| NATIONAL Assessment Cen  | itre Services. [well sanos] 1  | NHA11902960   | D. I                 | -               |
|--|--|---|----------------------|-----------------|
| Date In: 7/1/19-18:02  | Jeb description  | Date & Time Completed   | Done t               | · –             |
| Rei No: NA) 11-10/9000374/14   | SAS e-filing   |   |                      | · · ·           |
| Veh No: SILZINER.  | E-mail (within Shrs, AIC 2hrs)   |   |                      | *               |
| D.O.A: 5/1/19-15:10  | i-Motor Claim Form   | 100-168920 LLW  | 7/1 /m 18:4          | 9.              |
|  | i-Motor W/O (Within: OD 2  | thrs, TP 4hrs)  |                      |                 |
| OD . TP . Reporting Only   | i-Photo Uploaded   |   |                      |                 |
|  | Assessment/Survey Report   |   |                      |                 |
| TP Insurer:  | Ass't Report by Fax / Han  | d to Owner/Wksp   |                      |                 |
| Preferred Wksp / INC Assign Wksp / QW:   | (  | Tol:  | Fax:                 | )               |
| TP Particulars: Veh No:  |  | ( )/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%. P: 80  | -100%]               |                 |
| Year of Registration: ( )  | Warranty: YES ( )/NO(  | )   |                      |                 |
| Excess: (\$ ) Loading: \$  | \$1,000( )/\$2,000( )  |   |                      |                 |
| General Remarks;-  |  |   |                      |                 |
| ( ) Walk-In Customer : Customer's  |  |   |                      | SCHOOL STREET   |
| ( ) Total Loss Case : to e-mail In:  |  | N 1   |                      |                 |
|  |  | Towing Co: (  |                      | )               |
|  |  |   | 457 PIOSTSKET "S     | Cir.            |
| Remarks: (INC hotline: 6788 6610   | n);  | Date&Time Completed   | Done                 | by              |
| 1) Apply for Transport Allowance (   |  |   |                      |                 |
| 2) QC Check / Post Repair Inspection   | ( )  |   |                      |                 |
| 3) Upload Resurvey Photo [Repair Cost:   | > \$3000] ( )  | 7 37  |                      | 2               |
| Injurý:  |  |   |                      | - 18-1-2-1      |
|  |  | F F 190   | West out             | The state of    |
| Date/Time Actions  | 4  |   | 199 20030 18070 20 3 | 9               |
|  | No.  |   |                      |                 |
|  |  |   |                      | 111-77-12 TOOLA |
|  |  |   |                      |                 |
|  | 1  |   |                      |                 |
|  |  |   | Ant (S)              | Amt (3)         |
| MAM 00 233.  | (200 X 100 X | reparation Checklist  | fit Bill             | Add Bill        |
| laimant's Particulars :-   | 1) AR : Acci   | dent Reporting (\$30);<br>age Assessment (\$100); INC         | (\$80)               |                 |
|  | 2) DA : Dam<br>3) TF : Towi  | ogo Arabonomia  | \$40/\$45            |                 |
| river/Owner:   | 4) FT : Follo  | w-Through Survey  | \$120<br>\$30        |                 |
| ontact No:   | 5) FT : Follo<br>For claim   | w-Through Survey (Resurvey) ng against INC Only (wef 10 Jan 2 | 005)                 |                 |
| amaged Portion:  | 6) TR : Re-it  | spection  | \$160                |                 |
| minaged Fordon.  | 7) N1 : Idao<br>8) NTUC Ac   | DA + SMRT Survey Iditional Services:-                         |                      |                 |
| C Charlest by Co To Charman  | OD.  |   | \$5                  |                 |
| C Checked by (Engr-In-Charge):   |  | ricsy Car / Tpt Allowance<br>air Co-ordination                | 510                  |                 |
| NAMES OF THE PARTY | •N7: Fost  | Repair Inspection   | \$25                 |                 |
| uditors' Comments :-   |  | Collect Excess Coordination<br>: TP (Non INC) against INC     | \$20                 |                 |
| nt1;   | 9) N12: Idao   | Mobile  | 30                   | 201/201/2       |
| at. 2/3;   | Invoice date   |   | MARKET VICES         |                 |
| 56   | Invoice date   | d reconding   | AND RELIGIOUS CO.    |                 |

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**EMail Address** 

- 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.

