Date In: MAIN-10144	Jeb description	Date &Time Completed	Don	ie by		
Rei No: LIA/INC 190/2395/44	SAS e-filing					
Veh No: 50F15764	E-mail (within Shrs, AIC 2hrs)	1				
D.O.A: 1~/2/19-18:13	i-Motor Claim Form	144.1 60 1				
		M7/1052177-201	147/19 1	8:32		
OD / TP ! Reporting Only	i-Motor W/O (Within: OD 2hrs, 7P 4hrs)					
	i-Photo Uploaded					
TP Insurer:	Assessment/Survey Report	<u> </u>				
Preferred Wksp / INC Assign Wksp / QW: (Ass't Report by Fax / Hand					
TP Particulars: Veh No: Vot	PIC.		ax:			
Owner / Driver: (USIP . INC					
	Period: (Tel:				
Confirmed by : (Date:	Cover Type: ()			
		Time:)			
Year of Registration: ()	[Note-Est. Status (WO): N: 0-2 Warranty: YES ()/NO (:0%; P: 21-79%. P: 80-1	00%]			
Excess: (\$) Loading: \$1,)				
General Remarks:		A ROMANDO TO THE TOTAL CONTROL				
A A SA			Ser Contract			
() Walk-In Customer: Customer's info	ormation strictly Confidential & St	rictly NO refer of repairer.				
() Total Loss Case : to e-mail Insur	rer URGENTLY.					
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO(); T	owing Co: ()		
Remarks: (INC horline: 6788 6616)			7.2600			
		Date & Time Completed	Done	hv		
I Apply for Transcrapt Alleger			100111	1.2		
	Courtesy Car ()					
2) QC Check / Post Repair Inspection	()					
2) QC Check / Post Repair Inspection	()					
1) Apply for Transport Allowance () / (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	()					
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury: Date/Time Actions mimant's Particulars:- iver/Owner: maged Portion:	Invoice Prep Invoice Prep 1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) i*T: Follow-Th For claiming as	Reporting (\$30); Assessment (\$100); INC (\$80) to \$40/3 rough Survey (\$100); Survey rough Survey (Resurvey) sinst UNC Only (wef 10 Jan 2005) tion \$100.5 SMRT Survey \$100.5	Ant (5) fit Bill	Amu (
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

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.
- Any false reporting may be referred to the Police for investigation.
- 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

	ACCIDENT STATEMENT
Date Of Report	12/07/2019 10:44
Date Of Accident	12/07/2019 08:55
Exact Location Of Accident	SIMEI AVE TOWARDS XILIN AVE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF1576A
Insured/Policyholder	
Name Of Registered Owner	NG BENG TECK WILLIAM
NRIC No	S0081891G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94353095
Alternative Phone No	OFFICE-94353095
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at ime of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5107437137
Cover Note Number	
Driver	
Name of Driver	NG BENG TECK
NRIC No	S0081891G
Date Of Birth	27/05/1954
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1984
Driving Experience	34 YEARS AND 7 MONTHS

MALE

NOEMAIL

(LOCAL) +65-94353095

Address APT BLK 937 TAMPINES AVENUE 5 #08-137 SINGAPORE

Postcode 1852

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

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 THE STATEMENT ATTACHED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD5461P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

RAMAN MURUGESAN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 26

No. Of Passenger (Including Driver)

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 personal Information to all insurer (collectively the "Personal Information") and disclose and transfer such vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - 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:

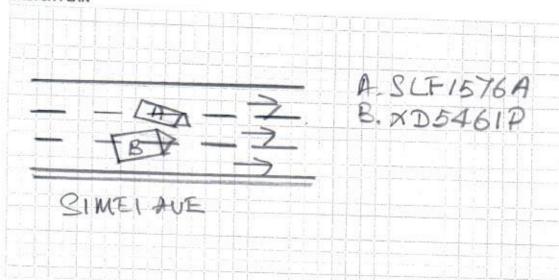
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

-	
I WAS	TRAVELLING ALONG SIME! AVE TOWARDS YIHIN AVE, I
1411031	COMPLECE MY LADE CHANGE, A TRUCK MEDGE IN DE LIT
SNTO M	LY DEHICLE RIGHT HAND PORTION.
LABATION	

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.:



