Date In: MISTIN- In.	Job description	Date & Time Completed	Den	ie by
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Veh No: 1026161A	E-mail (within Shrs, AIC 2hrs)	 		
D.O.A: 195/19-18:00	i-Motor Claim Form			
	i-Motor W/O (Within: OD 2	10-10424011-W	21/5/19	19:55
OD / TP Reporting Only	i-Photo Uploaded	nrs, 17 vors)		
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW: (Jan		ax:	
TP Particulars: Veh No: JKAS	BEIK INC		ax:	-
Owner / Driver: (114C	Tel:		
Policy No: () Per	riod: (Cover Type: (
Confirmed by : (Date:	Time:		
	Note-Est Status (WO): N: 0-		000/1	
	Varranty: YES ()/NO ()	0076]	
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() Walk-In Customer: Customer's infor	mation strictly Confidential & S	trictly NO refer of repairer.		
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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 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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	21/05/2019 11:28
Date Of Accident	18/05/2019 18:20
Exact Location Of Accident	CTE (AYE) AFTER AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ6161A
Insured/Policyholder	
Name Of Registered Owner	SC INTEGRATED ENGINEERING PTE LTD
Co Reg No	201018651N
Email Address	NOEMAIL

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer HONDA

Model VEZEL 1.5X CVT

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-67495333

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5100057926-01

Cover Note Number

Driver

Name of Driver ONG YUE TIEN, JONATHAN (WANG YUETIAN)

 NRIC No
 \$8804137B

 Date Of Birth
 11/02/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 04/08/2008

Driving Experience 10 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98331437

Fax Number

Contact Number OFFICE-98331437

EMail Address NOEMAIL

BLK 999B BUANGKOK CRESCENT Address

#16-759

Postcode 532999

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident 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?

Was any injured conveyed to hospital by

ambulance?

YES

NO YES

Was any other material or property damaged?

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

NO 5

Number of Passengers (Including Driver)

Passenger 1

NAME:

: LIM LI YUN

GENDER:

: FEMALE

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

NAME:

GENDER:

: FEMALE

: FEMALE

Passenger 4

NAME:

. .

GENDER:

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

Police Station Name

ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING.

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190518/2153.

Attachment(s)

Remarks/ Reasons:

Are accident photos available for attachment?

Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

YES

YES

Page 2 of 19

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKA8881K

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)

DETAILS OF INJURED PERSON 1

Name ONG YUE TIEN, JONATHAN (WANG YUETIAN)

NO

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLZ6161A
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

Name LIM LI YUN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SLZ6161A
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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 <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:
 - 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

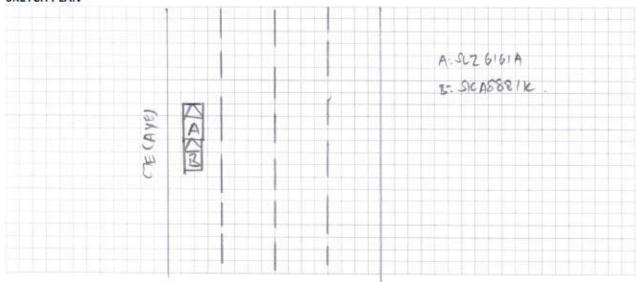
(ii) for complying with requirements under any regulations, laws or court orders.

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reser to	police report - thoughts hiss.	
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	

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 Personne s Signature Name:

NRIC/FIN No.:





1 of 3 Report No. T/20190518/2153

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

	18/05/2019 20:40		Vide Report No.:	Station Diary No.: 132
Informa	nt's Partic	ulars		
	f Informant: JE TIEN, JO		Address: APT BLK 999B BUANGKOK SINGAPORE 532999	CRESCENT #16-759
NRIC N	/ ID No.: O / S88041	37B	Contact No.: Home/Office:	Mobile: 98331437
National SINGAP	ity: PORE CITIZ	EN .	Email:	
Sex: Male	Age: 31	Date of Birth: 11/02/1988	Type of Informant: Driver	***************************************
Race: Chinese		ASS AUTOMOTIVE CONTRACTOR	Language: English	Institution / School Name:
Occupat PROJEC	ion: CT MANAG	ER	Driving Licence Information: Class: 3	Date of Evning

