Date In: n/8/19-12:27		MHA 491 09845-01	Design Control of the Control	a section to the section of
18/19-12:V	Jeb description	Date & Time Completed	Don	e by
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Veh No: 162407C	E-mail (within Shrs, AIC 2hrs)			
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A	i-Motor W/O (Within: OD :		210117	19
OD TP Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Report			
Transact.	Ass't Report by Fax / Han	d to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 450 30	•330 . INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-	-20%; P: 21-79%. P: 80-1	100%]	N
Year of Registration: () W:	arranty: YES ()/NO ()		
Excess: (\$) Loading: \$1,000	0()/\$2,000()			
General Remarks:	STARRITHON WOODS PROGRAMENT NO			-
() Walk-In Customer : Customer's inform		E BOURNAL AND STATE OF THE PROPERTY OF	SCOTT RELIES	C many Co.
() Total Loss Case : to e-mail Insurer		Strictly NO rater of repairer.		
Drive-In ()/ Towed-In (); Invoice:	YES()/NO();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ()/Cou	irtesy Car ()		***************************************	
2) QC Check / Post Repair Inspection	()	1	-	
3) Upload Resurvey Photo [Repair Cost > \$300	001 ()			
3) Upload Resurvey Photo [Repair Cost > \$300	00] ()			
3) Upload Resurvey Photo [Repair Cost > \$300 Injury:	00] ()			
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Injury: Date/Time Actions NA 14361 laimant's Particulars:-	Invoice Pr. 1) AR: Accider 2) DA: Dameg 3) TF: Towing	nt Reporting (\$30); to Assessment (\$100); INC (\$8 Fee \$40,	fac Bijl 0) /545	
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Injury: Date/Time Actions	Invoice Pr 1) AR: Accider 2) DA: Darneg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair 0 *N7: Fost Re- *N8: DV / Co	at Reporting (\$30); c Assessment (\$100); INC (\$3:65); Fee \$40. Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) against Survey \$5:65. cetion \$4. SMRT Survey \$5:65. y Car / Tpt Allowance Co-ordination pair Inspection blect Excess Coordination	55 510	
Injury: Date/Time Actions NAMAGON Inimant's Particulars:- river/Owner: Ontact No: Imaged Portion: C. Checked by (Engr-In-Charge): Initors! Comments::	Invoice Pr 1) AR: Accider 2) DA: Darneg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae DA 8) NTUC Addit OD* *N5: Courtes *N6: Repair 0 *N7: Fost Re- *N8: DV / Co	at Reporting (\$30); c Assessment (\$100); INC (\$3:6] Fee \$40. Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) against Survey \$5:7 cetion \$40. Co-ordination pair Inspection Dilect Excess Coordination P (Non INC) against INC	55 510 525 53 520 30	

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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
- 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. 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	21/08/2019 12:27
Date Of Accident	21/08/2019 10:30
Exact Location Of Accident	BLK 7 NORTH BRIDGE RD CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ4027C
Insured/Policyholder	
Name Of Registered Owner	LEE HOON TIAK
NRIC No	S1379000J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86878489
Alternative Phone No	OFFICE-86878489
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No. Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5095375059-01

Cover Note Number

Driver

Name of Driver ONG HAN JIE NRIC No S9049708A Date Of Birth 18/12/1990 Occupation INDOOR Date Of Driving Pass 19/11/2013

Driving Experience 5 YEARS AND 9 MONTHS

Gender MALE

Mobile Number +65-81864944

Fax Number

Contact Number OFFICE-81864944

EMail Address NOEMAIL

BLK 866 TAMPINES STREET 83 Address

#15-223

520866

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

2

Was any body injured in the Accident?

