		14119 000 VII	P 1
Date In: 11/19 - 19:56	Jeb description	Date & Time Completed	Done by
Res No: No INCIGODOGOLY	SAS e-filing		
Veh No: SLA YYRE	E-mail (within Shrs, AIC 2hrs)		
D.O.A: V/1/19-06:55	i-Motor Claim Form	M11026299-001	VILLE 20147.
OD TP Reporting Only	i-Motor W/O (Within: OD 2h	VICE STREET, INC., WHICH STREET, INC., STREE	
OB . The reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
ir insurer.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: 5K	613963A INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)) [Note-Est. Status (WO): N: 0-2	10%; P: 21-79%. F: 30-1	00%]
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$) Loading: \$	1,000 ()/\$2,000 ()		
General Remarks:-		a de la companya de l	Tan S
() Walk-In Customer : Customer's in			
() Total Loss Case : to e-mail Ins	-	To rote of reporter	
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Remarks: (INC horline: 6788 6616)	COMPANY CONTRACTOR AND AND ADDRESS OF THE ADDRESS O	Date&Time Completed	Done by
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2) QC Check / Post Repair Inspection	()		
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time: Actions aimant's Particulars:- iver/Owner: intact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre	Daration Checklist. Reporting (\$30); Assessment (\$100); INC (\$80); See \$40/ hrough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005) thion SMRT Survey \$ mail Services:- Car / Tpt Allowande pordination in Inspection lect Excess Coordination (Non INC) against INC	Amt (5) Amt (3) fit Bill

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 <u>truthful and accurate</u> 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.

F (* 17.00,00)	A COURTENT OT A TEMPAIT
	ACCIDENT STATEMENT
Date Of Report	02/01/2019 14:56
Date Of Accident	02/01/2019 06:55
Exact Location Of Accident	PIE (CHANGI) AFTER JALAN EUNOS EXIT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA4418E
Insured/Policyholder	
Name Of Registered Owner	HO BENG KUAN
NRIC No	S7616086D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92987331
Alternative Phone No	OFFICE-92987331
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
T 0/0	COMPREHENSIVE

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5087995823-01

Cover Note Number

Driver

Name of Driver HO BENG KUAN (HE MINGJUAN)

 NRIC No
 \$7616086D

 Date Of Birth
 12/05/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 22/08/1997

Driving Experience 21 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92987331

Fax Number

Contact Number OFFICE-92987331

EMail Address NOEMAIL

BLK 139B LORONG 1A TOA PAYOH Address

#04-60

Postcode 312139

Was driver an employee of the Insured's Company NO

OWNER 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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

5

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER: : MALE

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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKW3963A

Vehicle Make/Model/Colour

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)

2

Passenger 1

NAME: :
GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLS5151Y

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)

PRIVATE CAR

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SDB5962H

Vehicle Make/Model/Colour

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)

Passenger 1 NAME:

GENDER:

SGE500P

2

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

Vehicle Make/Model/Colour

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)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 required.
- 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 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 affected. the report being made available aforesald.
- 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 and/or process. 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, 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.
- 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.

Policyholder's signature

Date & Time:

Driver's Signature

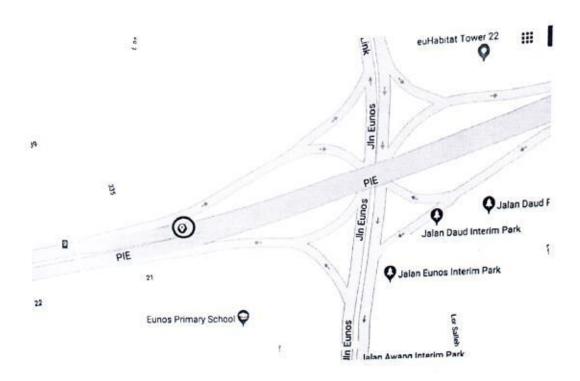
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

	PIEC CHANGI), atter Jalan Eun
vehicle A: SLA4418E	10 10 10 m
vehicu b: SKW 39634	
Vehicle c: clstisty	
vehicle D: SDB5962H	
Vehicle E: SEE 500'P	>>
SCRIBE CIRCUMSTANCES OF THE ACCID	DENT
refer to attac	hed.
*	
	*
ATION	
ATION are the foregoing particulars are true in expenses.	
ATION are the foregoing particulars are true in e	
ATION are the foregoing particulars are true in experimental priver's Significant are true in experimental privers.	very respect.



