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TP Insurer:	Assessment/S	Survey Report			
	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	-
TP Particulars: Veh No: 5	W7888V	INC (
Owner / Driver: (Tel:	1	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by: (Date:	Time:		
Insured/Driver Liability: (%)) [Note-Est. Status (State of the state	%; P: 21-79%. P: 80-1	00%1	-
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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.

A SOUTH PLANT OF THE STREET STREET	ACCIDENT STATEMENT
Date Of Report	01/07/2019 17:22
Date Of Accident	28/06/2019 21:55
Exact Location Of Accident	CTE (SLE) BEFORE AMK AVE 1 EXIT
Country/State of Loss	SINGAPORE
Chief in the land of the control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB2042A
Insured/Policyholder	
Name Of Registered Owner	HENG ZHEN RON, LIONEL
NRIC No	S8500747E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96604324
Alternative Phone No	OFFICE-96604324
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE 1.6 SX 6AT 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	5098426839-01
Cover Note Number	
Driver	
Name of Driver	HENG ZHEN RON, LIONEL

(LOCAL) +65-96604324

11 YEARS AND 6 MONTHS

S8500747E

02/01/1985

10/12/2007

INDOOR

MALE

Mobile Number Fax Number

Gender

NRIC No

Date Of Birth

Date Of Driving Pass

Driving Experience

Occupation

Contact Number OFFICE-96604324

EMail Address NOEMAIL

BLK 336D ANCHORVALE CRESCENT Address

#16-62 544336

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 CHAIN COLLISION

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

4

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJW7888U

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 OTHER VEHICLE PROPERTY 2

Page 2 of 12

Vehicle Registration Number

SKF550S

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJQ2832U

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

HENG ZHEN RON, LIONEL

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKB2042A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- 3) 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.
- 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.
- 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 that copies of this report will for a fee be made available upon application by interested parties.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
 - Investigations the accident and/or my claims; (11)
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111)
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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 envelops/mail packages); and/or
 - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders. (II)

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:

I was travelling straight on the first lane of CTE towards SLE before AMK ave 1.

The traffic was quite heavy and all vehicles are moving slowly. When the vehicle in front of me slowed down , i also slowed down and was coming to a stop.

Suddenly , i felt a huge impact on the rear portion of my vehicle and when i got down of my vehicle , i realised i was involved in a 4 car chain collision.

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

Page 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 liability on the part of the insurance companies.
 Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	
Date of accident	28 JUN 2019	(DD/MM/YY)
Time of accident	2155 PM	(HH:MM)
Exact location of accident	CTE TOWARD SLE BEFORE AMK AVE I	

	DETAILS OF VEHICLE
Vehicle registration number	SKB 2042 A
Vehicle make and model	KIA CERATO FORTE
Type of vehicle	Saloon MPV CRV Van Cry CRV O C
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim Reporting only □

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	5098426839-	01	
Type of policy	Comprehensive 🗹	Third party fire & theft \square	TP only 🗆

通信发生的主义 (1995年)	INSURED / POLICY HOLDER	里季 1000000000000000000000000000000000000	
Name	HENG ZHEN RON, LIONEL	Male 🗹	Female 🗆
NRIC / Fin / Passport number	58500747E		
Contact	9660 4324		
Address	336D ANCHORVALE CRESCENT SINGAPORE S44336	#16-62	

DRIVER	SAN	ME AS INSURED A	BOVE (SKIP TO D.C).B)	Part and
Name				Male 🗆	Female 🗆
NRIC / Fin / Passport number				00	
Contact		Side and the second			
Address					
Email address					
Date of birth					
Occupation	Indoor 🗷	Outdoor			
Driving date pass					

