Date In: 1/8/19-18:41	Job description	Date & Time Completed	Don	e by
Rel No: Wallow C19 013689 hy	SAS e-filing			The state of
Nel No: 274 3 822x	E-mail (within Shrs, AIC 2hrs)			-
D.O.A: 3/8/19-19705	i-Motor Claim Form		700 11	
2.0.7 3 4  19-19708		m/1086553-001	T18/19 10	15
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hr	s, 11 4hrs)		
	i-Photo Uploaded	<del> </del>		
TP Insurer:	Assessment/Survey Report  Ass't Report by Fax / Hand	to Owner/Wise		
Preferred Wksp / INC Assign Wksp / QW: (	Ass t Report of Pax7 Hand	CONTRACTOR OF THE PARTY OF THE	ax:	
TP Particulars: Veh No: M	VYDER INC			
Owner / Driver: (	13/8/	Tel:	)	
Policy No: (	Period: (	Cover Type: (		
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-1	00%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
	1,000 ( )/\$2,000 ( )	<u></u>		
General Remarks:-	20% Tayloon Toga Carana Parana Van Nord	TOWNS CONTROL OF THE PARTY	1847 17 17	
( ) Walk-In Customer: Customer's in		destruction and an artists	19.00 Per - 2	- 54
The state of the s		nctly NO rater of repairer.		
Drive-In ( )/ Towed-In ( ); Invoi		· · · · · · · · · · · · · · · · · · ·		
Drive-In ( )/ Towed-In ( ); Invoi	ice: YES( )/NO( );T	owing Co: (		)
Remarks: (INC horline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/	Courtesy Car ( )			
., repriy tot Transport Anowance ( )/	Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )	1		
	( )	-		
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > ]	( )			
2) QC Check / Post Repair Inspection	( )			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	( )		Tarion H	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :	( )		respond	
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury :  Date/Time Actions	( ) \$3000] ( )  Invoice Prep	aration Checklist	Tit Bill	
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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 aforesaid.

above a seek to the second of the second	ACCIDENT STATEMENT
Date Of Report	05/08/2019 18:41
Date Of Accident	03/08/2019 19:25
Exact Location Of Accident	TAMPINES AVE 10
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH7802X
Insured/Policyholder	
Name Of Registered Owner	POH BEOW ENG
NRIC No	S1254239I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85109501
Alternative Phone No	OFFICE-85109501
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G A
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	5094591675-01
Cover Note Number	
Driver	
Name of Driver	ONG ENG JOO
NRIC No	S1205702D
Date Of Birth	17/03/1956
Occupation	INDOOR
Date Of Driving Pass	29/09/1976
Driving Experience	42 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90882825
Fax Number	
Contact Number	OFFICE-90882825
EMail Address	NOEMAIL

BLK 21 BEDOK RESERVOIR VIEW Address

#05-02

478936 Postcode

Was driver an employee of the Insured's Company NO

SPOUSE 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 DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

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

SLV4578R

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

1 04 CO.

#### 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 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
- 5. 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
- 7. 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 aforesald.
- Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- 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
  - (i) 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.
- 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:
  - (i) 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:

Signature Reporting Centre Personne

Name:

NRIC/FIN No.:

	Location TAMP AVE (O befor TAMP AVES
5 77 77	Vohicle A SSH 7802)C S SLV 4578R
(A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	\$ 3LV 4370K
0 5 4 3 2 1	

ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
On the S	tated date & time	I while it was
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elt an imper	of on my rear	Realising vehicle is
ad sear en	ded me. Comsing	durage to my
ear portion	* .	
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		8
ECLARATION	ticulars are true in every respect.	81
Dar.	h	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

### ACCIDENT STATEMENT

ACC	CIDENT DATE: 03/08/	)0191(DD/MM/MM),	TIME: 17:23-A	Eriving
	ATION: TAMPINES AL			_
	DETAILS OF VEHICLE  a) VEHICLE NUMBER:  b) INSURANCE COMPAI  c) POLICY NUMBER:  d) POLICY TYPE: (COMP	REHENSIVE / THIRD PART	Y/THIRD PARTY FIRE &	ATHEFT)
	g) VEHICLE CATEGORY: h) PURPOSE OF USING A i) ARE YOU CLAIMING U IF NO, PLEASE STATE (T	PE / MPV / V AN / LORRY  (PRIVATE / COMMERCIA T ACCIDENT TIME:	ANCE (YES/NO) ORTING ONLY)	
2	A)NAME: PON B  B)NRIC/FIN/PASSPORT: C)ADDRESS: 21	SEON END SIZENTZALI BERDE BERENDIA	CONTACT: 8510 ( VIEW #05-02 8 (4+6936)	7501
14 No of passing & (Induding shire)	CONTINUE TO 3.d IF DI DRIVER DINAME: 670 EN	205 +021)	LDER (MALE / FEN CONTACT: 908)	AALE) 2825
e male passenge	"d) DATE OF BIRTH: (	OR / OUTDOOR)	ED'S COMPANY? (YE	5 ( DO)
4. 5.	IF NO, RELATIONSTAT	LICKEAR / RAINING /	H INSURED:	Visc
6. 7.	b)ROAD SURFACE: (DRY WAS ANYBODY INJURED  C)REPORTED TO POLICE	11001.00		(# <del>7 = # + ≥</del>
8. No of passenger	THIRD PARTY VEHICLE	SLV4578R.	MODEL:	
Induding driver)	b) DRIVER'S NAME: c) NRIC/FIN/PASSPOR' THIRD PARTY VEHICLE	1:	CONTACT:	
I. A - comeser	d) VETHOLE HOLE		CONTACT:	
( )	f) NRIC/FIN/PASSPORT		27	ř.

