Date In: 2014		14080011 AN		
VIO19-15:13	Jeb description	Date &Time Completed	Don	ne by
Res No: Ma line 1901577/24	SAS e-filing			
Veh No: Olm 816c	E-mail (within 8hrs, AIC 2hrs)			
D.O.A: 12/6/19-16:45	i-Motor Claim Form	100-8pc1201 MM	28/6/19	lusis
OD (TP)' Reporting Only	i-Motor W/O (Within: OD 2hr			14.11
	i-Photo Uploaded	1	-	
TP Insurer:	Assessment/Survey Report			
	Ass't Report by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			ax:	-
TP Particulars: Veh No: 40F6173	P . INC(		ax:	
Owner / Driver: (		Tel:	-	= ======
Policy No: ( ) Period	l: ( )	Cover Type: (	<del>/</del>	
Confirmed by: (	Date:	Time:		
Insured/Driver Liability: ( %) [Note	e-Est. Status (WO): N: 0-20		, ,	
V		7%, P: 21-79%. P: 80-10	00%]	
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General Remarks,-				
( ) Walk-In Customer : Customer's informat	tion strictly Co-Edwin Co.	Green State and State St	COM 18: 1 - 5	STORT OF
( ) Total Loss Case : to e-mail Insurer U	non strictly confidential & Str	ctly NO rater of repairer.		
Drive-In ( ) / Towed-In ( ); Invoice: YF	ES( )/NO( );To	wing Co: (		)
Remarks:- (INC hotline: 6788 6616)				
1) 4-1 6 5	and the second s	Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/ Court	terre Carl			
	iesy Car ( )			
2) QC Check / Post Repair Inspection	( )	-		
2) QC Check / Post Repair Inspection	( )	*		
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### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.	sent to the archiving or this report at the centre and to copies of the report being made available
PRINTED TO A STATE OF THE PRINTED TO STATE OF THE PRIN	ACCIDENT STATEMENT
Date Of Report	28/06/2019 16:13
Date Of Accident	27/06/2019 16:25
Exact Location Of Accident	PIE (CHANGI) TWDS KIM KEAT LINK
Country/State of Loss	SINGAPORE
All the second s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM816C
Insured/Policyholder	
Name Of Registered Owner	ONG BOON LEONG
NRIC No	S7174644E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91097406
Alternative Phone No	OFFICE-91097406
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	5104018738
Cover Note Number	

### Driver

 Name of Driver
 ONG BOON LEONG

 NRIC No
 \$7174644E

 Date Of Birth
 09/03/1971

 Date Of Birth
 09/03/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/08/1991

Driving Experience 27 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91097406

Fax Number

Contact Number OFFICE-91097406

EMail Address NOEMAIL

BLK 23 SIN MING ROAD Address

#12-07

Postcode 570023

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 CLEAR Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident?

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 1

Number of Passengers (Including Driver) **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

GBF6173P

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

ONG BOON LEONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode BODY

SLM816C

YES

NO

### 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.
- 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 inionetary 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

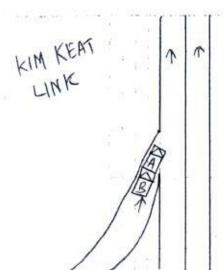
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE GIROGINATATIONS OF THE AGRICUATION
On 27/6/2019, at about 1625 hrs, I was travelling in my welnicle bearing (SLMB16C) into KIM KEAT LINK. Suddenly, I felt a large impact from the rear, I went down and realised that a large bearing (GBF 6/173P) had collided onto the rear of my vehicle. We then exchange porticulars and decide to proceed with insurance claims:
vehicle bearing (SLM BIGC) into KIM KEAT LINK. Suddenly, 1
felt a huge impact from the near, I went down and
realised that a larry bearing (GBF 6173P) had collisted onto
the new of my vehicle. We then exchange porticulars
and decide to proceed with insurance claims.