HS AUTOMOTIVES PTE LTD

Bik 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921. TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: 5	LF1576A	MAKE/M	ODEL:	ACEAN	3	
DATE OF ACCIDENT	12 / 07/ 2019 DAY/MONTH/YEAR	TIME	08 HR	59	MIN	AMY PM
LOCATION OF ACCIDENT	SIME	EI AUE	TOWARD	5 XIL	N AUE	
EXACT PURPOSE USE DU	RING ACCIDENT		working	1.		
CAR OWNER			Maria de la companya del companya de la companya de la companya del companya de la companya de l			
NAME OF CAR OWNER	NG BENG	TECK U	MAHAIC			
CONTACT NO	9435 309					
NRIC	500818911					
CLAIM TYPE		OD	/	THIRD PARTY	RE.	PORTING ONLY
INSURANCE COMPANY	NTUC					OKTING ONET
TYPE OF COVERAGE		COMPRE	HENSIVE	THIRD PARTY	Ти	IRD PARTY FIRE & THEFT
POLICY NO	510743713					IND PARTY FIRE & THEFT
ACCIDENT DRIVER		AS ABOVE		IF NOT- KINDL	V EILL IN RELO	
NAME OF DRIVER					THE IN DECO	**
NRIC			NO.	O OF PASSENGER	15 1 1	
DATE OF BIRTH	27 MAY 1951	4		o or radicitoes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
OCCUPATION	RETIREE			OUTDOOR	INI	OOOR
DATE OF DRIVING PASS	27 /05/1954		_		L J INC	JOOK
GENDER	1. 27 - 41 - 41 - 41 - 41 - 41 - 41 - 41 - 4			MALE	EEN	MALE
CONTACT NO					1.21	MALL
ADDRESS	BLK 937	TAMPINE	S AVEN	UE 5 #	08-137	5(1852)
DRIVER OWN ANY VEHIC						
RELATIONSHIP EMPLOY	EE/SPOUSE IF NOT:	09	war			
WEATHER CONDITION		CLEAR	RAINI	NG	OTHER:	
ROAD SURFACE		DRY	WET		OTHER:	
ANY INJURIES		NO) IF YES- NA	ME:	II -		
CONTACT NO			-			
POLICE REPORT		NO) IF YES- LO	CATION:			
VIDEO FOOTAGE		NO/YES				
3RD PARTY INFO	EUC. O					
VEHICLE B NO	XD 5461P	00		OF PASSENGER	/s O	
NAME	RAMAN	MURUGE	SAN			
CONTACT NO						
VEHICLE C NO	2		NO	OF PASSENGER,	/s	
VEHICLE D NO			NO	OF PASSENGER,	/s	
VEHICLE E NO			NO	OF PASSENGER,	/s	
VEHICLE F NO		Direction of the Control of the Cont	NO	OF PASSENGER,	/s	
ANY WITNESS						
WITNESS CONTACT NO						







MAIC No. S0081891G



27-01-1994

APT BLK 937 TAMPINES AVENUE 5 #08-137 SINGAPORE 1852

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

EFFECTIVE DATE

1624271

Motor cars with unladen weight =< 3000kg with =< 7 07 Dec 1984 passengers, exclusive of driver; and other motor vehicles with upladen weight =< 2500kg

NP 428A

Class 3

Licence No:S0081891Q



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107437137

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SLF1576A

Chassis Number

: JM6BM42A8G0347590

2. Name of Policyholder

: NG BENG TECK WILLIAM

3. Effective Date of Insurance

: 16 Feb 2019

4. Expiry Date of Insurance

: 15 Feb 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1) EXCESS (SECTION 2) WINDSCREEN EXCESS

: \$\$600 : N/A : \$\$100

ADDITIONAL EXCESS UNNAMED DRIVER EXCESS

: N/A : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION

: NO : YES : NO

TRANSPORT ALLOWANCE **EXCESS WAIVER**

: NO

PRIMARY DRIVER

: NG BENG TECK WILLIAM

NAMED DRIVER (1) NAMED DRIVER (2)

: NG WEN QIANG CALVIN : N/A

HIRE PURCHASE COMPANY

SUM INSURED

. N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: ONG HUI SENG LIFE & GENERAL INS AGENCY (00000571953)

Date of Issue

: 08 Feb 2019 15:24 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

Authorised Officer

Chief Executive

Insurance for Motor, Travel & Company

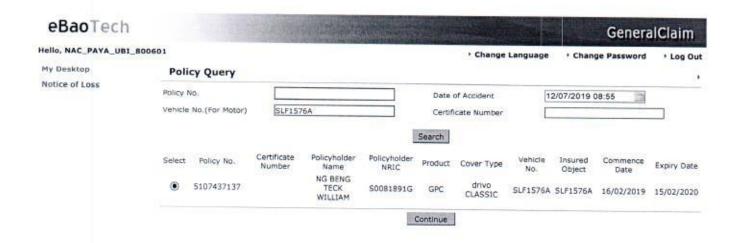
LTC Resources



Please contact

Jeffrey 9061 5988 / 9738 9938 KC Bik 5002 Ang Mo Kio Ave 5

#02-04 Techplace II Singapore 569871 Email: ieffkc03@gmail.com / ngkokchoo12@gmail.com



