NATIONAL Assessment Cen	ntre Services wer + Jamos	16-31 DECP11ALM	
Date In: 24/4/19-14:35	Jeb description	Date &Time Completed	Done by
Rel No: Haline 19227744/14	SAS e-filing		
Veh No: VKA 6732X	E-mail (within Shrs, AIC 2hrs)		4
D.O.A: 29/4/19-08:20	i-Motor Claim Form	M7/1042262-001	29/4/19 1975
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2	Thra, TP 4hrs)	
ob Troporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Han-	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:		Tel:	Fax:)
TP Particulars: Veh No: C	INC ZERKI	()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
	Note-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]
Year of Registration: ()	" attang. TES () THO ()	
Excess: (\$) Loading: \$	31,000 ()/\$2,000 ()		
General Remarks:-			Som Time
() Walk-In Customer: Customer's	information strictly Confidential & S		
() Total Loss Case : to e-mail Ins		5 3	
Drive-In ()/ Towed-In (); Invo	pice: YES() / NO();	Towing Co: (.)
Remarks: (INC horline: 6788 6616		3	PARAMEN APP
		Date&Time Completed	Done by
2) QC Check / Post Repair Inspection	/ Courtesy Car ()		
	()		
3) Upload Resurvey Photo [Repair Cost>	, \$3000] ()		
Injury:			
Date/Time Actions		and the state of	
			PROPERTY
	-		
11			Anit (5) Amil (5)
NA19031V1		eparation Checklist	Tit Bill Add Bill
Claimant's Particulars :-	1) AR : Accide 2) DA : Damag		80)
Driver/Owner:	3) TF : Towing	Fee . \$4	0/\$45
Contact No:		Through Survey Through Survey (Resurvey)	\$120 \$30
	For claiming	against INC Only (wef 10 Jan 200)	20000000
Damaged Portion:	6) TR: Re-insp 7) N1: Idao D/		\$160
	3 8) NTUC Addi	tional Services:-	
C Checked by (Engr-In-Charge):		sy Car / Tpt Allowance	\$3
D. Vare special black of the commence of the class.		Co-ordination pair Inspection	\$10 \$25
Auditors' Comments :-	*N8: DV/C	ollect Excess Coordination	33
'at, 1:	TP (N11): T 9) N12: Idac M	P (Non INC) against INC	\$20 ·.
at. 2/3:	Invoice dated	Fee Charged	12.66 (A) 12.66
	Invaice dated	Fee Charged	WIGHTNY

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.
- 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 ladgement 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.

Miles of the Control	ACCIDENT STATEMENT	1916
Date Of Report	29/04/2019 14:30	
Date Of Accident	29/04/2019 08:20	
Exact Location Of Accident	ECP (CHANGI) AFTER SIGLAP RD EXIT	
Country/State of Loss	SINGAPORE	
经 基本的 100 000 000 000 000 000 000 000 000 00	DETAILS OF OWN VEHICLE	respect .
Vehicle Registration Number	SKA6732X	
Insured/Policyholder		
Name Of Registered Owner	PHANG POCK TONG @TONY PANG POCK TONG	
NRIC No	S1851864C	
Email Address	NOEMAIL	

 Mobile Phone No
 (LOCAL) +65-97395629

 Alternative Phone No
 OFFICE-97395629

Vehicle Particulars

Manufacturer CHEVROLET

Model CRUZE 1.6L AUTO ABS D/AB 2WD 4DR

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 5073884862-03

Cover Note Number

Driver

Name of Driver PHANG POCK TONG @TONY PANG POCK TONG

 NRIC No
 \$1851864C

 Date Of Birth
 10/03/1940

 Occupation
 INDOOR

 Date Of Driving Pass
 06/01/1972

Driving Experience 47 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97395629

Fax Number

Contact Number OFFICE-97395629

EMail Address NOEMAIL

Address

BLK 43 MARINE CRESCENT

#11-08

Postcode

440043

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

.7

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)

3

involved in the accident

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

Number of Passengers (Including Driver)

4

Passenger 1

NAME: GENDER:

.

INA

: MALE

Passenger 2

NAME:

.