|  | ACCIDENT STATEMENT                     |
|--|--|
| Date Of Report   | 07/01/2019 18:02                       |
| Date Of Accident   | 05/01/2019 15:10                       |
| Exact Location Of Accident   | ALONG PUNGGOL CENTRAL                  |
| Country/State of Loss  | SINGAPORE                              |
|  | DETAILS OF OWN VEHICLE                 |
| Vehicle Registration Number  | SKZ558R                                |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | ONG KHENG THIAM                        |
| NRIC No  | S1470472H                              |
| Email Address  | NOEMAIL                                |
| Mobile Phone No  | (LOCAL) +65-97500190                   |
| Alternative Phone No   | OFFICE-97500190                        |
| Vehicle Particulars  |  |
| Manufacturer   | BMW                                    |
| Model  | 523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV |
| Exact Purpose for which vehicle was being used at<br>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 |
| Type Of Coverage   | COMPREHENSIVE                          |
| Fleet Policy   | NO                                     |
| Policy Number  | 5098815452                             |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | RAYSON ONG WEIYANG                     |
| NRIC No  | S9304209C                              |
| Date Of Birth  | 03/02/1993                             |
| Occupation   | INDOOR                                 |
| Date Of Driving Pass   | 01/10/2012                             |
| Driving Experience   | 6 YEARS AND 3 MONTHS                   |
| Gender   | MALE                                   |
| Mobile Number  | (LOCAL) +65-97500190                   |
| Fax Number   |  |
| Contact Number   | OFFICE-97500190                        |

NOEMAIL

Address 106 GERALD DRIVE

#04-13

Postcode 798595

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

\*

Insurance Company of Driver's Own Vehicle

\*

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 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

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 SFU9698X

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 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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)
  - (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.
- (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, pr
  - (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)

Name: Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

[MNGGOL MRT STATION] VINICIEM: SKZ 558R Vehicle B: Stygbagx unggol central DESCRIBE CIRCUMSTANCES OF THE ACCIDENT SKZ 55BK On stated date vehicu it, I time, I. to red ngut. stationary on was tru ctated venue suddenly SF49698X, vehicle h17 nto my Etationau vehicle's rear portion.

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

NRIC/FIN No.:

#### ACCIDENT STATEMENT

| A                 | CCIDENT DATE: OS / 01   | / 2019 /(DD/MM/YY  | YY), TIME: (15: 10 ) THH: MM                     |
|-------------------|---|--|--|
|                   | OCATION: Along  | runggol cent   | ral.   |
|                   | DETAILS OF VEHICLE     a) VEHICLE NUMBER     b) INSURANCE COM         | SKZ 558R   |  |
|                   | C)POLICY NUMBER:_<br>d)POLICY TYPE: (CO                               | MPREHENSIVE / THIRD PA   | ARTY / THÍRD PARTY FIRE &THEFT)                  |
|                   | g) VEHICLE CATEGOR h) PURPOSE OF USING                                | DUPE / MPV /VAN / LORI<br>Y: (PRIVATE / COMMERC<br>AT ACCIDENT TIME: | 711111   |
|                   | IF NO, PLEASE STATE   | UNDER YOUR OWN INSI  | URANCE (YES/1901)<br>REPORTING ONLY)             |
|                   | 2. INSURED / POLICY HO A) NAME: ON A b) NRIC/FIN/PASSPORT             | theng thiam  | (MALE / FEMALE)                                  |
|                   | c) ADDRESS: 106   | Guald W. \$04-13   | S (#798595)                                      |
| 4 No of pessonga  | DRIVER DATE   | DRIVER ALSO POLICY HO  | MALE / FEMALEL                                   |
| (1nduding driver  | b)NRIC/FIN/PASSPORT   |  | CONTACT:97500190                                 |
| **<br>**          | *d)DATE OF BIRTH: (   | OR / OUTDOOR)  | MM/YYY)  |
|                   | IF NO, RELATIONSHIP   | OYEE OF THE INSUR  | ED'S COMPANY? (YES / 100)                        |
|                   | DIWEATHER CONDITION   | I: (CLESK / RAINING / C  | OTHERS   |
|                   | WAS ANYBODY INJURED<br>DIREPORTED TO POLICE<br>IF YES, PLEASE STATE W |  |  |
| 8.                | THIRD PARTY VEHICLE   |  |  |
| to of passenger   | a) VEHICLE NUMBER:_   | S+49698X   | _MODEL:  |
|                   | b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT                                | 1  | CONTACT:   |
| (01) 9.           | THIRD PARTY VEHICLE   |  | 7.5 CO 30000.5 2000.0000000000000000000000000000 |
| No of passanger   | d) VEHICLE NUMBER:  | _ · · · · · · · · · · · · · · · · · · ·                              | _MODEL:  |
| Including driver) | e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT                                |  | _CONTACT::-                                      |
| (_)               | AND EXPLOSIONATE TOTAL TOTAL ST                                       |  | 24   |

email =

fax =

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 9 3 0 4 2 0 9 C Name:

**RAYSON ONG WEIYANG** 

Birth Date: 03 Feb 1993

Issue Date: 17 May 2018



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

**EFFECTIVE DATE** 

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 01 Oct 2012 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A







### REPUBLIC OF SINGAPORE

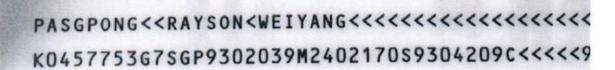
Type Country Code Passport No PA SGP Name

K0457753G

#### RAYSON ONG WEIYANG

Sex Date of birth 03 FEB 1993 SINGAPORE Date of issue 17 MAY 2018 Date of expiry 17 FEB 2024 Modifications SEE PAGE 2 National ID No S9304209C

Nationality SINGAPORE CITIZEN Place of birth Authority MINISTRY OF HOME AFFAIRS



| <b>eBao</b> Tech       |          |                |                       |                      |                      | GeneralClaim |                  |                |                   |                  |             |
|------------------------|----------|----------------|-----------------------|----------------------|----------------------|--------------|------------------|----------------|-------------------|------------------|-------------|
| Hello, NAC_PAYA_UBI_80 | 0601     |                |                       |                      |                      |              | • Change         | Language       | + Chan            | ge Password      | · Log Out   |
| My Desktop             | Poli     | cy Query       |                       |                      |                      |              |                  |                |                   |                  |             |
| Notice of Loss         | Policy N | No.            |                       |                      |                      | Date         | of Accident      | 1              | 05/01/2019        | 15:10            |             |
|                        | Vehicle  | No.(For Motor) | SKZ55                 | BR .                 |                      | Certif       | icate Number     | ]              |                   |                  |             |
|                        |          |                |                       |                      | 1                    | Search       |                  |                |                   |                  |             |
|                        | Select   | Policy No.     | Certificate<br>Number | Policyholder<br>Name | Policyholder<br>NRIC | Product      | Cover Type       | Vehicle<br>No. | Insured<br>Object | Commence<br>Date | Expiry Date |
|                        | 0        | 5098815452     |                       | ONG KHENG<br>THIAM   | S1470472H            | GPC          | drivo<br>CLASSIC | SKZ558R        |                   | 12/03/2018       | 28/02/2019  |
|                        |          |                |                       |                      |                      | Continue     | ]                |                |                   |                  |             |