NO

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

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

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 GBD5053U

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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>repudlate 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:
 - (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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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:

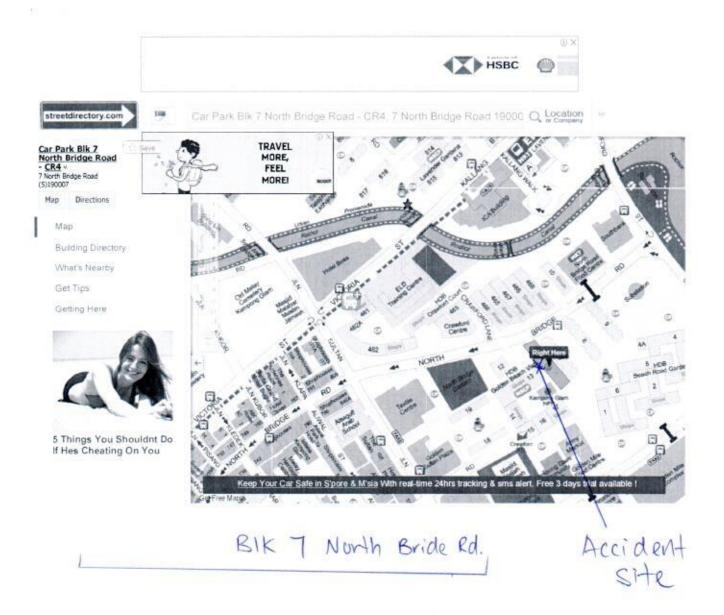
Reporting Centre Personnel's Signature Name:

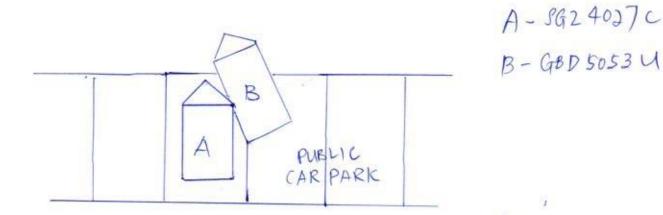
NRIC/FIN No.:

Accident Statement

On 21st of Aug 2019, at around 1030hrs, My vehicle (SGZ4027C) was stationary parked within the parking lot at Blk 7 North Bridge Road. A vehicle (GBD5053U) parked besides me had hit onto the right side of my vehicle when he exit from his carpark lot. I was in my vehicle when the accident happened. I'm making a claim against third party.

Name: Ong Han Jie NRIC: S9049708A





ONG HAN JIE 89049708A



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADD	DENDUM
)	PARTICULARS OF PE	RSONMAKINGTHEAMEND	MENTS:
	Original Report No	MNA119109845	Vehicle Registration No: SGZ4027C
	Name(as shownin NRIC)	LEE HOON TIAK	NRIC/FIN/Passport No : S1379000J
	(*Vehicle Driver / Ve	hicle Owner) (*) Please dele	te as appropriate
	Address	F	Singapore(
	Contact (Tel)		Mobile No. : 86878489
	Email Address	£	
	Date of Accident	21/08/2019	Time of Accident : 10:30
	Place of Accident	BLK 7 NORTH BRIDGE	RD CARPARK
	Insurance Company	NTUC Income Insurance	Co-operative Ltd
	Policyholder / Driver	's Signature	Reporting Centre Personnel's Signature
	Date:		Name: NRIC/FIN No.: Date:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9049708A





Name

ONG HAN JIE

P养 LKK外AC Use Only I

CHINESE

Date of birth

5904970BA

18-12-1990

Country of birth SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9049708A

ONG HAN JIE

Issue Date: 19 Nov 2013



Land Transport Authority



VOCATIONAL LICENCE

Licence No : \$8049708A Name : ONG WAN DIEC USE Only

Please visit www.lta.gov.sg to check the status of this vocational licence



100 M S9049708A



For IKK/NAC Use Only

30-12-2005

Address

APT BLK 868 TAMPINES STREET 83 #15-223 SINGAPORE 520866

QU'ABE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 19 Nov 2013 of the driver; and other motor vehicles =< 2500kg

For LKK/NAC Use Only

Licence Ne: Se049708A

NP 428A

This care is not transferable and is the property of the Land Transport
Authority (LTA). It must be superdesed to LTA on request. If fouris, please
return to LTA. 10 Sin Mins Dave, Singapore 57-5701.