Accident happened along PIE (CHANGI) after overhead bridge along Jln Eunos

Exit (Three Lane Expressway) Time 06:54hr (Date: 02 JAN 2019)

I, HO BENG KUAN, driver and vehicle owner of SLA4418E was travelling along the stated route (on LANE ONE) with my son GLENN TAN KE LUN (12 Years old). We are on our way to his new Secondary School at Hai Sing Catholic School at Pasir Ris Drive 6. The vehicles in front of me stopped when we are passing by the above-mentioned location, hence I applied brake and my car came to a stop. I have also applied my vehicle hazard lights immediately to warn the vehicle behind me. However, the vehicles behind me didn't managed to stop on time and hit me from the rear.

HO BENG KUAN SLA4418E S7616086D 02 JAN 2019

ACCIDE	NT STATEMENT
ACCIDENT DATE: (0) 101 2019 10	DD/MM/YYYY), TIME: (06: 54 HHH:MM)
LOCATION: PIE (Changi), at	er Jalan Eunos
1. DETAILS OF VEHICLE	44418E
DINSURANCE COMPANY	71.47
CIPOLICY NUMBER - FORTO	7 THIRD PARTY / THIRD PARTY FIRE &THEFT)
DIPOLICY TYPE: ICOMPREHENSIVE	/ THIRD PARTY / THIRD PARTY
e)MAKE & MODEL: HON	da vezel OTHERS)
FITYPE: (SA COON / COUPE / MPV /	AN / LORRY / MOTORCYCLE / OTHERS)
i) ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (TOURS)
IF NO. PLEASE STATE (THIRD PARTY 2. INSURED / POLICY HOLDER	
A)NAME: HO BEND KUA	MALE/ FENCE 21
history (Fig. 1)	TILL ADVIT ACTION OF THE PERSON OF THE PERSO
CIADDRESS: 202 BOOM LON	Drive 101-31 \$(640>03)
(All) representations and the second	
* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
A Ho of passange DRIVER ALSO	(MALE / FEMALE)
(Induding striver) diNAME:	CONTACT:
(O)) b)NRIC/FIN/PASSPORT:	CONTACT
male passenger	
"d) DATE OF BIRTH: (12 / 05 / 19	H- VDDAMANYYI
eloccupation: (INDOOR / OUTDO	
f) YEARS OF DRIVING EXPRERIENCE:_	31 years-
4. WAS DRIVER AN EMPLOYEE OF TH	E INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRI	
5. a) WEATHER CONDITION: (CLEAR / RA	AINING / OTHERS
b) ROAD SURFACE: (DRY / WET / OTH	ER\$
6. WAS ANYBODY INJURED (YES / NO)	t a factor
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	
8. THIRD PARTY VEHICLE SEW 39634	(B)
	MODEL:
(Induding driver) b) DRIVER'S NAME:	
(na) female drait/NRIC/FIN/PASSPORT:	CONTACT:
male participation vehicle SLSSISI	70
d) VEHICLE NUMBER:	MODEL:
e) DRIVER'S NAME:	
(Induding driver) 1) NRIC/FIN/PASSPORT:	CONTACT:
(01) female SDB 5962	H® -> 1 male, I female.
1	6
06E500	p® → Imale.
email =	L - Y THINKE.
. 0	8

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 7 6 1 6 0 8 6 D

Name:

HO BENG KUAN (HE MINGJUAN)

Birth Date: 12 May 1976

Issue Date: 01 Jul 2017



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7616086D





Name

HO BENG KUAN (HE MINGJUAN)

