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	Assessment/Survey Report		· · · · · · · · · · ·
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Owner / Priver: (Tel:)
Policy No: () Perio	od:()	Cover Type: ().
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Insured/Driver Liability: (%) [No	ote-Est Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

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	08/03/2019 13:27
Date Of Accident	08/03/2019 09:00
Exact Location Of Accident	SENGKANG E RD TWDS CITY (TPE)
Country/State of Loss	SINGAPORE
(1)	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU3729J
Insured/Policyholder	
Name Of Registered Owner	ONG WEI LENG
NRIC No	S8017732A
Email Address	ALLEN_OWL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96627229
Alternative Phone No	OTHERS-96627229
Vehicle Particulars	
Manufacturer	HONDA
Model	•
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
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096232080-01
Cover Note Number	
Driver	
Name of Driver	ONG WEI LENG
NRIC No	S8017732A
Date Of Birth	01/06/1980
Occupation	INDOOR
Date Of Driving Pass	02/08/1999
Driving Experience	19 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96627229

OTHERS-96627229

ALLEN_OWL@HOTMAIL.COM

Address 10 MUGLISTON PARK

Postcode 798526

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 Registration Number of Drivers Own

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

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)

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SME8004G

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

UM MIN

NRIC/Passport Number

S9201889Z

Contact Number

96835893

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

SKETCH PLAN

Veh A: Shu 3739_] Veh B: SWF 8004G

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.
- 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:
 - (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.

"I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time:

08/03/2019

Driver's Signature (If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

10

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CLARATION /e declare the following the cyholder's Signature & Time 0 8	ure		are true in ev				Ranov	ting Co	\\	Personnel's S		

Accord Acts Const. Division	(Bukit merah) hiven on
Accord Auto Services Pte Ltd	*(3,00)
Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avc	
Particular Of Insured/Driver & Details Of The Accident	
*Date of Accident: 08 03 2019.	*Time of Accident: 0900 AM
*Accident Location: Anchovale East K	Red (FILKING TO SIF JOHNCE CITY)
Vahiola Datalla Sengkang ERd to	
verificie Details	
Vehicle Number: 3003 1290.	* Make & Model: itonda shuttle is G CVT
Insured / Policyholder	
*Owner Name: Ong Weileng. *Address: 10 Mugliston Part.	*NRIC: _ \$801732A.
*Email: alka-owle hotmail com	* HP: 96627229
*Occupation: Engineer (Indoor)	Outdoor) * Tel /H /Other:
Driver (X same as above	00 1000 1000 0000 0000
*Driver Name:	*NRIC:
*Address:	TYNIC:
*Date of Birth: *Driving Pass D	Date: 2/8/1999 * U.D.
* Empaile	- 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	*Gender: Male / Female
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Passengers Details P/Name:(Male/Fe	Outdoor) * Tel /H /Other:
*Driver an employee: Yes / No (*If no, what is relation Passengers Details P/Name: (Male/Fermanne) P/Name: (Male/Fermanne)	onship with the policyholder:)
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*Driver an employee: Yes / No (*If no, what is relation Passengers Details P/Name:	male) * P/Name: (Male/Female) male) * P/Name: (Male/Female) male) * P/Name: (Male/Female) male) * P/Name: (Male/Female) male
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*Driver an employee: Yes / No (*If no, what is relation of Passengers Details of P/Name:	penship with the policyholder: male) * P/Name:
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*Driver an employee: Yes / No (*If no, what is relation of the accident Type of accident Type of accident Claiming against Own Ins.: Yes No (If No, Reportion of the accident Type of accident Claiming against Own Ins.: Yes No (Name: Weather conditions: Clear / Raining / others: Witness: Yes / No (Name: Witness: Yes / No (Name: Witness: Yes / No (Name: Make / Name)	conship with the policyholder: comale) * P/Name: (Male/Female) rage: C / TPFT / TPO * Policy No: 5096232080 - 01 Detail of other vehicle / Property 2 Vehicle No.: Make & Model: Vehicle Category: Name of Driver: NRIC: HP: No. of Passengers (Including Driver): *Any video cam: Yes / No
*Driver an employee: Yes / No (*If no, what is relation of the accident reported to police: Yes / No (*If no, what is relation of the swipe / others: Witness: Yes / No (Name: Accident reported to police: Yes / No (*If no, what is relation of the series of the is relation. **Insurer:	onship with the policyholder: male * P/Name:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8017732A