| laim Handling                 |  |                                |  |                            |  |
|-------------------------------|--|--------------------------------|--|----------------------------|--|
| hcy No.                       | 5098815452   | Vehicle No.                    | SKZ558R  | GST Registration No.       |  |
| tificate No.                  |  |                                |  |                            |  |
| cyholder Name                 | ONG KHENG THIAM  |                                |  | Policyholder NRIC          | 51470472H  |
| duct Code                     | PRIVATE CAR INSURANCE  | Cover Type                     | drive CLASSIC  | Loading                    | 0  |
| ritact No.(Mobile)            | 97500190   | Contact No. (Office)           | 0  | Contact No.(Home)          | 0  |
| nali Address                  |  | Special Remark                 | (14.)  | eCode                      | THE V  |
| (0.11694.0044.3               | ® No ○Yes  | TCA                            | ® No ⊜Yes  | eCode Reason               | La San   |
| D. Protection                 | Yes  |                                | 200 (100 (100 (100 (100 (100 (100 (100 (   |                            |  |
|                               |  | NCD Entitlement(%)             | 50   | Private Hire               | No   |
| Accident Details              |  |                                |  |                            |  |
| port Date                     | 07/01/2019 18:17   | Accident Report Within 24 hrs. | Yes  | Accident Type              | Collision - Head to Rear   |
| e of Accident                 | 02/01/2019   | Time of Accident hh:mm         | 15:10  | Country of Accident        | Singapore  |
| porting Centre                |  | Orange Force                   |  | ICM No.                    |  |
| ident Location                | ALDNS PUNGGOL CENTRAL  |                                |  |                            |  |
| Excess                        |  |                                |  |                            |  |
| n damage Excess               | 600.00   | Additional Excess              | 0  | Windscreen Excess          | 100.00   |
| named Driver Excess           | 0.00   | Dutside Singapore 00 Excess    | 600.00   |                            |  |
| rd Party Excess               | 0.00   | Dutside Singapore TP Excess    | 0.00   |                            |  |
| Benefits                      |  |                                | 100  |                            |  |
| GST Registered Informa        | ation  |                                |  |                            |  |
| Registered                    | No   |                                | CST September Serve  |                            |  |
| Registration No.              | 70   |                                | GST Registration Date<br>GST Status Verified   | 944                        |  |
| dification History            |  |                                | us) status verified  | Yes                        |  |
|                               |  |                                |  |                            |  |
| Policyholder Malling Ad       | dress  |                                |  |                            |  |
| dress 1                       | 106 GERALD DRIVE   | Address 2                      | AN 13 CD 2710 CO   | V1/00/20                   |  |
| idress 4                      | THE STATE OF THE S |                                | #04-12 SELETAR SPRINGS CON   | Address 3                  | SINGAPORE 798595   |
| ir No                         |  | Address Type                   | Singapore address  | Post Code                  | 798595   |
| OI Driver Info                |  | Related Policy Number          | 5098815452   |                            |  |
| of Driver Info                | PAYSON ONG THE THINK   | Para P                         | Name of Parameters   |                            |  |
| named driver Name             | RAYSON ONG WEI UANG  | Driver Type                    | Named Driver   | 2010/19202                 |  |
|                               |  | Driver NRIC                    | \$9304209C   | Driver DOB                 | 03/02/1993   |
| gister Date of Driver License |  | Driver Age                     | 25   | Driving Experience         | 6  |
| ntact No.(Mobile)             | 97500190   | Contact No. (Office)           | 0  | Contact No.(Home)          | 0  |
| dress I                       | 106 GERALD DRIVE   | Address 2                      | SELETAR SPRINGS CONDOMINI  | Address 3                  | SINGAPORE 798595   |
| dress 4                       |  | Address Type                   | Singapore address  | Post Code                  | 798595   |
| r No.                         | 04-13  |                                |  |                            |  |
| es he own a Singapore         | ○ Yes 	No  | Driver Vehicle No.             |  | Barrier Landson Promiser   |  |
| gistered car?                 | 0.4404   | Street versus no.              |  | Driver Insurer Company     |  |
| claration                     |  |                                |  |                            |  |
| rathalyser or Blood Test      | 0 mg   | Andrew A.                      | 0  |                            |  |
| eding?                        | H-778  | Any injury?                    | ○ Yes ® No   |                            |  |
|                               |  |                                |  |                            |  |
| dification History            |  |                                |  |                            |  |
| Claim 001 New                 |  |                                |  |                            |  |
| acu acu                       |  |                                |  |                            |  |
|                               |  |                                |  |                            |  |
| m Type •                      | 00-MX ¥  | Insured Name                   | ONG KHENG THOM   | Insured NRIC               | S1470472H  |
| cact No.(Mobile)              | 97376123   | Contact No.(Home)              | 63875973   | Contact No. (Office)       |  |
| all Address                   | reymondokt@hotmail.com   | 01 Vehicle Number              | SK2558R  | TP Vehicle Number          | SFU9698X   |
| mant Type Claimant Type *     |  | Type of Benefit *              | Please Select  |                            | In the same  |
| mant Name +                   |  | Claimant NRIC +                | y sand   |                            |  |
| mant Address                  | 22   | Certain India                  |  |                            |  |
|                               |  |                                |  | 255(c) ACC425              |  |
| m Description                 | SKZS58R / SFU9698X ON 5 Jan 2019   | Transportation and a           | · mandata and a state of the st | Name of Preferred Workshop |  |
| ferred Workshop Contact       |  | Insured Liability •            | Not at Fault   |                            |  |
| jure Finalisation             | Yes. V   | Preferend Repair Option        | Preferred Workshop, Name unknown   | GIA report                 | Received   |
| e Registered                  | 07/01/2019 18:19   | Claim Close Date               |  | Date Received              | 07/01/2019 00:00   |
| ort Taken By                  | Jackson  |                                |  |                            |  |
| Print AK letter               | 50-100 M   |                                |  |                            |  |
|                               |  |                                |  |                            |  |
|                               |  |                                | Save Submit  |                            |  |
| tachment                      |  |                                | 4  |                            |  |
|                               |  |                                |  |                            |  |
|                               |  |                                |  |                            |  |
| ki                            |  | Claim No.                      | 001  |                            |  |
|                               | MT/1026732   |                                | (57.05)  |                            |  |
| dent No.                      |  | Unined Sate                    | 07(01)2010 16:30   |                            |  |
| dent No.                      | Yes   No   | Upload Date                    | 07/01/2019 18:20   |                            |  |
| dent No.                      |  |                                | Category *   | Confidencial Urgeno        | The second secon |
| dent No.                      | Yes   No   | Upload Date Browse.            | Category *   | Confidential Urgeno        | y • Description •  |
| dent No.                      | Yes   No   |                                | Category *   |                            | The second secon |
| dident No.                    | Yes   No   | Browse.                        | Category *  Dear Please Select  Clear Mease Select   | V Normal                   | V  |