Type

Destiblion

Legge Date

13

PRIVATE WIRE CAR VI.

26/06/2018

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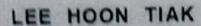


Junge

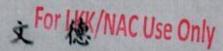
REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1379000J











Race

CHINESE

Date of birth

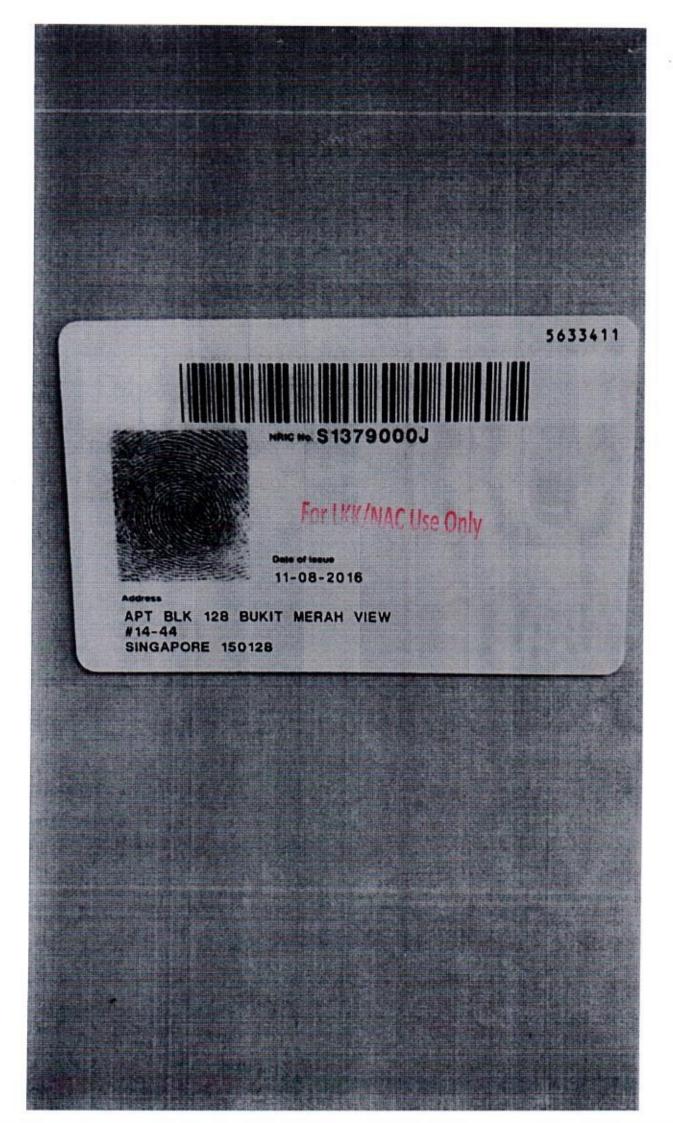
14-08-1959

Country/Place of birth SINGAPORE

Sex

M







Seque	52 SIN SIN NO.		Endorsemen	t Tunn	Endorsement	Chabus	Endorsement Conten
♥ Endon							
3001900000	d Object: SGZ4027C		per 50953/5059-01				
Address 4 Unit No.	SINGAPORE 150128		Iress Type Singapore address ated Policy 5095375059-01		Р	Post Code 1501	150128
Address 1	BLK 128 #14-44	Addre	-5454501	BUKIT MERAH VIE	N	Address 3	BUKIT MERAH VIEW
0222.019.5	holder Mailing Address				***		
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777		GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type		All Claims Excess					
Policy ssue Date	25/10/2018	Effective Date	29/10/2018	8 00:00	Expiry Date	28/10/2019 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 128 #14-44 BUKIT MERAN	YIEW BUKIT N	MERAH VIEW	SINGAPORE 150128	ETER		
Certificate No.							
Policy No.	5095375059-01	Policyholder Name	LEE HOON	TIAK	Policyholder NRIC	S1379000J	

