	re Services wet a Jamos	THAI III	
Date In: 1 9 19 -1 6.48	Jcb description	Date & Time Completed	Done by
Ref No: Wa INC 40/1007 tay	SAS e-filing		
Veh No: SICJGTAE	E-mail (within Shrs, AIC 2hrs)	
D.O.A : 11919 - K:05	i-Motor Claim Form	M7/1067/85.001	10/19/19 17:01
OD TP Reporting Only	i-Motor W/O (Within: OD		
OB . 117 , responding Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Repor	t i	
	Ass't Report by Fax / Han	d to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (a recuired against a second	Tel: F	ax:
TP Particulars: Veh No: 50 6	19659X INC	()/Non-INC()	001211-1-10121-1-1-1-1-1-1-1-1-1-1-1-1-1
Owner / Driver: (Tel:)
	eriod: (Cover Type: ()
Confirmed by : (Date:	Time:)
	[Note-Est. Status (WO): N: 0		00%]
	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1,0	000()/\$2,000()	of the Assessment of The State	173 C 14 W 11
General Remarks:-		mammani 30 0 33 - 1/30 - 5-11 -	Ser Since
() Walk-In Customer : Customer's info		Strictly NO refer of repairer.	
() Total Loss Case : to e-mail Insur	er URGENTLY.		
Drive-In ()/ Towed-In (); Invoice	e: YES() / NO();	Towing Co: (,)
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
	COLOR GOLDS AND LAND AND AND AND AND AND AND AND AND AND	TOTAL CONTRACTOR OF THE PARTY O	A Contract of the Contract of
1) Apply for Transport Allowance ()/(Courtesy Car ()		
Apply for Transport Allowance ()/(QC Check / Post Repair Inspection	Courtesy Car ()		4
	()		4
2) QC Check / Post Repair Inspection	()		4
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions	() 3000] () Invoice Pr	eparation Checklist	Ant (5) Ant (5) Ant (5) Ant (5)
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Similar of the pair Cost > \$3 Actions Actions Similar of the pair Cost > \$3 Actions Actio	1 Invoice Property of the second of the seco	cat Reporting (\$30); ge Assessment (\$100); INC (\$8; gree \$40. Through Survey \$ Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005)	76 Bill Add Bill 0) 7545 1120 530
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Lumant's Particulars: river/Owner: Ontact No: Imaged Portion: C Checked by (Engr-In-Charge):	() 3000] () Invoice Pr 1) AR: Accide 2) DA: Dama 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming 6) TR: Re-ins 7) N1: Idao D. 3) NTUC Add: QD* *N5: Courte *N6: Repair *N7: Fost R	ant Reporting (\$30); ge Assessment (\$100); INC (\$8; gree \$40. Through Survey (Resurvey) geaginst INC Only (wef 10 Jan 2005) pection A + SMRT Survey (\$30.5) sitional Services:- sy Car / Tpt Allowance Co-ordination epair Inspection	751 Bill Add Bill 0) 7545 1120 530 575 1160 55 510 525
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3 Injury: Date/Time Actions Actions Laimant's Particulars:	1	ant Reporting (\$30); ge Assessment (\$100); INC (\$8; gree \$40. Through Survey \$ Through Survey (Resurvey) geaginst INC Only (wef 10 Jan 2005) pection A + SMRT Survey \$ Stional Services:- sy Car / Tpt Allowance Co-ordination epair Inspection collect Excess Coordination IP (Non INC) against INC	751 Bill Add Bill 0) 7545 5120 530 575 1160 55 510 523 535

Figure 1 Car

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.

By the lodgement of this report to the insurers, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
Called as a bridge business of comments	ACCIDENT STATEMENT
Date Of Report	12/09/2019 16:48
Date Of Accident	11/09/2019 15:05
Exact Location Of Accident	AYE BEFORE NORMANTON PARK EXIT
Country/State of Loss	SINGAPORE
Station to the second state of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ9579E
Insured/Policyholder	
Name Of Registered Owner	KOH KAH TENG (XU JIATENG)
NRIC No	S8819748H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90477608

Alternative Phone No. Vehicle Particulars

Manufacturer BMW

Model 316I 1.6 AT D/AB 4DR ABS HID

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-90477608

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5086088258-02 Policy Number

Cover Note Number

Driver

NG AIK SIANG (HUANG YIXIANG) Name of Driver

NRIC No S87367331 Date Of Birth 11/11/1987 INDOOR Occupation **Date Of Driving Pass** 24/07/2017