大大公司 (1951年) [1950年] [1950年] [1950年] [1950年]	GENERALI	NFORMATION OF THE ACCID	ENT
Was driver an employee of	Yes 🗆	Nod	ired: Owner.
the insured's company?		tionship of the driver and ins	ired:
Accident captured by camera?	Yes	No 🗆	
Weather condition	Clear 🗹	Raining Others:	
Road surface	Dry Ø	Wet □	(,)
No of passenger	01		(Inclusive of driver
		PASSENGER 1	
Name			
Gender	Male 🗆	Female	
		PASSENGER 2	The second secon
Name		2000 - 2010 - 2010 D	
Gender	Male 🗆	Female 🗆	
	HELL ENGLISH	PASSENGER 3	的的研究所是大家可以可能的现象
Name			
Gender	Male 🗆	Female	
			Valley III
A STATE OF THE STA		PASSENGER 4	州西部省市北州 工作中间 王原图
Name			
Gender	Male 🗆	Female	
Mark the Section of the Control of the		PASSENGER 5	
Name			
Gender	Male □	Female	
	110		
的战场是是大型的人员	912	PASSENGER 6	
Name			
Gender	Male 🗆	Female	
建筑 的。据数是一种,是		OTHER INFORMATION	national desiration of the second
Was anybody injured?	Yes 🗹	No 🗆	
Was other vehicle damaged?	Yes 🗹	No 🗆	
种理量或仍是特色特别。	DETA	ILS OF POLICE STATION ACTIO	N
Reported to police?	Yes 🗆	No Ø If yes, please sta	te which police station.
Police station name			
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Name	1		
Control of the Control of		WITNESS 2	(5) 经产品的产品的
Name			

建筑	THIRD PARTY VEHICLE 1	ME HELLING
Vehicle registration number	SJW 7888U	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

"我们是不是一个,我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	THIRD PARTY VEHICLE 2
Vehicle registration number	SKF 550 S
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3		
Vehicle registration number	SJQ2832U	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

A STATE OF THE PARTY OF THE PAR	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

阿里尔斯洛州地名《阿里尔拉卡斯· 尔·尔	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

体与祖建建院全个层层间。当时	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

AND THE RESIDENCE AND THE PARTY OF THE PARTY	SECTION OF THE	INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	123400000	
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No □
hospital by ambulance?		
新型的影响的		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	areas parties areas	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?	***	N-S-
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	The public of	INJURED PERSON 5
Name	Service of the Paris	INJUNED PENSON 5
Injuries sustained	_	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No o
Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?	163 [
mospital by almoviance:		
A SECTION OF BUILDING	a de la companya de l	INJURED PERSON 6
Name		11301120
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	163 0	118 -
mospital by ambulances		

Class 3 Mader Cars - Jödükg with -<7 pessengers, ex clusive 10 Dec 200



MMC No. S8500747F

For LKK/NAC Use Only

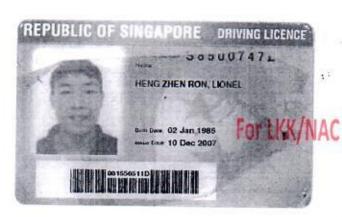
Date of Issue

APT BLK 338D ANCHORVALE CRESCENT #16-62 SINGAPORE 544336

14515, No. \$8500747E

Pair. 21/04/2015

NO 4194



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8500747E



Name

HENG ZHEN RON, LIONEL

王振荣

CHINESE Date of Birth 8 02-01-1985 M

SINGAPORE

eBao Tech									GeneralClaim		
Hello, NAC_PAYA_UB1_80 My Desktop		cy Query		THE RESIDENCE OF THE SECOND			• Chang	e Language	· Chan	ge Password	· Log Ou
Notice of Loss	Policy No. Vehicle No.(For Mator)		SKB20	SKB2042A		Certificate Number		28/06/2019 21:55			
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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		Andrea.			- 1	Continue	10000000000			terrending of	

Policy No.	5098426839-01	Policyholder Name	HENG ZHE	N RON, LIONEL	Policyholder NRIC	S8500747E	
Certificate No.					1000000		
Address	BLK 336D #16-62 ANCHORVALE	CRESCENT A	NCHORVALE	COVE SINGAPORE 5	44336		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/04/2019	Effective Date	05/05/201	9 00:00	Expiry Date	04/05/2020 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	/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Υ.	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	holder Mailing Address						
Address 1	BLK 336D #16-62	Addre	ess 2	ANCHORVALE CRE	SCENT	Address 3	ANCHORVALE COVE
Address 4	SINGAPORE 544336	Addre	ess Type	Singapore address		Post Code	544336
Jnit No.		Relati	ed Policy per	5098426839-01			
	ed Object: SKB2042A						
) Insure							
Insure Endors	sements						

