy No. Vehicle No. (For Motor) Search Select Policy No. Certificate Number Name NRIC NG CHIA HONG HONG DENNIS 11AFENG 11AFENG	Policy Query Policy No. Date of Accident Vehicle No. (For Motor) SKC5041C Certificate Number Select Policy No. Certificate Number Name NRIC NRIC NRIC NRIC NRIC NRIC NRIC NRIC	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Policyholder Name Name Name Name NAC HIA HONG DENNIS 01 Change Languag Change Languag Certificate Number Search Policyholder NRIC NRIC NRIC NRIC NG CHIA HONG CHANG	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Number Name Name NRIC NRIC NRIC Search Select Policy No. Select Policy No. Select Policy No. Certificate Number NRIC NRIC NRIC NRIC No. Name Name NRIC NRIC Search Select No. Select Policy No. Select Number Name NRIC NRIC Search Object No. Select No. Select No. Select No. Select Policy No. Select Number NRIC NRIC Search Select No. S	Policy Query Policy No. Vehicle No. (For Motor) Select Policy No. Certificate Number Select Policy No. Certificate Number Policyholder Name NRIC Name NRIC NRIC Select Policy No. Select Policyholder Name NRIC Number NRIC NRIC Select Policyholder No. Select Policyholder No. Select Number NRIC NRIC Select Policyholder No. Select No.