Driving Experience 2 YEARS AND 1 MONTH

MALE Gender

(LOCAL) +65-97360305 Mobile Number

Fax Number

Contact Number OFFICE-97360305

EMail Address NOEMAIL

BLK 317 JURONG EAST STREET 31 Address

#06-28

600317 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

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?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190912/7006.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJE9659X Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Postcode

No. Of Passenger (Including Driver)

Name NG AIK SIANG (HUANG YIXIANG) Approximate Age BODY Injured person in which vehicle? SKJ9579E Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address

SKETCH PLAN

IMPORTANT NOTICE

- i. Please report correctly the details of the accident to speed up the claims process.
- 1. This Farm must be completed by the Policyholder and/or the Authorised Orling.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of meterial focts may allow insperiore 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 longment 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.
- 5. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (s) 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/suthority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my dolms;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by ma;
 - (iv) administering my claims (including the mailing of correspondence, statements, involces, 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 peckagos); and/or
 - (v) complying with applicable law in stimulationing, processing, handling and/or dealing with my daints. (collectively the "Purposes")
- (b) ell insurer(s) who have insured vehicle(s) involved in this occident 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 steet outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal information will also be collected and used to compile deline history for the purpose of freud detection, investigation and mar agament in present and all future claims.
- (e) the information so collected under (d) above may be thated / disclosed:
 - (i) to all insurers end/or any other third parties that assist in avaluating, investigating, controlling or managing fraud, regulators, law enforcement and government againers as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Folloybolders Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Nama:

KRIC/FIN No.:

SKETCH PLAN	
(TITELLE]
	⁴
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	The Parties of the Pa
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ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT
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	Refer to police report -
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CLARATION	
	liculars are true in every respect
14	4/7
1	
cyholdar's Signature	Oriver's Signature Reporting Contre Personnel's Signature
e & Turkin	(If driver is not the policyholder) Name:
	Date & Time: NRIC/FIN No.:

Date of Accident	11/9/19 Accident Time: 15-04 (24-HR-Format)
Accident Place	: AYE near Normandon Exit
Vehicle Reg. No. (Car Plate No.)	: SŁJ9579E
Vehicle Make/Model	: BMW F30 2013
Insurance Company	:_NTUCPolicy No
Owner or Company Name /IC No.	: Koh Kah Teng 888197484
Owner or Company Contact No.	: 90477608 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: Ng Aik Siang 58736733/I
DRIVER'S Date Of Birth	: 11/11/1987 DRIVER'S License Pass Date 2417/2017
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee Others Frend
DRIVER'S Address	: 317 Iwong East St 31 #06-28 \$600317
DRIVER'S Contact No / Alt No.	:1) 97360305 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: jason@gridplus.com.sg/Admin@Mycar.sg
Weather & Road Surface	CLEAR & DRY \RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	priver):
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES (NO) as being used at the time of accident: Private use \ Work purpose
	Party Driver's Particular (if anv)
Vehiclo Reg. No: STE965	Ychicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

··· */





1 of 3 Report No. T/20190912/7006

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 12/09/20	ne Report M 119 10:21	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars		ALL THE STREET, STREET, STREET, WAS	
Name of NG AIK	Informant: SIANG		Address: APT BLK 317 JURONG EAS SINGAPORE 600317	T STREET 31 #06-28	
ID Type NRIC NO	/ ID No.: D / S873673	331	Contact No.: Home/Office:	Mobile: 97360305	
Nationali SINGAP	ity: ORE CITIZ	EN	Email: jason@gridplus.com.sg		
Sex: Male	Age: 31	Date of Birth: 11/11/1987	Type of Informant: Driver		
Race: Chinese	R.		Language: English	Institution / School Name:	
Occupation: ASSSIATANT GENERAL MANAGER			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/09/2019 15:05	Type of Location: Straight Road
AYER RAJAH Weather: Clear	H EXPRESSWAY	Road Surface:		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis	ion: ring Vehicles - Head	l To Rear		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJE9659X	Car					0
SKJ9579E	Car	BMW	F30		Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20190912/7006

CONTINUATION OF REPORT

Driver	AND RESIDENCE OF THE PARTY OF T		在 国际 图 100			
Name	NG AIK SIANG			ID No		S8736733I
Related Vehicle	SKJ9579E (Car)		Contact No.		97360305	
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	- Maria - Mari	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	05	Degree of		Slight	

Brief Details.

On the stated time and date, I was driving my vehicle SKJ9579E at AYE before normanton exit, I was on 1st lane going straight, suddenly I felt a great impact from my rear and realise SJE9659X collided to my rear.