何 明 娟

Race

CHINESE

Date of birth

Sex

12-05-1976

Country of birth SINGAPORE



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

EFFECTIVE DATE

Motorcycles =< 200 cc 23 Feb 1995 Class 2B Motorcycles between 201 cc and 400 cc Class 2A 12 Nov 1998 Motor cars with unladen weight =< 3000kg with =< 7 22 Aug 1997 Class 3

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

Licence No:S7616086D

NP 428A

3917348



NRIC No. S7616086D



Date of issue

11-08-2006

APT BLK 139B LORONG 1A TOA PAYOH #04 - 60 SINGAPORE 312139

NRIC No: S7616086D

Date:

29/09/2012

Scanned by CamScanner



olicy No.	5087995823-01	Policyholder Name	HO BENG K	CUAN	Policyholder NRIC	S7616086D	
Certificate No.							
Address	BLK 139B #04-60 LORONG 1/	A TOA PAYOH TH	E PEAK @ T	OA PAYOH SINGAPO	RE 312139		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	01/03/2018	Effective Date	01/03/2018	8 00:00	Expiry Date	28/02/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	VV INSURANCE AGENCY PTE.	L1 Agent Tel.	67913808		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 1398 #04-60	Addre	ss 2	LORONG 1A TOA	PAYOH	Address 3	THE PEAK @ TOA PAYOR
Address 4	SINGAPORE 312139	Addre	ess Type	Singapore address	6	Post Code	312139
1000000	04-60	Relat Numb	ed Policy per	5087995823-01			
Unit No.							
CONTRACTOR CONTRACTOR	ed Object: SLA4418E						
Unit No. D Insure □ Endor							

ccident MT/1026099					
olicy No.	5087995823-01	Vehicle No.	St.A4418E	GST Registration No.	
	200/272822-05			5000.000 000000000000000000000000000000	
ertificate No.					220,022,00
Ncyfiolder Name	HO BENG KUAN			Policyholder NR3C	S7616086D
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Brive CLASSIC	Loading	0
otact No (Mobile)	92987331	Contact No.(Office)	0	Contact No. (Home)	0
ial Address		Special Remark		eCode	I No. O
×.		TCA	® No ○Yes	eCode Reason	
D Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	02/01/2019 20:42	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ts of Accident	02/01/2019	Time of Accident hh:mm	06:55	Country of Acodent	Singapore
	02/01/2019		06.33		Singapore
porting Centre		Orange Force		3CM No.	
odent Location	PIE (CHANGI) AFTER JALAN EUNO	5 EXIT			
Excess					
n damage Excess	600,00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits			200		
	88				
GST Registered Informa					
l'Aegistered	No		GST Registration Date	Mark	
T Registration No.			GST Status Venfied	Yes	
diffication History					
Policyholder Mailing Ad	Idress				
iress 1	BLK 1398 #04-60	Address 2	LORONG 1A TOA PAYOH	Address 3	THE PEAK @ TOA PAYOH
dress 4	SINGAPORE 312139	Address Type	Singapore address	Post Code:	312139
rt No.	04-60	Related Policy Number	5087995823-01		
	04-00	reading rainty advises	3001993023102		
OI Driver Info		- 121 0	100121		
ver Name	HO BENG KUAN	Driver Type	Main Driver		
named driver Name		Driver NR3C	S7616086D	Driver DOB	12/05/1976
gister Date of Driver License	22/08/1997	Driver Age	42	Driving Experience	51
react No.(Mobile)	92987331	Consact No. (Office)	0	Contact No.(Home)	0
dress 1	BLK 1398	Address 2	LORONG 1A TOA PAYON	Address 3	THE PEAK @ TOA PAYOH
press 4	SINGAPORE 312139	Address Type	Singapore address	Post Code	312139
		address type	angapore address	Post Cade	312139
it No. es he own a Singapore	04-60 ☐ Yes. No	Driver Vehicle No.		Driver Insurer Company	
gistered car?	O res & no	Differ verige 44.		A STATE OF THE STA	
sathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
darstion eathslyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
athelyser or Blood Test iding?	0 mg	Any injusy?	○ Yes ® No		
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