DECLARATION

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

Policyholder's Signature Date & Time:

says thought a consisting

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	: 27/6/7019 Accident Time: 16 25 (24-HR-Format)
Accident Place	: PIE CHANGI enter Ton Payoh Lorong 6 (HMICEAT LINK)
Vehicle. No. (Car Plate No.)	: SLM 816 C Make/Model: MITSUBISHI ATTRAGE
Insurace Company	:_NTUC Policy No:_ 5104018 738
Owner or Company Name /IC No.	: ONG BUON LEONG
Owner or Company Contact No.	: 9109740b Owner's HpCompany Tel
DRIVER'S Name / IC No.	: ONG BOOM LEONG
DRIVER'S Date Of Birth	: 09/03/1971 DRIVER'S License Pass Date 07/08/2014
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: 0 wn05
DRIVER'S Address	: APT BUK 23 SIN MING ROAD #12-07 S(570023)
DRIVER'S Contact No / Alt No.	:1) 91097406 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: admin @ mycar. 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 Dr	iver):
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: YES \ 100 s being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle. No: GBF 6173P	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

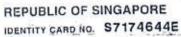
\* NEW - Passenger's name & gender:





01-12-2014

APT BLK 23 SIN MING ROAD #12-07 SINGAPORE 570023





ONG BOON LEONG





CHINESE Date of birth 09-03-1971 Country/Place of birth

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES





### THE SCHEDULE

#### **Private Car Insurance Policy**

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number

5104018738

The Policyholder

ONG BOON LEONG BLK 23 #12-07 SIN MING ROAD

SINGAPORE 570023

Period of Insurance

22 Sep 2018 To 21 Sep 2019

Sum Insured

Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: 5\$1,302.75

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver

ONG BOON LEONG

Named Driver (1)

: N/A

Named Driver (2) Make/Model

: MITSUBISHI/ATTRAGE

MMBSTA13AHH003747

Capacity

: 1200cc

Registration Number

SLM816C

Registration Year

2017

Chassis Number

Repair at Owner's Preferred Workshop : No

Off-peak Car Insure with COE

140

Excess (Section 1)

\$\$600

NCD Entitlement

0%

Excess (Section 1)

51/4

NCD Protection

No

Excess (Section 2)
Windscreen Excess

: N/A

Loyalty Discount

: 5%

Additional Excess

: \$\$100

Unnamed Driver Excess

: N/A : Please refer to Terms and Conditions

Hire Purchase Company

: DBS BANK LTD

**Optional Cover** 

Transport Allowance

: No

Excess Waiver

: No

Memo A : N/A

Endorsement Operative : N/A

Agency

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 20 Sep 2018 17:54 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

<b>eBao</b> Tech		Genera						alClaim		
Hello, NAC_PAYA_UBI_80	0601					Change	Language	- Chan	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		27/06/2019	16:25	
	Vehicle No.(For Motor)	SLM816	ic		Certif	cate Number	[			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5104018738		ONG BOON LEONG	S7174644E	GPC	drivo CLASSIC	SLM8160	SLM816C	22/09/2018	21/09/2019
					Continue	I				

Inlieu Ne	E104019729	Policyholder	ONC BOOM	LEONIC	Policyholder	671746445	rant at least
olicy No.	5104018738	Name	ONG BOON	LEONG	NRIC	S7174644E	
ertificate lo.							
ddress	BLK 23 #12-07 SIN MING ROAD	SINGAPORE	570023				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	20/09/2018	Effective Date	22/09/2018	00:00	Expiry Date	21/09/2019 23:5	9
Excess Type		All Claims Excess					
Third		Own			Windscreen		
Party Excess	0	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
OD Excess	600	Singapore TP Excess	0			Young/In	experience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 23 #12-07	Addr	ess 2	SIN MING ROAD		Address 3	SINGAPORE 570023
						Post Code	570023
Address 4		Addr	ess Type	Singapore address			2/18203
			ed Policy	Singapore address 5104018738			2022029
Address 4 Unit No.	ed Object: SLM816C	Rela	ed Policy				0.000
Address 4 Unit No.		Rela	ed Policy				