email =

fax =

# MEDIUS OF SINGAPORE

IDENTITY CARD NO. \$1205702D





Vinne

ONG ENG JOO



王 永 裕 For LKK/NAC Use Only

CHINESE

Date of birth

17-03-1956

\$1205702D

Country/Place of birth SINGAPORE





NAIC No. S 1205702D



O 1-03-2019 For LKK/NAC Use Only

Address

BLK 21 BEDOK RESERVOIR VIEW #05-02 SINGAPORE 478936

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unleden does not exceed 2500 kilograms

29 Sep 1976

Class 4

Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

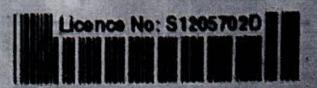
14 Aug 1978

Class 5

Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

14 Feb 1979

NP 428A



<b>eBao</b> Tech			-		14 TA C					Genera	lClaim
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My Desktop	Poli	cy Query									•
Notice of Loss	Policy N	Vo.				Date	of Accident	0:	3/08/2019 1	9:25	
	Vehicle	No.(For Motor)	S3H780	D2X		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094591675- 01		POH BEOW ENG	S1254239I	GPC	drivo CLASSIC	S3H7802X	SJH7802X	22/08/2018	21/08/2019
						Continue	1				

□ Poli	icy Information				- WEST - WASTER		
olicy No.	5094591675-01	Policyholo Name	POH BEOW	ENG	Policyholder NRIC	512542391	
Certificate No.							
Address	21 BEDOK RESERVOIR VIEW	#05-02 AQU	ARIUS BY THE PA	ARK SINGAPORE 478	936		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Ssue Date	31/07/2018	Effective Date	22/08/2018	00:00	Expiry Date	21/08/2019 23	3:59
Excess Type		All Claims Excess	i				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
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Agent	INSURE LINK PTE LTD	Agent Te	64444644		GST Flag	Υ	
Co- insurance Flag Open Policy Info	No						
Certificate Info							
Policy	holder Mailing Address						
Address 1	21 BEDOK RESERVO	IR VIEW A	ddress 2	#05-02 AQUARIUS	BY THE PARI	Address 3	SINGAPORE 478936
Address 4		Α	ddress Type	Singapore address		Post Code	478936
10000000000			elated Policy umber	5094591675-02			
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) Insur	ed Object: SJH7802X sements						

aim Handling									
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rficate No.						olicyholder NRIC		5125423	Q1
yholder Name	POH BEOW ENG		257.02	76520				0	24
uct Code	PRIVATE CAR INSURANCE	Cover Type	drive Ci	LASSIC		oading			
tect No.(Mobile)	85109501	Contact No. (Office)	0			contact No. (Home)		0	
ul Address		Special Remark	12000	1200 TO		Code		N. V	
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ort Oate	05/08/2019 19:53	Accident Report Within 24 hrs	Yes		A	ccident Type		Collision	- Head to Rear
e of Acodem.	03/08/2019	Time of Accident hhimm	19:25			Country of Accident		Singapor	e
orting Centre		Orange Ferce			,	CM No.			
dent Location	TAMPINES AVE 10								
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n damage Excess					600.00	and the same			
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rd Party Excess	0.00	Outside Singapore TP Excess			0.00				
Benefits									
GST Registered Informa									
Registered	No				egistration Date	1000			
Registration No.				05T S	tatus Verified	Yes			
diffication History									
Policyholder Mailing Ad		-110X-20	(OC)	25170					
dress 3	21 BEDOK RESERVOIR VIEW	Address 2				Address 3			ORE 478936
dress 4		Address Type	Singap	ore ad	dress	Post Code		478935	
et No.		Related Policy Number	50945	91675	-02				
OI Driver Info									
ver Name	Unnamed Driver	Driver Type	Unnam	red Dri					
named driver Name	ONG ENG 300	Driver NRIC	51205	7020		Driver DOB		17/03/1	956
gister Date of Driver License	29/09/1976	Driver Age	63			Driving Experience		42	
ritact No.(Mobile)	90882825	Contact No. (Office)	0			Contact No.(Home)		0	
dress 1	21 BEDOK RESERVOIR VIEW	Address 2	AQUAR	ROUS B	Y THE PARK	Address 3		SINGAP	ORE 478936
ctress 4		Address Type	Singap	ore ad	dress	Post Code		478936	
Nt No.	05-02								
oes he own a Singapore.		Driver Vehicle No.				Driver Insurer Comp	anv		
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odification History									
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ntact No.(Motrile)	85109501	Contact No.(Home)	54478	1911		Contact No.(Office)		658243	69
nali Addressi		OI Venicle Number	531478	-		TP Vehicle Number		SLV457	8R
aimant Type Claimant Type+	Please Select	Type of Benefit *	Please						
		Claimant NRIC *							
imant Name *	22	Premium hamps	-						
emant Address						Name of Preferred V	CONTRACT OF		
em Description	SJH7802X / SLV4578R DN 3 Aug 2019		_	200		reams or Preferred V	unication		
eferred Workshop Contact c		Insured Liability *	Not a	Fault	<u> </u>				
quire Finalisation	Ves 🔻	Preferered Repair Option	Prefer	med W	orkshop, Name unknown	GIA report		Receiv	ed 🔻
ne Registered	05/08/2019 19:55	Claim Close Date				Date Received		05/08/	2019 00:00
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