Date In: 16/7/19 - 1717	Jeb description	nıı	Date & Time Completed	Done by		
			- Date te rano outqueted	Dollo o		
Rel No: NA INCIGOOFTUGITY	SAS e-filin					
Veh No: siegyozz		ia Shrs, AIC 2hrs)				
D.O.A: 10/19-11-05		Claim Form M1044909-001 1615				
OD TP! Reporting Only	THE R. P. LEWIS CO., LANSING, MICH.	O (Within: OD 2hrs	, 7'P 4hrs)			
	i-Photo Up	loaded				
TP Insurer:	Assessment/	Survey Report				
	-	by Fax / Hand t	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW	: (Tel: F	ax:		
TP Particulars: Veh No:	JKN9~	INC ()/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: 30-1	00%]		
) Warranty: YES ()/NO()			
Excess: (\$) Loading:	\$1,000()/\$2,00	0()				
General Remarks:	100	to a pythatic		1817 17. 17.		
Remarks: (INC horline: 6788 661		NO();To	wing Co. (Date&Time Completed	.) 		
Remarks: (INC hotline: 6788 661	6) \ / Courtesy Car (Done by		
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection	6) \ / Courtesy Car (Done by		
Remarks: (INC horline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury:	6) \ / Courtesy Car () Done by		
Remarks: (INC horline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury:	6) \ / Courtesy Car (Date& Firme Completed) Done by		
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Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost Injury : Date/Time Actions MAIND 366 mimant's Particulars :- iver/Owner: maged Portion:	6) \ / Courtesy Car (Invoice Prep: 1) AR: Accident R 2) DA: Damage As 3) TF: Towing Fee 4) FT: Follow-Thre 5) FT: Fullow-Thre For claiming aga 6) TR: Re-inspectio 7) N1: Idae DA + S 8) NTUC Additions OIL* *N5: Courtesy Co	Date& Firme Compleyed	Anit (5) Amit (1) Add		
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Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions MA[403366 mimant's Particulars: iver/Owner: maged Portion: Checked by (Engr-In-Charge):	6) \ / Courtesy Car (Invoice Preparation of the state of the stat	Date& Firme Compleyed Date Firme Co	Anit(S) Arit (S) Bill Add) 145 120 130 1575 160		
Remarks: (INC hotline: 6788 661 1) Apply for Transport Allowance (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost: Injury: Date/Time Actions MAIO 3464 Stimant's Particulars: iver/Owner: Intact No: maged Portion: Checked by (Engr-In-Charge): ditors! Comments::	6) \ / Courtesy Car (Invoice Preparation of the state of the stat	Date&Time Completed Date Completed Date&Time Completed Date&Time Completed Date Comple	Anit (5) Arit (1) Add		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

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.
- 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 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	16/05/2019 17:15
Date Of Accident	15/05/2019 22:05
Exact Location Of Accident	WOODLANDS RD OUTSIDE ESSO PETROL STATION
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR9707Z
Insured/Policyholder	
Name Of Registered Owner	KUEK JIAN HONG
NRIC No	S9031009G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97289786
Alternative Phone No	OFFICE-97289786
Vehicle Particulars	
Manufacturer	AUDI
Model	A6 2.0 TFSI MU
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	5101933167
Cover Note Number	
Driver	
Name of Driver	KUEK JIAN HONG
NRIC No	S9031009G
Date Of Birth	28/08/1990
Occupation	INDOOR
Date Of Driving Pass	21/06/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE

(LOCAL) +65-97289786

OFFICE-97289786

NOEMAIL

Address BLK 128A PUNGGOL FIELD WALK

#07-337

Postcode 821128

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

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? YES

Foreign Vehicle Registration Number JKJ4922 (COMMERCIAL VEHICLE)

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES
Was any injured conveyed to hospital by
NO

ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s)
NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190516/2069.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES Remarks/ Reasons: VIDE

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JKJ4922

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1						
Name	KUEK JIAN HONG					
Approximate Age						
Injuries Sustain	BODY					
Injured person in which vehicle?	SLR9707Z					
Were seat belts worn?	YES					
Was this injured conveyed to hospital by ambulance?	NO					
Address						
Postcode						

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2 This Form must be campleted 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 policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy flability on the part of the insurance companies.
- 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 invoive 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)

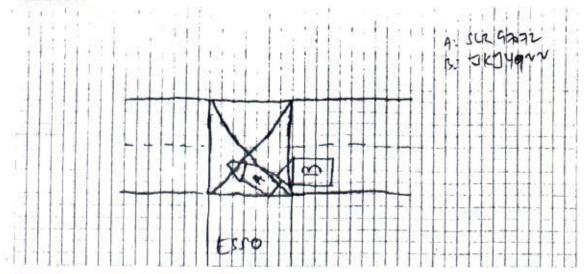
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

display the property of their Ma



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer	to	police	report -
	as and the to		
			100
-1.047A			
	2000		