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/05/2019 18:20	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXENTED IN THE PROPERTY IN T	PRESSWAY	enue 1		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
	18	Traffic Control:		÷ - 66 - 17 - 1
Traffic Flow: One Way		Not Controlled		Traffic Volume: Heavy

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SKA8881K	Car	ТОУОТА	VELLFIRE 2.5V CVT ABS AIRBAG 2WD 5DR	Black	Slightly Damaged	0		
SLZ6161A	Car	HONDA	VEZEL 1.5X CVT	Black	Slightly Damaged	4		





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

2 of 3 Report No. T/20190518/2153

Details of Perso Any Pedestrian II	The second secon		The shares	Section 412		no associate e la sella se di il
No. of Pedestrian			Use of Peo	destriar	Cross	sing: NA
Driver						
Name	ONG YUE TIEN, JO	NATHAN		ID No	•	S8804137B
Related Vehicle	SLZ6161A (Car)		Conta	ct No.	98331437	
Hospital/Clinic	MOUNT ALVERNIA	HOSPITAL		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	18/05/2019	Westerlay to the second	Date Disch			/2019
No. of Days gran	ted Medical Leave	05	Degree of		Slight	

Brief Details.

On 18/05/2019, at about 1820hrs, I was travelling along Central Expressway. As the traffic was heavy, the vehicles in front of me came to stop. Thus, I followed suit. I wish to state that my vehicle came to a smooth stop and I did not applied the brakes abruptly.

Suddenly, I felt a collision from the rear of my vehicle. The impact caused my vehicle to surge forward. Fortunately, I maintained a safety distance from the vehicle in front of me. Hence, my vehicle did not collide with the vehicle in front of me. I then alighted and both me and the other driver exchanged particulars after ensuring that no one require any immediate medical attention. We subsequently carried on our journey.

I subsequently felt pain on my lower back and neck area. Thus, I proceeded to Mount Alvernia Hospital and was given 5 days outpatient leave. My family members have yet to see a doctor yet. I am lodging this report for insurance claim purposes.





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

3 of 3 Report No. T/20190518/2153

Sketch Plan

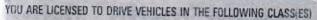
Informant is not able to provide sketch plan

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: E / Sgt 2 DOUGLAS GOH JIALE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2019 20:40
Officer In Charge Of Case: TP / AFTV SINGAPORT SN 168 Staff SQL WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp SIGNATURE	







Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 64 Aug 2006 of the driver; and other motor vehicles =< 2500kg

22-10-2018 APT BLK 9998 BUANGKOK CRESCENT #16-759 SINGAPORE 532999

NP 428A



Policy No.	5100057926-01	Policyholder Name	SC INTEGR	ATED ENGINEERING	Policyholder NRIC	201018651N	
Certificate No.		T. Marrie			WALC		
Address	15 YISHUN INDUSTRIAL STREET	1 #09-12 W	IN 5 SINGAP	ORE 768091			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	12/04/2019	Effective Date	24/04/201	9 00:00	Expiry Date	23/04/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	7/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	15 YISHUN INDUSTRIAL	STREE Addr	ess 2	#09-12 WIN 5		Address 3	SINGAPORE 768091
Address 4		Addr	ess Type	Singapore address		Post Code	768091
Unit No.	05-05	Rela Num	ted Policy ber	5100057926-01			
1 Insure	d Object: SLZ6161A						
on Faders	sements						
Endors							