ONG WEI LENG (WANG WEILONG)

Race CHINESE

Oate of Birth Sec. 01-06-1980 M Country of Birth SINGAPORE







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSESS

EFFECTIVE PAGE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 02 Aug 1999
passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:S8017732A

10 Mugliston Park Singapore 798526



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: 5096232080-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLU37291

Chassis Number

: GK81103676

2. Name of Policyholder

: ONG WEI LENG

3. Effective Date of Insurance

: 29 Nov 2018

4. Expiry Date of Insurance

: 28 Nov 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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COF : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **FXCESS WAIVER** : NO PRIMARY DRIVER : ONG WEILENG

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

: N/A 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

: INSURE LINK PTE LTD (00000614836)

Date of Issue

: 20 Nov 2018 15:06 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech						1988		Water .	HE PROPERTY.	Gener	alClaim
Hello, NAC_BUKIT_MERAH_800676							STATE OF THE PERSON	e Languag	e : Chac	ge Password	THE REAL PROPERTY.
My Desktop	Poli	icy Query							Cital	ge Password	Log Out
Notice of Loss	Policy	No.				Date (of Accident		08/03/2019	09:00	
	Vehicle	No.(For Motor)	SLU372	91		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5096232080- D1		ONG WEI LENG	S8017732A	GPC	driva CLASSIC	SLU3729	SLU3729)	29/11/2018	28/11/2019
					(Continue					

Sequent	ce Date of Endorsement	É	ndorsemen	t Type	Endorsement	Ctabue	Endorsement Content
Endorse	ements						
Insured	Object: SLU37293	Harrise	3/				
nit No.		Related	Policy	5096232080-01			
ddress 4		Addres	s Type	Singapore address		Post Code	798526
ddress 1	10 MUGLISTON PARK	Addres	s 2	MUGLISTON HILL	,	Address 3	SINGAPORE 798526
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dditional	0	Excess OS			Excess		
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ype		All Claims Excess					
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lame rolicy	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
roduct	10 MUGLISTON PARK MUGLISTO		APORE 7985	26	# JP 015111		
Certificate No. Nddress	to wiled to your and a second						
Policy No.	5096232080-01	Policyholder Name	ONG WEI	LENG	Policyholder NRIC	S8017732A	