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 Name: NRIC/FIN No.:

White stability is now bet

	Date of Accident	15-5-2019 Accident Time: 1006pm (24-HR-Format)
	S7378083 000	. 1091 Woudlands Road (Esso)
	Accident Place	A
	Vehicle Reg. No. (Car Plate No.)	SLR97072
	Vehicle Make/Model	: Audi 16
	Insurance Company	Policy No
	Owner or Company Name /IC No.	: Kuek Jian Hong
* 17	Owner or Company Contact No.	97289786 Owner's HpCompany Tel
	DRIVER'S Name / IC No.	: 59031,0099
	DRIVER'S Date Of Birth	: 28-08-1990 DRIVER'S License Pass Date 11 Jun - 2018
	Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: White
	DRIVER'S Address	: 1284 punggol Field Wolk #07-337 1/82-1128
	DRIVER'S Contact No./ Alt No.	:1)2)
	DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
	Email Address	: Admin@Mycor.sg
	Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	Number of Passengers (Including D	oriver):
	Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: (ES) NO s being used at the time of accident: Private use \ Work purpose
	Other I	Party Driver's Particular (if auv)
	Vehicle Reg. No: JEJ 4922	Vehicle Reg. No:
	Vehicle MakeWodel:	Vehicle Make\Model:
	Name Driver:	Name Driver:
	IC No. Driver:	IC No. Driver:
	Driver's Contact & Add:	D. 1. C O. A.11.





Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

1 of 3 Report No. T/20190516/2069

REPORT	OF A TRAFFI	CACCIDENT						
	me Report I 019 14:01	Made:	Vide Report No.: Station Diary N 41					
Informa	nt's Partic	ulars	The second secon					
Name o	f Informant: IAN HONG		Address: APT BLK 128A PUNGGOL FIELD WALK #07-337 SINGAPORE 821128					
	/ ID No.: O / S90310	09G	Contact No.: Home/Office: Mobile: 97289786					
National	lity: PORE CITIZ	EN	Email:					
Sex: Male	Age: 28	Date of Birth: 28/08/1990	Type of Informant: Driver					
Race: Chinese			Language: Institution / School Nam					
Occupat EVENTS	tion: S COORDIN	NATOR	Driving Licence Information: Class: 3A Date of Expiry:					

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 15/05/2019 22:05	Type of Location	
Location: Along Road 1 WOODLAND	SROAD				
outside Esso petrol station Weather:		Road Surface:	F	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Т	Traffic Volume:	
Traffic Flow.	Type of Collision:				

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
JKJ4922	Trailer	1				0	
SLR9707Z	Car	AUDI	A6 2.0 TFSI	Red		0	

Details of Vehicle Insurance								
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date				
SLR9707Z	NTUC Income Insurance Co-Operative Limited	5101933167	11/07/2018	10/07/2019				





2 of 3

Report No. T/20190516/2069

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

No. of Pedestrian	nvolved: No		Use of Pe	destriar	Cross	sing: NA	
Driver	is injured. NIL		030 011 0	COLITA	- Honor	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	
Name	ABDUL JABAR BIN	JAAFAR		ID No		890817015803	
Related Vehicle	JKJ4922 (Trailer)		Conta	ct No.	NIL		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL		
Driver			With the Party of		ALIENSA.	AND ADDRESS OF A	
Name	KUEK JIAN HONG			ID No	##	S9031009G	
Related Vehicle	SLR9707Z (Car)			Conta	ct No.	97289786	
Hospital/Clinic	NIL -	2011	Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	harge	NIL		
	ted Medical Leave	NIL	Degree of	Injury	NIL		

Brief Details.

On 15/05/2019 at about 10.06pm, I was driving out of Esso Petrol Station along Woodlands Road. I signaled to come out and was 3 quarter out to the lane. One trailer came and hit onto the right rear side of my car. We alighted, took photos of the accident and exchanged particulars.

I have reported to my insurance. No one was injured at that moment, however, I felt neck pain and will be seeing a doctor.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20190516/2069

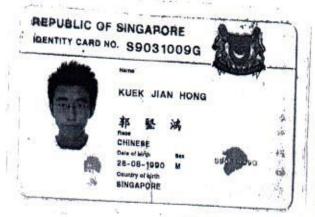
CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sgt TAN WEILONG, JONATHAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/05/2019 14:01
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	SN 085
Authentication Stamp	









eBao Tech							GeneralClaim				
Hello, NAC_PAYA_UBI_80	0601			THE REAL PROPERTY.	Second Contract		. Change	Language	+ Chang	e Password	Log Out
My Desktop Policy Query											
Notice of Loss	Policy N	to.				Date	of Accident	1	5/05/2019 2	2:05	
	Vehicle	No.(For Motor)	SLR970	07Z		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101933167		KUEK JIAN HONG	\$9031009G	GPC	drivo CLASSIC	SLR97072	SLR9707Z	11/07/2018	10/07/2019
						Continue	I				