Claim Description Preferred Workshop Contact to Require Finalisation Date Registered Report Taken By Print AK letter	21/05/2019 19:59 Jackson	Claim Close Date		Date Received	21/05/2019 00:00
referred Workshop Contact o. equire Finalisation we Registered eport Taken By	21/05/2019 19:59	Claim Close Date		Date Received	21/05/2019 00:00
eferred Workshop Contact o equire Finalisation are Registered	21/05/2019 19:59	Claim Close Date		Date Received	21/05/2019 00:00
eferred Workshop Contact p. equire Finalisation	1000	Claim Class Co.			24 (25) (20) 40, 00, 00
eferred Workshop Contact o	Yes	Preferened Repair Option	Preferred Workshop, Name unknown	G1A report	Received
eferred Workshop Contact	Part 1500	Insured Liability *	Not at Fault	1024933000	
arm Description	The steam of propeed to UN 18 May 2019	Insurant Liability &	for y the Tail	Name of Preferred Workshop	
ATTHER PURE EDS	SLZ6161A / SKA8881K ON 18 May 2019			Name of Books and Washington	
aimant Name * aimant Address	>>	Claimant NRIC +			
alment Type Claimant Type * almant Name *	2000	Type of Senefit *	Please Select		
hall Address	Phone Fallet	OI Vehicle Number	SLZ6161A	TP Vehicle Number	SKABBB1K
ntact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
aim Type •	00-MX	Insured Name	SC INTEGRATED ENGINEERING	Insured NRIC	201018651N
	-		Association and the second		
Claim 001 New					
December of the second					
odification History					
eading?	0 mg	Any injury?	® Yes ○ No		
Ireathalyser or Blood Test	0.000	Table Market	8 m Ou		
edaration					
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Unit No.	16-759				
Address 4	SINGAPORE 532999	Address Type	Singapore address	Post Code	532999
ddress t	BLK 999B	Address 2	BUANGKOK CRESCENT	Address 3	BUANGKOK PARKVISTA
ontact No.(Mobile)	98331437	Contact No.(Office)	0	Contact No.(Home)	0
egister Date of Driver License		Driver Age	31	Driving Expenence	10
nnamed driver Name	ONG YUE TIEN, JONATHAN (WA	Driver NRIC	Unnamed Driver 58804137B	Driver DOB	11/02/1988
or OI Driver Info	Unnamed Driver	Driver Type	Unitered Oriver		
nit No.	05-05	Related Policy Number	5100057926-01		
dress 4		Address Type	Singapore address	Post Code	768091
Moreon 1	15 YISHUN INDUSTRIAL STREET	Address 2	#09-12 WIN 5	Adoress 3	SINGAPORE 768091
Policyholder Mailing Ad					
		em changed GST Registration No. fro em changed GST Registration Date f			
diffication History	21/05/2019 19:58:18 Syst	em changed GST Registered from No	to Yes		
T Registration No.	201018651N		GST Registration Date GST Status Verified	01/12/2010 Yes	
GST Registered Informa ST Registered	Yes		COT Paristening Day	Academic	
	- Market				
otal OD Excess Applicable Benefits		Total TP Excess Applicable			
Additional Excess	0.00				
/IED OD Excess		YIED TP Excess		Driver is Covered?	
OD Standard Excess	600.00	TP Standard Excess	0.00		
		CHARLES AND	9755300		
scess Type	Per Accident	Windscreen Excess	100.00		
Total Excess Applicable	A STATE OF THE WAY AND 3 DATE.				
Reporting Centre	CTE (AYE) AFTER AMK AVE 1 EXIT	Orange Force		ICH No.	
Date of Accident	18/05/2019	Time of Accident nh:mm	18:20	Country of Accident	Singapore
eport Date	21/05/2019 19:57	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Accident Details	ACRES 100 100 100 100 100 100 100 100 100 10				
ICD Protection	No	NCD Entitlement(%)	20	Private Hire	No
PK	® No ⊜Yes	TCA	No ○Yes	eCode Reason	
mail Address		Special Remark		eCode	No. V
ontact No. (Mobile)	0	Contact No.(Office)	67495333	Contact No.(Home)	0
	PRIVATE CAR INSURANCE	Cover Type	STIVE CLASSIC	Loading	0
oduct Code	SC INTEGRATED ENGINEERING PTE LTD			Policyholder NR3C	201018651N
ertificate No. Royholder Name oduct Code	5100057926-01	Vehicle No.	SLZOLOLA	GST Registration No.	