GENDER:

: MALE

Passenger 3

NAME:

534

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

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

SJT3407S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 16

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLF8442G

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:

SKETCH PLAN

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate as possible. facts may allow insurance companies to repudiate policy liability.
- 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. 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 aformald.
- 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.
- 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 3-Signa ne policyholder) (If driver is not

Date & Time:

Reporting Centre Person

Name:

NRIC/FIN No.:

Signature

Vehicle 13: SJT 34075 Vehicle C: SLF 84426	, atter siglap.	
	tcrcchangi)	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On	tru	stateo	date	1	time	, 1,	vehicl	e 'A',	
CFAL	0732X	, wa	s tvai	reling	along	tue	state	d vei	ти. 7	tuont
vehicle	bratteo	l and	オエ	appred	тц	brate	es as	well	. sudd	lenly,
about	5 sec	onds	or	more	late	r, I	telt	an	<i>î</i> трас	t on
ту	gation	any	relita	es	rear	POYH	ion.	I 7	ren	ilt E
realise	ed 2	was	าทาง	red	in	a	chaîn	co1.	liston	4
3 V	ehicles.									= 0445=
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	orbes									
										1

DECLARATION

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

Date & Time:

Mr. Metth Planform_V3

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

Reporting Centre Personners Signature Name:

NRIC/FIN No.:

		AC	CIDENT STAT	EMIL	na . 2	O_HHH	(MM:
	ACCIDENT DATE: LOO 10	+/ >	NO - MMM	YYY), TIME: L			
	ACCIDENT DATE: 29/01	Class	SIGNOD/WILL	v_siglax	EXIT		-25
		CVICAL	191) . 011	(E	20	- 1	
	1. DETAILS OF VEHICLE			nax -	_		
	a) VEHICLE NUMBER		SKA 67	32			
	DINSURANCE	- 100					7702-00
	C)POLICY NUMBER			- LTUIS	DPARTY	FIRE &T	HEFT)
	C)POLICY NUMBER: d)POLICY TYPE: (CC e)MAKE & MODEL:	MADDE	CHANG (THIRD	PARTY / ITI		- 11400	
	e)MAKE & MODEL:	MALKE	Chevrolet	cruze	PCYCLE	/ OTHE	RS)
	e)MAKE & MODEL: f)TYPE:(SALOON / C g)VEHICLE CATEGO h)PURPOSE OF USIN	OUPE	MADY WAN / LO	ORRY / MOIN	TORCYCL	E)	(E)
	g) VEHICLE CATEGO	PY-IDD	DIST COMME	RCIAL / MO	ME	2000	
	h)PURPOSE OF USIN	GATA	CCIDENT TIME:	TVI	WES IN A		
			CCIDELLI	THE RESERVE	1 00/ 20/		
				/ REPORTING	راعدان و		
	2. INSURED / POLICY H	OLDER	AKI (3-	6		/ FEMA	LE)
	A)NAME: IN	ana	POCK TONG	1 2011	TACT:	1739.5	639
	b) NRIC/FIN/PASSPO		C1851864	#11-08	The state of		
	c)ADDRESS:4		line (veslent	#11-00			
		- GARAGE				2	
	* CONTINUE TO 3.d	F DRIV	ER ALSO POLICY	HOLDER		0.5	
	14 No of passenge DRIVER		19	W	MANE	/ FEMA	IF)
	(L. J. J. L.) GINAME:			1 1	The second second second second	1 -11	,
	(Industry chier) b) NRIC/FIN/PASSPO	RT:		CON	TACT:		
127	OV (U4) CIADDRESS:		1		-		
isser	er (04) b) NRIC/FIN/PASSPO C) ADDRESS:		75 INIO		0.0	-	
) WARI !	70/	43/ 1940)11	DD/MM/TT	11)		
25	e)OCCUPATION: (IN	DOOR	/OUIDOOK)	- 6			
	f)YEARS OF DRIVING	EXPRE	RIENCE:	UDEDIC CO	MDANIVZ	WES!	(ON
	4. WAS DRIVER AN E	MPLOY	EE OF THE INS	WED'S CO	DED:	ome	(00)
	IF NO, RELATIONS	HIP OF	THE DRIVER	ATTH THE	KED		
	5. a)WEATHER CONDIT	DN: IC	TEAK / KAINING	3 / OINERS_			
	b)ROAD SURFACE: (I	DEA /	WEI / OTHERS_				
	6. WAS ANYBODY INJU	KED (I	E 1001			* # 3	
	7. a) REPORTED TO POL	ICE (TE	SI NOTICE STAT				
	IF YES, PLEASE STAT	EWHIC	H POLICE STAT	ON:			- 100
	8. THIRD PARTY VEHICLE		SJT 3407S				
	4 Ho of passenger a) VEHICLE NUMBE	R:	00104010	MOD	EL:		
	(Induding defeat) b) DRIVER'S NAME	-				•	_
	(C) NRIC/FIN/PASSP	UNIL	and the second		VTACT:		
	9. THIRD PARTY VEHICLE	=	SLF844	76.			
	Ho of passenger d) VEHICLE NUMBER	R:		TH MOE	EL:		_
	AL DRIVER'S NAME						
	LINGUATOR GENERAL LA CODI	ORT:_			NTACT:		
	(0) male driver	50					
	temale passenger			92	20		
	Land harries A.			80.	28	1	
				13			
	l sa state of	email		73 34			
		Sur.			*		



