NATIO	NAL Assessment Cen	tre Services	Wet I Jamos My	A 119087728		
Date In:	4/19-16:03	Jeb description		Date &Time Completed	Done	by by
Ref No:	TIM HELDONES OLA	SAS e-filing				
Veh No:		E-mail (within	Shrs, AIC 2hrs)	T		
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TP Insure	•••	Assessment/St	irvey Report			
		Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred \	Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Partic	ulars: Yeh No: St E	.74297	. INC()/Non-INC().		
Owner /	Driver: (Tel:)	
Policy N	o: ()	Period: ()	Cover Type: ()	
C	Confirmed by : (Date:	Time:)	
Insured/	Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]	-
Year of	Registration: ()	Warranty: YES ()/NO()		
Excess:			554.500.0000000000000000000000000000000		8-2-1-12-1-12-12-12-12-12-12-12-12-12-12-	
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Drive-In (10 () =			
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Remarks:-	(INC hotline: 6788 6616)			Date&Time Completed	Done	by
1) Apply fo	or Transport Allowance ()	/ Courtesy Car ()			
	ck / Post Repair Inspection	())		3	
Upload I	Resurvey Photo [Repair Cost >	\$3000] ()	*		
Injury:						
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ontact No:		3	5) FT : Follow-T	hrough Survey (Resurvey)	\$30	
maged Por	tion		6) TR: Re-inspec	gainst INC Only (wof 10 Jan 200 ction	\$75	
maged For	don.		7) N1 : Idac DA	+ SMRT Survey	\$160	
Charles	L m I m		8) NTUC Addition	onal Services:-		-
Cnecked	by (Engr-In-Charge):		*N5: Courtesy	Car / Tpt Allowance	\$5	
345023340 3 5			*N6: Repair C *N7: Fost Rep		\$10	
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2/3:			Invoice dated	Pee Chargea		and of the
			Invaice dated	Fee Charged	MARIN	L

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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

The state of the s	ACCIDENT STATEMENT
Date Of Report	04/07/2019 16:23
Date Of Accident	04/07/2019 07:30
Exact Location Of Accident	PIE (TUAS) BEFORE CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKB3269G
Insured/Policyholder	
Name Of Registered Owner	NG HUNG YONG
NRIC No	\$1249300B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96393759
Alternative Phone No	OFFICE-96393759
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1K23Q5 MX
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5071988385-04
Cover Note Number	

Driver	
Name of Driver	NG KUAN KENG KENNETH (HUANG GUANGQING)
NRIC No	S8522677J
Date Of Birth	12/08/1985
Occupation	INDOOR
Date Of Driving Pass	12/01/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96373077

Fax Number

Contact Number OFFICE-96373077

EMail Address NOEMAIL Address

BLK 661C EDGEDALE PLAINS

#12-634

Postcode

823661

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

ured CHILDREN

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?

NO

Was any injured conveyed to hospital by

140

ambulance?

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)

1

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS IT WAS CONGESTED, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLE3429J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

ONG CHUN KEE (WANG JUNQI)

NRIC/Passport Number

S8922261C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- 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 <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

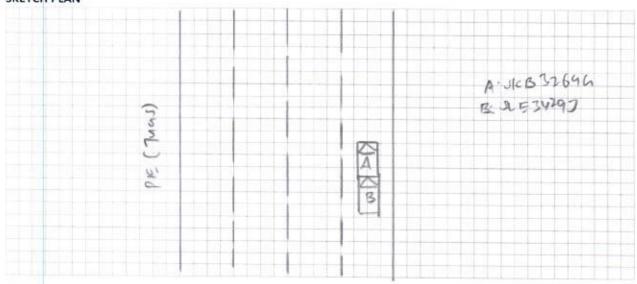
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refor to distement.	
	0- A

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8522677J



NG KUAN KENG KENNETH (HUANG GUANGQING)

光慶

CHINESE

12-08-1985

SINGAPORE

NG KUAN KENG KENNETH (HUANG GUANGQING)