Claim Handling					9
Accident MT/1051369 Policy No.	5098426839-01	This is a second of the second			
Certificate No.		Vehicle No.	SKB2042A	GST Registration No.	
Policyholder Name	HENG ZHEN RON, LIONEL				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRIC	58500747E
Contact No.(Mobile)	96604324	Contact No.(Office)	0	Loading	0
Email Address		Special Remark		Contact No.(Home) eCode	o ne v
KPK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	In V
NCD Protection	740	NCD Entitlement(%)	10	Private Hire	No
→ Accident Details					
Report Date	01/07/2019 17:33	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
Date of Accident	26/06/2019	Time of Accident hh:mm	21:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	Singapore
Accident Location	CTE (SLE) BEFORE AMK AVE 1 EXIT				
Total Excess Applicable	* Supplement				
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	222		
VIED OD Excess	0.00	VIED TP Excess	0.00		
Additional Excess	0.00	THE PARTY OF THE P	0.00	Driver is Covered?	Covered
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
▽ Benefits			0.00		
♥ GST Registered Inform	nation				
GSY Registered	No		GST Registration Date		
GST Registration No. Modification History			OST Status Verified	Yes	
Producation Principly					
♥ Policyholder Hailing Ad	ddress				
Address 1	BUK 3360 #16-62	Address 2	ANCHORVALE CRESCENT		
Address 4	SINGAPORE 544336	Address Type	Singapore address	Address 3	ANCHORVALE COVE
Unit No.		Related Policy Number	5098426839-01	Post Code	544336
⇒ Of Driver Infe		Control of the Contro	5050420039-01		
Driver Name	HENG ZHEN RON LIGNEL	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	58500747E	Driver DOB	02/01/1985
Register Date of Driver License	10/12/2007	Driver Age	34	Driving Experience	11
Contact No.(Mobile)	96604324	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 336D	Address 2	ANOHORVALE CRESCENT	Address 3	ANCHORVALE COVE
Address 4 Une No.	SINGAPORE 544336	Address Type	Singapore address	Post Code	544336
Does he own a Singapore	16-62				
Registered car?	○ Yes ® No	Driver Vehicle No.		Oriver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	ADVENUE NAV	-comment		
Reading?		Any injury?	® Yes ○ No		
2000					
Modification History					
Claim 001 New					
The same of the sa					
Claim Type *	OD-MX	100 9	The same of the sa		
Contact No.(Mobile)	96604324	Insured Name	HENG ZHEN RON, LIONEL	Insured NRIC	S8500747E
Email Address	lonel.heng@gmail.com	Contact No.(Home) OI Venicle Number	63541715 SK82042A	Contact No.(Office)	
Claimant Type Claimant Type *		Type of Benefit *	Please Select	TP Vehicle Number	SJW7888U
Claimant Name *	252	Claimant NRIC +			
Claimant Address					
Claim Description	SK82042A / SIW7888U ON 28 Jun 2019			Name of Preferred Workshop	S - 2 - 2
Claim Description Preferred Workshop Contact	SK82042A / SJW7888U ON 28 Jun 2019	Insured Liability *	Not at Fault	Name of Preferred Workshop	
Claim Description Preferred Workshop Contact No.	SKB2042A / SJW7888U ON 28 Jun 2019 Ves	Insured Lability * Preference Repair Option		Name of Preferred Workshop GIA report	Received [V]
Claiment Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered				—————————————————————————————————————	Received:
Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	Yes	Preferend Repair Option		GIA report	Received 01/07/2019 00:00
Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	Ves V	Preferend Repair Option		GIA report	
Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Ves V	Preferered Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	
Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By	Ves V	Preferered Repair Option Claim Close Date		GIA report	
Claim Description Preferred Workshop Contact No. Require Finelisation. Date Registered Report Taken By Frint AK letter Attachment	Ves V	Preferered Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	
Claim Description Preferred Workshop Contact No. Require Finelisation Date Registered Report Taken By Finit AK letter Attachment	Ves 01/07/2019 17:35 Jackson	Preferered Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	
Claim Description Preferred Workshop Contact No. Require Finelisation Date Registered Report Taken By Finiti AK letter Attachment	Ves 01/07/2019 17:35 Jackson MT/1051369	Preferered Repair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	
Claim Description Preferred Workshop Contact No. Require Finelisation Date Registered Report Taken By Finit AK letter Attachment	Ves 01/07/2019 17:35 Jackson	Preferered Regiair Option Claim Close Date	Preferred Workshop, Name unknown	GIA report	