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

		ADDEND	JIVI	
(A)	PARTICULARS OF PE	RSON MAKING THE AMENDMENTS	:	
	Original Report No	MNA119055128	_Vehicle Registration No:	SKA6732X
	Name(as shown in NRIC)	PHANG POCK TONG @TONY PANG POCK TO	NGNRIC/FIN/Passport No:	S1851864C
	(*Vehicle Drive	hicle Owner) (*) Please delete as ap	propriate	
	Address	BLK 43 MARINE CRESCENT	#11-08	Singapore(440043)
	Contact (Tel)		_Mobile No.: 97395629	
	Email Address			
	Date of Accident	29/04/2019	_Time of Accident : 08:2	0
	Place of Accident	ECP (CHANGI) AFTER SIGLAR	RD EXIT	
	Insurance Company	NTUC Income Insurance Co-op	erative Ltd	
	Amend time of acc	ident		
				No
	Policyholder / Driver'	s Signature	Reporting Centre Pers Name: NRIC/FINNo.:	on el's Signature

Date:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1851864C



Name



PHANG POCK TONG
@TONY PANG POCK TONG

彭福堂

Race

CHINESE

Date of Birth

Sex

10-03-1940

M

Country of Birth

MALACCA



REPUBLIC OF SINGAPORE DRIVING LICENCE

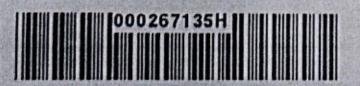


Licence Number: S 1 8 5 1 8 6 4 C

PHANG POCK TONG

Birth Date: 10 Mar 1940

Issue Date: 10 Mar 2003



1013815



NRIC No. S1851864C



Blood Group

Date of issue

A 4

08-06-1993

APT BLK 43 MARINE CRESCENT #11-08

NRIC No:

S1851864C

Date:

26/04/2018

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

PASS DATE

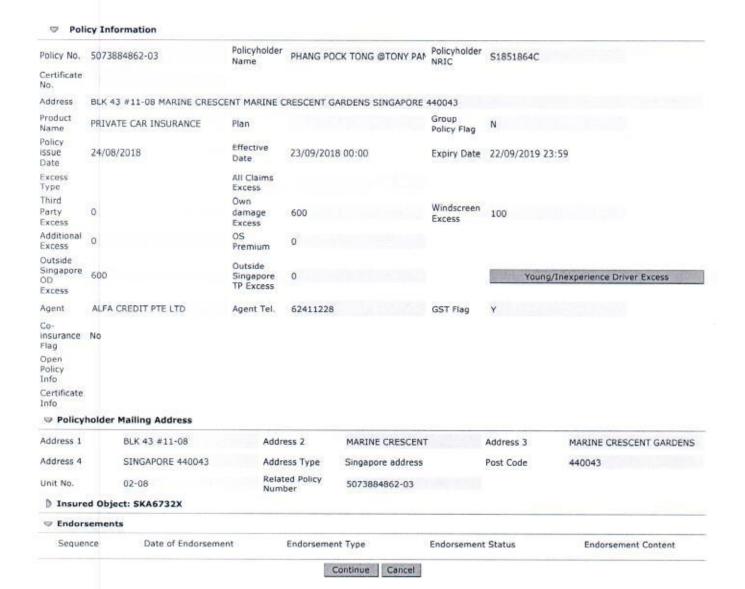
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