laim Handling					
ccident MT/1058842		CONTRACTOR	CANADA	- 10-20 TO 10-10	
Necy No.	5095375059-01	Vehicle No.	SGZ4027C	GST Registration No.	
Dertificate No.					
Oscyholder Name	LIE HOON TIAK			Policyholder NRIC	S1379000J
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Mobile)	86878489	Contact No.(Office)	0	Contact No.(Home)	a a
mail Address		Special Remark		eCode	N. V
PK	® Ng ○ Yes	TCA	® No ○ Yes	eCode Reason	
ICD Protection	Carlo				
	No	NCD Entitlement(%)	10	Private Hire	Yes
▼ Accident Details					
eport Date	21/08/2019 19:52	Acodent Report Within 24 hrs	Yes	Accident Type	Damaged whist parked
ate of Accident	21/08/2019	Time of Accident hhumm	10:30	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
coident Location	BLK 7 NORTH BRIDGE RD CARPARK	(C.885= #G0 2960)			
2 Excess	CONTROLLED CHOCKER				
	9252300	6500 5500	540		
wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
mamed Driver Excess	500.00	Outside Singapore OD Excess	2,000.00		
and Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
2 Benefits					
GST Registered Informa	stion				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History					
Policyholder Mailing Ad	dress				
toress 1	BLK 128 #14-44	Address 2	BUKIT MERAH VIEW	Address 3	BUKIT MERAH VIEW
ddress 4	SINGAPORE 150128	Address Type			
7,000			Singapore address	Post Code	150128
nit No.	14-44	Related Policy Number	5095375059-01		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	ONG HAN JIE	Driver NRIC	59049708A	Driver DOB	18/12/1990
igister Date of Driver License.	19/11/2013	Driver Age	28	Driving Experience	5
intact No.(Mobile)	81864944	Contact No. (Office)	0	Contact No.(Home)	0
idress 1	BLK 866	Address 2	TAMPINES STREET 83	Address 3	TAMPINES VISTA
ddrest 4	SINGAPORE 520866	Address Type	Singapore address	Post Code	520866
ne No.	15-223	1990	- Japan and and	Care Mark	380000
ses he own a Singapore		DOME TO QUIESCHICKON		25 (0) 000 (000 (000 (000 (000 (000 (000	
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
		CONTRACTOR IN	1 100000 100000000		
eathalyser or Blood Test eading?	0 mg	Any injury?	○ Yes ® No		
odification History					
PT 17541 41					
Claim 001 New					
am Type. *	OD-MX	Insured Name	LEE HOON TIAK	Insured NRIC	\$13790003
intact No.(Mobile)	97981678	Contact No. (Home)	NUL	Contact No. (Office)	
osi Address		Of Vehicle Number	SGZ4027C	TP Vehicle Number	G805053U
simant Type Claimant Type *	Please Select	Type of Senetic +	Please Select	CONTRACT SEVERAL	SAMOOTINE .
imant Name *	22	Claimant NRIC +			
imant Address		SESSONO DE PROPERTO			
	CCTACAGO / CONCRETA CONTRACTOR			- Company	
eim Description eferred Workshop Contact	9GZ4027C / GBD5053u ON 21 Aug 201	9		Name of Preferred Worksh	ор
Merred Workshop Contact		Insured Liability •	Not at Fault		
guire Finalisation	Yes 🔻	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
te Registered	21/08/2019 19:54	Claim Close Date		Date Received	21/08/2019 00:00
port Taken By	Jackson			250165342401635	Company of the second
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cident No.	MT/1058842	Claim No.	001		
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