I felt uncomfortable and consult a doctor and got 5 days MC





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190912/7006

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/09/2019 10:21
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp

NP168

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	601						• Change	Language	· Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	vo.				Date o	of Accident	E	1/09/2019 1	15:05	
	Vehicle	No.(For Motor)	SKJ957	9E		Certific	cate Number	[
					B	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5086088258- 02		KOH KAH TENG (XU JIATENG)	S8819748H	GPC	drivo CLASSIC	SK39579E	SKJ9579E	24/01/2019	23/01/2020
	16.			0.00.0000	C	Continue					

Policy No.	5086088258-02	Policyholder Name	КОН КАНТ	ENG (XU JIATENG)	Policyholder NRIC	S8819748H	
Certificate No.				109			
Address	BLK 317 #03-04 JURONG EAS	ST STREET 31 SI	NGAPORE 60	00317			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	18/01/2019	Effective Date	24/01/2019	9 00:00	Expiry Date	23/01/2020 2	3:59
Excess Type		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	J/Inexperience Driver Excess
Agent	SININS AGENCY PTE. LTD.	Agent Tel.	69503050		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	older Mailing Address						
Address 1	BLK 317 #03-04	Addre	ss 2	JURONG EAST STR	EET 31	Address 3	SINGAPORE 600317
1001033 1		Addre	ss Type	Singapore address		Post Code	600317
Address 4							
	03-04		d Policy er	5086088258-02			
Address 4 Unit No.	03-04 d Object: SKJ9579E	Relate		5086088258-02			
Address 4 Unit No.	d Object: SKJ9579E	Relate		5086088258-02			

Accident MT/1062185								
	Name and Company of the Company of t	0.219025230	(Taxababas)	- 0	and the second	200		
Policy No. Destificate No.	5086088258-02	Vehicle No.	SK19579E	•	GST Registration N	io.		
Policyholder Name	MONEYAN TOUCH ON THE COME			8				
roduct Code	KOH KAH TENG (KU 3(ATENG) PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Poscyholder NRIC		\$8819748H	
Contact No. (Mobile)					Loading		0	
	90477608	Contact No. (Office)	٥		Contact No.(Home)	0	
mail Address PK	® No ○ Yes	Special Remark	e		Code		N. X	
			® No ○ Yes		eCode Reason			
ICD Protection	No	NCD Entitlement(%)	20	p	Private Hire		No	
S Accident Details								
eport Date	12/09/2019 16:59	Accident Report Within 24 hrs	Yes	A	Accident Type		Collision - He	ed to Rear
ate of Accident	11/09/2019	Time of Accident hh:mm	15:05	c	Country of Acciden	4	Singapore	
eporting Centre		Orange Force		3	ICM No.			
ccident Location	AYE BEFORE NORMANTON PARK EXIT							
♥ Excess								
Wn damage Excess	600.00	Additional Excess	0	V	Windscreen Excess	110	100.00	
Innamed Driver Excess	500.00	Outside Singapore OD Excess	600.00					
hard Party Excess	0.00	Outside Singapore TP Excess	0.00					
♥ Benefits		12-14-14-14-14-14-14-14-14-14-14-14-14-14-						
♥ GST Registered Inform	ation :							
ST Registered	No		GST Registration Date					
ST Registration No.			GST Status Venfied		Yes			
odification History								
Policyholder Mailing Ad	drass							
ddress 1	BLK 317 #03-04	Address 2	JURONG EAST STREET 31		Address 3		SINGAPORE	500317
ddress 4		Address Type	Singapore address		Post Code			
init No.	02.04			,	ON COUR		600317	
	03-04	Related Policy Number	5085088258-02					
♥ OI Driver Info		0.000	The Association of the Control of th					
river Name	Unnamed Driver	Driver Type	Unnamed Driver	- 3	Marie de Cara			
nnamed driver Name	NG AIK STANG (HUANG YIXIAN)	Driver NRIC	587367331		Driver DOB		11/11/1987	
egister Date of Driver License	A CONTRACTOR OF THE CONTRACTOR	Driver Age	31		Oriving Experience		2	
ontact No. (Mobile)	97360305	Contact No.(Office)	0		Contact No.(Home)		0	
	8LK 317	Address 2	JURONG EAST STREET 31		Address 3		SINGAPORE	500317
		S(1/2)/2010/2010/00					600317	
Address 4		Address Type	Singapore address	P	Post Code		000317	
lddress 4 Ant No.	06-28	Address Type	Singapore address	P	Post Code		000317	
Address 4 Ant No. Does he own a Singapore		Address Type Driver Vehicle No.	Singapore address		Post Code	ipany	00/31/	
Address 4 Ant No. Does he own a Singapore	06-28		Singapore address			ipany	000317	
Address 4 Ant No. Does he own a Singapore Registered car?	06-28		Singapore address			ipany	000317	
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