Claim Handling Accident MT/1035397

https://giclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do

Policy No.	5096232080-01	Vehicle No.	SLU3729)		GST Regis	stration N
Certificate No.			0.0010.0			
Policyholder Name	ONG WEI LENG				Policyholo	for NR1C
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	and thereto.
Contact No.(Mobile)	96627229	Contact No.(Office)	0		Contact N	In (Hame)
Email Address		Special Remark			eCode	o.(nome)
KFK	« No Yes	TCA	® No ⊜ Yes		eCode Re	2000
NCD Protection	No	NCD Entitlement(%)	10		Private Hi	
		The English of the San Control o	10		ETIVALE EN	re.
Report Date	11/03/2019 16:18	Accident Report Within 24 hrs	Yes		******	W
Date of Accident	08/03/2019	Time of Accident hh:mm			Accident 1	
Reporting Centre	00/03/2019	Orange Force	09:00			f Accident
Accident Location	SENGKANG E RD TWDS CITY (TPE)	Grange Force			ICM No.	
₩ Excess	SCHOOLING END THOS CITY (TPE)					
	2444.44	A deliberation of the second			COMMON TO COMMON	
Own damage Excess	600.00	Additional Excess	0		Windscree	en Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		600.00		
Third Party Excess	0.00	Outside Singapore TP Excess		0.00		
⊕ Benefits	448					
GST Registered Informal	1000		220000			
GST Registered GST Registration No.	No		53.00	stration Date		00000
Modification History			GST Stati	us Verified		Yes
The state of the s						
Policyholder Mailing Add	fress					
Address 1	10 MUGLISTON PARK	Address 2	MUGLISTON HILL		Address 3	
Address 4	3	Address Type	Singapore address		Post Code	
Unit No.		Related Policy Number	5096232080-01	•	Post Code	
OI Driver Info		related Policy (Volitibe)	5090232080-01			
Driver Name	ONG WEI LENG	Driver Type	Main Driver			
Unnamed driver Name	one was able	Driver NRIC	S8017732A		Driver DO	IR.
Register Date of Driver License	02/08/1999	Driver Age	38		Driving E	
Contact No.(Mobile)	96627229	Contact No.(Office)	0		Contact N	
Address 1	10 MUGLISTON PARK	Address 2	MUGLISTON HILL		Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.		205				
Does he own a Singapore Registered car?	Yes • No	Driver Vehicle No.			Driver Ins	surer Com
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	Yes a No			
Reading?						
Modification History						
Claim 001 OD-MX New	1					
Claim Type *				OD-MX	▼ Insured Name	ONG W
					Contact	
Contact No.(Mobile)				96627229	No. (Home)	645917
Email Address					01	
Email Address					Vehicle Number	SLU372
Claim Description				SLU37293 / SME8004G Of	- 58///22	
Preferred	Insured Liability Not at South					
Workshop Bonuset No. Yes	Preferered Please Select	▼ GIA Received		1		
Finalisation Lifes Date Registered	Option Please Select	report Received		13/03/2019 11:18	Claim	
- med tachterstand				13/03/2013 11:18	Date	
Report Taken By				ROSLINDA(KRISHNASAMY	() Workshop)
				50.	Repairer	
Print AK letter						

1/2

				Save Submit			
Attachment							
9							
Accident No.	N	17/1035397	Claim No.		001		
ast Doc. Received	0 9	• Yes O No	Upload Date		13/03/2019 00:00		
		Path *			Category *		Confidential
Choose File No	o file chosen			Clear	Please Select	•	NO
Choose File No	file chosen			Clear	Please Select	•	NO
Choose File No	o file chosen			Clear	Please Select	*	NO
Choose File No				Clear	Please Select	•	NO
Choose File No				Clear	Please Select	•	NO
Choose File No	file chosen			Clear	Please Select	•	NO
Message Read							
Attachment	List						
Attachment		Uploaded By/Date	Category	9	Urgency		Des
1	NAC_PAYA_UBI_80	0601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:18	ES) on SAS		Normal		SAS :
5 (1 (see	NAC_PAYA_UBI_80	0601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:18	ES) on NRIC/ Driving Licen	se	Normal		NRIC/ Driving
	NAC_PAYA_UBI_80	0601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:14	ES) on Photos		Normal		Photos
3	NAC_PAYA_UBI_80	0601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:14	ES) on Photos		Normal		Photos
	NAC_PAYA_UB1_80	0601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:14	S) on Photos		Normal		Photos
9	NAC_PAYA_UB1_80	0601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:14	S) on Photos		Normal		Photos
	NAC_PAYA_UBI_B0	0601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:14	ES) on Photos		Normal		Photos
	NAC_PAYA_UBI_80	0601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:14	S) on Photos		Normal		Photos
	NAC_PAYA_UB1_80	0601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:12	S) on Photos		Normal		Photos
	NAC_PAYA_UBI_80	0601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:12	S) on Photos		Normal		Photos
	NAC_PAYA_UBI_80	D601(NATIONAL ASSESSMENT CENTRE SERVICE .13 Mar 2019 11:12	S) on Photos		Normal		Photos
	NAC_PAYA_UBI_80	D601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:12	S) on Photos		Normal		Photos
	NAC_PAYA_UB1_80	D601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:12	S) on Photos		Normal		Photos
	NAC_PAYA_UBI_BD	0601(NATIONAL ASSESSMENT CENTRE SERVICE 13 Mar 2019 11:12	S) on Photos		Normal		Photos
♥ Video List	Water State						
	Uploaded By/Date	Folder Date		File Name		9	
			Display in Ne	w Window Scan	and uploading		