Policy No.	5107437137	Policyholder	NG BENG TI	ECK WILLIAM	Policyholder	S0081891G	
Certificate No.		Name	W44291-E4921-1		NRIC		
Address	BLK 937 #08-137 TAMPINES AV	ENUE 5 SING	APORE 52093	17			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	08/02/2019	Effective Date	16/02/2019	00:00	Expiry Date	15/02/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	٥	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/I	nexperience Driver Excess
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900		GST Flag	Y	
Co- insurance Flag Open Policy Info	No				Y - SWISHING THE		
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	BLK 937 #08-137	Addre	ss 2	TAMPINES AVENUE	5	Address 3	SINGAPORE 520937
		Addre	ss Type	Singapore address		Post Code	520937
Address 4		Relati	ed Policy	5107437137			
10:10020		Numb	er				
Unit No.	d Object: SLF1576A		er				
Address 4 Unit No. Insure Endors	10,000 - 00,000 - 00,000 - 000		er				
Unit No.	ements	Numb	er Endorsement	Туре	Endorsement	Status	Endorsement Content

Accident MT/1053157						+Exit
						- KAIL
Policy No.	5107437137	Vehicle No:	SLF1576A	GST Registration No.		
Certificate No.						
	NG BENG TECK WILLIAM			Policyholder NR3C	90081891G	
Product Code	MIVATE CAR INSURANCE	Cover Type	DIVO CLASSIC	Loading	0	
Contact No. (Mobile)	94353095	Contact No. (Office)	0	Contact No.(Home)	0	
Email Address		Special Remark		eCode	The 🕶	
KPK	® No ○Yes	TCA	® No ○Yes	eCode Reason	M Property	
NCD Protection	No	NCO Entitlement(%)	20	Private Hire	No	
→ Accident Details						
Report Date	12/07/2019 18:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane	
	12/07/2019	Time of Accident hhomm	08:35	Country of Accident	Singapore	
Reporting Centre		Orange Force:		ICM No.		
	SIMII AVE TOWARDS XILIN AVE					
Total Excess Applicable						
fixtess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	W00.00	***				
VIED OD Excess	5600.00	TP Standard Excess	0.00			
Additional Excess	0.00	YIED TP Excess	0.00	Oriver is Covered?	Covered	
Total OD Excess Applicable	600.00	Total TR Consult to 1 and				
♥ Benefits	900.00	Total TP Excess Applicable	0.00			
GST Registered Informat	lon					
GST Registered	No					
GST Registration No.			GST Registration Date GST Status Venfied	Yes		
Modification History						
						3
Policyholder Mailing Add	ress					100
	BLK 937 #08-137	Address 2	TAMPINES AVENUE S	Address 3	SINGAPORE \$20937	
Address 4		Address Type	Singapore address	Post Code	520937	
Unit No.		Related Policy Number	5107437137			
OI Driver Info						
Unnamed driver Name	Ng Beng Teck William	Driver Type	Main Driver			
	77/17/1004	Driver NRIC	50081891G	Driver DOB	27/05/1954	
	07/12/1984	Driver Age	65	Driving Expenence	34	
	94353D95 BLK 937	Contact No.(Office)	0	Contact No.(Home)	0	
Address 4		Address 2	TAMPINES AVENUE 5	Address 3	SINGAPORE 520937	
	08-137	Address Type	Singapore address	Post Code	520937	
Does he own a Singapore	O Yes ® No	200000000000000000000000000000000000000				
Registered car?	O No G No	Driver Vehicle No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test Reading?	mg	Any injury?	○ Yes No			
resump.	200	and admit	Ú 142 @ No			
Modification History						
Modification History						
Claim 001 New						
Claim Type •	ор-мк		P			
	-	Insured Name	NG BENG TECK WILLIAM	Insured NRIC	S0081891G	
	17817536	Contact No. (Home)	67861243	Contact No. (Office)	67683504	
Claimant Type Claimant Type *	ring3@singnet.com.sg	OI Vehicle Number	SLF1576A	TP Vehicle Number	XD5461P	
Claimant Name +	10000	Type of Benefit *	Please Select			
Claimant Address	22	Claimant NRIC +				
	RF1576A / XD5661P ON 12 Jul 2019					
women's branching total 1		Internal Liability a		Name of Preferred Workshop		
Preferred Workshop Contact		Insured Liability *	Not at Fault			
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