06 Jan 1972

NP 428A



									Genera	alClaim
01						• Change	e Language	> Chang	e Password) Log Ou
Policy	y Query									
		SKA67	732X		Certi			9/04/2019 0	08:20	
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0 5	073884862- 03		PHANG POCK TONG @TONY PANG POCK	S1851864C	GPC	drivo CLASSIC	SKA6732X	SKA6732X	23/09/2018	22/09/2019
	Policy No Vehicle N	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. 5073884862-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number 5073884862-	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Name PHANG POCK TONG @TONY TONG @TONY	Policy Query Policy No. Vehicle No.(For Motor) SkA6732X Select Policy No. Certificate Number. Name Policyholder NRIC 5073884862- 03 PANG POCK TONG @TONY PANG POCK S1851864C	Policy Query Policy No. Vehicle No.(For Motor) SKA6732X Certificate Number Policyholder Name Phang Pock TONG @TONY PANG POCK S1851864C GPC	Policy Query Policy No. Vehicle No. (For Motor) SKA6732X Date of Accident Certificate Number Search Select Policy No. Certificate Number Policyholder Name Name Policyholder NRIC PHANG POCK TONG @TONY PANG POCK S1851864C GPC drivo CLASSIC	Policy Query Policy No. Vehicle No.(For Motor) SKA6732X Date of Accident Certificate Number Search Select Policy No. Certificate Number Number Policyholder Name Name Name PHANG POCK TONG @TONY PANG POCK TONG @TONY PANG POCK TONG POCK TO	Policy Query Policy No. Date of Accident 29/04/2019 Control of Accident Search Select Policy No. Certificate Number Search Search Select Policy No. Certificate Number Policyholder Name Name Name Phang Pock Tong @Tony Phang Pock Tong @Tony Pang Pock Si851864C GPC drivo CLASSIC SKA6732X SKA6732X	Policy Query Policy No. Vehicle No.(For Motor) Select Policy No. Certificate Number Search Select Policy No. Certificate Number Policyholder Name Number Phang Pock Tong @Tony PANG Pock TONG @TONY PANG POCK PANG POCK S1851864C Policy No. Change Language Policyholder Accident Search Search Search Object Commence No.



OTICY NO.	5073864862-03	Vehicle No.	SKA6732X	were encountry on the con-	
ertificate No.	30/3864692-03	venicle No.	3KA6732X	GST Registration No.	
Dicyholder Name	PHANG POCK TONG INTONY PANG POCK TONG			200000000000000000000000000000000000000	BALTON -
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	\$1851864C
ontact No. (Mobile)	97399629	Contact No. (Office)	0	Loading Coston No Oleman	0
navi Apdress		Special Remark		Contact No.(Home) eCode	0 [N-V]
к	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	Land
D Protection	Yes	NCD Entitlement(%)	50	Private rire	24
Accident Details		and an annual section of the section		PTIVALOR PRITE	No
port Date	29/04/2019 19:53	Accident Report Within 24 hrs	Yes	\$1.5000 E000	200000000
te of Accident	29/04/2019			Accident Type	Chain Cottsion
porting Centre	29/04/2019	Time of Accident hhomm	08:20	Country of Accident	Singapore
cident Location	ECP (CHANGE) AFTER SIGLAP RD EXIT	Orange Force		ICM No.	
Excess	SAF (CHANGE) IN LEA STOCKE IND EAST				
n damage Excess	600.00	Additional Excess	0	200000000000000000000000000000000000000	
named Driver Excess	9.00	Outside Singapore OD Excess		Windscreen Excess	100.00
rd Party Excess	0.00	Outside Singapore TP Excess	600.00		
Benefits	200	Oz. 1 - Company	0.00		
GST Registered Inform	etion				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	Yes	
ification History				ACCESSOR	
Policyholder Mailing Ad					
fress 1	BLK 43 #11-08	Address 2	MARINE CRESCENT	Address 3	MARINE CRESCENT GARDENS
dress 4	SINGAPORE 440043	Address Type	Singapore address	Post Code	440043
it No.	02-08	Related Policy Number	5073884862-03		
OI Driver Info	***************************************				
ver Name named driver Name	PHANG POCK TONG GITONY PANG POCK TONG		Main Driver		
	65 (04 (400))	Driver NRIC	S1851864C	Driver DOB	10/03/1940
ister Date of Driver License		Driver Age	79	Driving Experience	47
ress 1	97395629	Contact No.(Office)	0	Contact No.(Home)	0
	BLK 43	Address 2	MARINE CRESCENT	Address 3	MARINE CRESCENT GARDENS
Iress 4	SINGAPORE 440043	Address Type	Singapore address	Post Code	440043
es he own a Singapore	11-08	4.500.000.000			
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
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Saration	15000				
		Any injury?	○ Yes ® No		
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in Type * nact No. (Mobile) all Address mart Type Claimant Type * mart Name *	OD-MX 97395629 Please Select ≥≥ SKA6732X / S7T54075 ON 29 Apr 2019	Contact No.(Home) OI Vehicle Number Type of Senete * Claimant NRIC * Insured Liability * Preferend Repair Option	SKA6732X Please Select.	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	S1T3407S
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