laim Handling								
cident MT/1051098								
HCY NO.	5104018718		Vehicle No.	SLM816C		GST Registration No.		
rtificate No.								
Icyholder Name	ONG BOOM LEONG					Policyholder NRIC	57174644E	
duct Code	PRIVATE CAR INSURAN	CE	Cover Type	drivo CLASS	SIC	Loading	0	
ntact No.(Mobile)	91097406		Contact No.(Office)	0		Contact No.(Home)	0	
all Address			Special Remark			eCode	No.	
	® No ○Yes		TCA	® No ⊜Ye	16	eCode Reason	150,000,000	
D Protection	No		NCD Entitlement(%)	0		Private Hire	No	
Accident Details			Vi tora concessorable (1)	0.55		100000000	100	
	DATE OF THE PROPERTY OF THE PR							
port Date	28/06/2019 19:13		Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head to	Rear
e of Accident	27/06/2019		Time of Accident hh:mm	16:25		Country of Accident	Singapore	
orting Centre			Orange Force			ICH No.		
odent Location	PIE (CHANGI) TWOS KI	IM KEAT LINK						
Excess								
n damage Excess		600.00	Additional Excess	D		Windscreen Excess	100.00	
named Driver Excess		0.00	Outside Singapore OD Excess		600.00	-010337.341049544	0370000	
ind Party Excess		0.00	Outside Singapore TP Excess		0.00			
Benefits		2.00	Cutaine arrigapore in ascess		. 0.50			
GST Registered Informa	4.00							
F Registered	No				Registration Date			
T Registration No.				GST	Status Venfied	Yes		
diffication History								
Policyholder Mailing Ad	dress							
ress 1			KARAGO A	em more	norn.	Various	garless and annual	
	BLK 23 #12-07		Address 2	SIN MING		Address 3	SINGAPORE 5700	12.5
Idress 4			Address Type	Singapore a	ddresa	Post Code	570023	
it No.			Related Policy Number	510401873	a .			
OI Driver Info								
ver Name	ONG BOON LEONG		Driver Type	Main Driver				
named driver Name			Driver NR3C	871746446		Driver DOB	09/03/1971	
gister Date of Driver License	10/08/1991		Driver Age	45		Driving Experience	27	
ntact No.(Mobile)	91097406		Contact No.(Office)	0		Contact No.(Home)	0	
dress 1	BLK 23		Address 2	SIN MING	IOAD.	Address 3	SINGAPORE 5700	122
	00.42							123
dress 4			Address Type	Singapore a	ddress	Post Code	570023	
Nt No.	12-07							
oes he own a Singapore igistered car?	○ Yes ® No		Driver Vehicle No.			Driver Insurer Compa	riy	
claration								
eathalyser or Blood Test lading?	0 mg		Any injury?	® Yes ()	VQ			
odification History								
Claim 001 New								
an war e	for wy	122	200000000000000000000000000000000000000	and sec	770000	5.0700000000	Page 1999	
sim Type *	OD-MX	~	Insured Name	ONG BOOM	LEONG	Insured NRIC	S7174644E	
ontact No. (Mobile)	91097406		Contact No.(Home)			Contact No.(Office)	NIL	
mail Address		1	OI Vehicle Number	SLM816C		TP Vehicle Number	G8F6173P	
simant Type Claimant Type *	Please Select	V	Type of Benefit *	Please Sei	ect v			
simant Name *		2.5	Claimant NRIC *					
aimant Address								
aim Description	SLM816C / GBF6173P	ON 27 Jun 2019				Name of Preferred Wo	vrketon	
eferred Workshop Contact	JE TO SEE SHOULD SEE	- 7 July 2013	9.000000000000000000000000000000000000		-	The second second second second		-
Control of the World Control of the			Insured Liebility *	Not at Fau	k 🔻			- 200
rquire Finalisation	Ves	V	Preference Repair Option	Preferred 1	Workshop, Name unknown	GIA report	Received	v
te Registered	28/06/2019 19:15		Claim Close Date			Date Received	28/08/2019 00:0	10 (3)
port Taken By	Jackson							
Print AK letter	STANKS III							
				Save Sub	mit.			
Attachment								
v								
cident No.	MT/1051098		Plate No.		001			
			Claim No.		001			
st Doc. Received	● Yes ○ No		Uproad Date		28/06/2019 19:16			
		Path *			Category *	Confidential	Urgency *	Description *
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			Browse		Please Select			
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