Bern Date: 12 Aug 1985 Date: 31 Aug 2017

5754924



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

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

For LKK/NAC Use Only

25-05-2017

APT BLK 661C EDGEDALE PLAINS #12-634 SINGAPORE 823661

NP 428A

eBao Tech							F	Genera	alClaim
Hello, NAC_PAYA_UBI	_800601 Policy Query				• Chang	e Language	e → Chang	ge Password	, Log Out
Notice of Loss	Policy No. Vehicle No.(For Motor)	5K83269G			of Accident		04/07/2019 (07:30	
	Series Policy No.	Certificate Policyholder Number Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5071988385- 04	NG HUNG YONG	S1249300B	GPC	drivo CLASSIC	SKB32690	SKB3269G	18/05/2019	17/05/2020
	1100	V-5000049	-	Continue	1		11 12 22	HISTORY CO.	(101/26 Trans

Policy No.	5071988385-04	Policyholder Name	NG HUNG	ONG	Policyholder NRIC	S1249300B	
Certificate No.							
Address	BLK 132 #01-179 POTONG PA	ASIR AVENUE 1 S	SINGAPORE :	350132			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	17/04/2019	Effective Date	18/05/2019	00:00	Expiry Date	17/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third	0.29	Own			We do		
Party Excess	0	damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore		Outside					
OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	S & M ALLIANCE PTE LTD	Agent Tel.	96354288		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 132 #01-179	Addre	ss 2	POTONG PASIR AV	ENUE 1	Address 3	SINGAPORE 350132
Address 4		Addre	ss Type	Singapore address		Post Code	350132
Unit No.		Relate Numb	ed Policy er	5071988385-04			
	ed Object: SKB3269G						
D Insure							
InsureEndors	sements						

Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No (Mobile)	96393759	Contact No.(Office)	0	Contact No.(Home)	0
Email Address (Fix	8. A.	Special Remark	10000000	eCode	10.0
ICD Protection	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
Accident Details	No	NCD Entitlement(%)	50	Private Hire	No
eport Date	04/07/2019 16:41	Accident Report Within 24 hrs.	Vac		Value Committee Committee
ate of Accident	04/07/2019			Accident Type	Collision - Head to Rear
eporting Centre	04/07/2019	Time of Accident Nh::mm Orange Force	07:30	Country of Accident	Singapore
codent Location	PIE (TUAS) BEFORE CLEMENT) RD EXIT	orange roice		TCM No.	
Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
O Standard Excess	7,000				
IED OD Excess	600.00	TP Standard Excess	0.00		
dditional Excess	0.00	YIEO TP Excess	0.00	Driver is Covered?	Covered
stal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
♥ Benefits			0.00		
GST Registered Inform	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Ventiled	Yes	
odification History					
Policyholder Mailing Ad	dress				
ddress 1	84K 132 #01-179	Address 2	POTONG PASIR AVENUE 1	Address 3	SINGAPORE 350132
ndress 4		Address Type	Singapore address	Post Code	350132
nit No.		Related Policy Number	5071908385-04		
OI Driver Info		- Commonwealth Common C			
river Name Interned driver Name	NG KUAN KENG KENNETH	Driver Type	Named Driver		1400 STREET
egister Date of Driver License	12/01/2010	Driver NRIC Driver Age	S85226773	Driver DOB	12/08/1985
ontact No.(Mobile)	96373077	Contact No.(Office)	33	Driving Experience	9
ddress I	BLK 661C	Address 2	EDGEDALE PLAINS	Contact No. (Home) Address 3	0 WATERWAY SUNDEW
doress 4	SINGAPORE 823661	Address Type	Singapore address	Post Code	823661
Init No.	12-634				
loes he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?					
egistered car?					
eclaration					
coeration reathalyser or Brood Test	Đ mg	Any injury?	○ Yes ® No		
eclaration reathalyser or Brood Fast	0 mg	Any injury?	○ Yes ® No		
eclaration reachalyser or Blood Test eading?	5 mg	Any injury?	○ Yes ® No		
cièration reathalyser or Blood Test reding?	0 mg	Any injury?	○ Yes ® No		
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contrain reachalyser or Brood Test eading? Claim 001 New Sam Type * Defact No. (Mobile) mail Address learnant Name * Samant Address learnant Name * Description referred Workshop Contact Registered Report Taken By Print AK letter Attachment	OD-MX 96192759 Ng'nyong@singnet.com.sg Please Select ≥≥ SKB3269G / SLE1429) ON 4 Jul 2019 Yes Ves Ves Ves	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NR3C * Jesured Liability * Preference Repair Option Claim Close Date	NG HUNG YONG 62881378 SKB3269G Please Select Not at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workshop GIA report	68465742 SLE34291
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