Policy No.	5101933167	Policyholder Name	KUEK JIAN	HONG	Policyholder NRIC	S9031009G	
Certificate No.		Traine.			MAIC		
Address	BLK 128A #07-337 PUNGGOL FIELD WALK SINGAPORE 821128						
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	11/07/2018	Effective Date	11/07/2018	00:00	Expiry Date	10/07/2019	23:59
Excess Type		All Claims Excess					
Third		Own			1000		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Excess		IP Excess					
Agent	DQ INSURE	Agent Tel.	64522788		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 128A #07-337	Addre	ss 2	PUNGGOL FIELD	WALK	Address 3	SINGAPORE 821128
		Addre	ss Type	Singapore addre	ess	Post Code	821128
Address 4		ridare					
Address 4 Unit No.			ed Policy er	5101933167-01			
Jnit No.	d Object: SLR9707Z	Relate		5101933167-01			
Jnit No.	and the second s	Relate		5101933167-01			

laim Handling					
NCY No.	5101933167	Vehicle No.	SLR9707Z	GST Registration No.	
rtificate No.			Control of the Contro	20000000 2 0000000 00000	
Nicyholder Name	KUEK JIAN HONG			Policyholder NR1C	59031009G
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	97289786	Contact No.(Office)	0	Contact No.(Home)	0
aid Address		Special Remark		eCode	n v
к	® No ○Yes	TCA	® No ⊜Yes	eCode Reason	100.5
D Protection	No	NCO Entitlement(%)	0	Private Hire	No
Accident Details		Victoria de la composição	422	Principal Principal	
port Date	16/05/2019 18:21	Accident Report Within 24 per		102212/2020	
te of Accident	15/05/2019	Accident Report Within 24 hrs		Accident Type	Collision - Head to Rear
porting Centre	13/03/2019	Time of Accident hh:mm	22:05	Country of Accident	Singapore
ident Location	WOODLANDS RD OUTSIDE ESSO PETROL S	Orange Force		ICM No.	
Excess	WOODDNOS NO ODISIDE ESSO PEINOCS	HATION			
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					
GST Registered Informa					
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes .	
Incation History					
Policyholder Mailing Ad	dress				
iress 1	BLK 128A #07-337	Address 2	PUNGGOL FIELD WALK	(Name)	and the second
tress 4	700000 8700 8700 1845.		5.00	Address 3	SINGAPORE 821128
t No.		Address Type	Singapore address	Post Code	821128
OI Driver Info		Related Policy Number	5101933167-01		
ver Name	KUEK ISAN HONG		Lord.		
named driver Name	KUEK JIAN HUNG	Driver Type	Main Driver		
		Driver NRIC	59031009G	Driver DOB	28/08/1990
aster Date of Driver License		Driver Age	28	Driving Experience	0
rract No.(Mobile)	97289786	Contact No.(Office)	0	Contact No.(Home)	0
iress 1	BLK 128A	Address 2	PUNGGOL FIELD WALK	Address 3	53NGAPORE 821128
Bress 4		Address Type	Singapore address	Post Code	821128
t No.	07-337				
es he own a Singapore pistered car?	☐ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
leration athalyser or Blood Text		VV50-3 LSC 1000	Artikka menas		
dng?	0 mg	Any injury?	® Yes ○ No		
dification History					
laim 001 New					
m Type *	00-MX	Insured Name	KUEK JIAN HONG	Insured NRIC	\$9031009G
tact No.(Mobile)	51233066	Contact No.(Home)	65735074	Contact No.(Office)	
all Address		OI Vehicle Number	SLR9707Z	TP Vehicle Number	3KJ4922
mant Type Claimant Type •	Please Select	Type of Benefit *	Please Select		the state of the s
mant Name *	22	Cleimant NRIC *			
mant Address			VIEW INC.		
m Description	SLR9707Z / 3KJ49ZZ ON 15 May 2019			Name of Preferred Workshop	
erred Workshop Contact		Insured Liability *	Not at Fault		
uire Finalisation	Yes 💟	Preferend Repair Option	-	7 814 100 -	-
Registered	16/05/2019 18:23	Claim Close Date	Preferred Workshop, Name unknown	14450 - 155111612	Received V
ort Taken By		Communities Date		Date Received	16/05/2019 00:00
	Jackson				
Print AK letter					
			Save Submit		
tachment			annual services		
1000000					
ident No.	MT/1044909	Claim No.	001		
Doc Received	● Yes ○ No	Upload Date			
	Path •	Ahoso hace	16/05/2019 18:24		
	Path *		Category *	Confidential Urgen	35.
		Browse.		▼ Normal	
		Browse.		Normal V Normal	<u> </u>
		Browse.	Clear Please Select	V Normal	V
		200	T attenues a		

