NATIONAL Assessment Centre	Services.	[wef 1 Jan'05] Mk	101191290		
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Veh No: 5769760	E-mail (within	a Shrs, AIC 2hrs)	 	1	
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OB . (1) Reporting Only	i-Photo Uple	oaded			
TP Insurer:	Assessment/S	Survey Report			
	Ass't Report	by <u>Fax / Hand</u> to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	N. 2-2-1
TP Particulars: Veh No: 57 830	754	, INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period	d: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (\	WO): N: 0-209	%; P: 21-79%. P: 80	-100%]	
	arranty: YES ()/NO()			102
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Financial Comme

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- Information provided must be as <u>truthful and accurate</u> 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	20/09/2019 11:37
Date Of Accident	19/09/2019 18:25
Exact Location Of Accident	KPE TWDS TPE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL6976M
Insured/Policyholder	
Name Of Registered Owner	ONG LEK HAN
NRIC No	S8819076I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90080690
Alternative Phone No	OFFICE-90080690
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5108758340
Cover Note Number	
Driver	
Name of Driver	ONG LEK HAN
NRIC No	S8819076I
Date Of Birth	30/05/1988
Occupation	INDOOR
Date Of Driving Pass	26/10/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90080690
Fax Number	
Contact Number	OFFICE-90080690

NOEMAIL

Address

BLK 672D EDGEFIELD PLAINS

#09-579

Postcode

824672

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 - HEAD TO REAR

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

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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)

2

Passenger 1

NAME:

: YEE LI PING TISA

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 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

SJY8395H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MARZUKI HIDAYAT BIN SELAMAT

NRIC/Passport Number

S8221339B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 15

No. Of Passenger (Including Driver)

3

Passenger 1

NAME:

Passenger 2

NAME:

GENDER:

GENDER:

DETAILS OF INJURED PERSON 1

:

.

Name

ONG LEK HAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJL6976M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

YEE LI PING TISA

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJL6976M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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>.
- 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.
- 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 .:

		1	\triangle	
KPE	5			
	23	-	2/3	1
9,	10	14	B	1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	diving	along	KPE,	suddenly	my	veh	RU	Pochso
being	collidid	by	ueh B					
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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.:

Personal Particulars
Date of Accident: 19 9 19 Time of Accident: 6:25 pm
Exact Location of Accident: KPE towards TPE
Owner's Name: Ong Lek Han NRIC No: 535 9076 I HP No: 90080690
Driver's Name: HP No:
Date of Birth: 30 5 1987 Driv ng Licence Passing Date: Occupation: Indoor / Outdoor
Address: BIK 672D EgdeSield Plains #09-579 8 (824672)
Relationship of Driver with Insured: Email Address :
Vehicle No: SJL 6976M Make & Model: Tyota Vios
Insurance Co: NTUC Coverage: Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use/ Work
*Weather Condition ? Cleary Raining / Others: Wet / Ory / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+1 B. 1+2 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name/NRIC/In Vehicle: Ong lek Han S(8819076) Yee L: Ping Tisa S(892760
(Neck) back
*Was The Accident Reported To The Police ?
No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
Third Party Driver's Particulars
Vehicle B No: SJY 8395H Make & Model:
Driver's Name:NRIC No:HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:
Witness Particulars
Name: NRIC No: HP No:

+



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 DARTY RISKS PHILES 10ED /MAN AVEIN

Certificate Number: 5108758340	Cover :	drivo CLASSIC

		Control of the Contro
18	Index mark and Registration Number of Vehicle	· \$116976M

Chassis Number : MR053HY9305092115

2. Name of Policyholder : ONG LEK HAN 3. Effective Date of Insurance : 09 Apr 2019 4. Expiry Date of Insurance : 08 Apr 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)	: \$\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION · NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : ONG LEK HAN

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : LAKE-VIEW CREDIT PTE LTD

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

: LAKE-VIEW (USED CARS) TRADING (00000614043)

Date of Issue : 09 Apr 2019 12:52 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By: Authorised Officer Chief Executive

eBao Tech									45	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		A COMMAND				· Change	e Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									S. P.
Notice of Loss	Policy N	Vo.				Date o	f Accident	[1	9/09/2019 1	8:25	
	Vehicle	No.(For Motor)	SJL697	6M		Certific	ate Number	- [
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108758340		ONG LEK HAN	S8819076I	GPC	drivo CLASSIC	SJL6976M	SJL6976M	09/04/2019	08/04/2020
					C	Continue					

Policy No.	5108758340	Policyholder Name	ONG LEK H	IAN	Policyholder NRIC	S8819076I	
Certificate No.		Transc.			,,,,,,,		
Address	BLK 672D #09-579 EDGEFIELD	PLAINS WATE	RWAY BANK	S SINGAPORE 82467	2		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	09/04/2019	Effective Date	09/04/201	9 00:00	Expiry Date	08/04/2020 2	3:59
Excess Type	Per Accident	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	/Inexperience Driver Excess
Agent	LAKE-VIEW (USED CARS) TRAD	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
→ Policyh	older Mailing Address						
Address 1	BLK 672D #09-579	Addre	ss 2	EDGEFIELD PLAINS		Address 3	WATERWAY BANKS
Address 4	SINGAPORE 824672	Addre	ss Type	Singapore address		Post Code	824672
Unit No.	09-579	Relate	ed Policy er	5108758340			
▶ Insured	i Object: SJL6976M						
▽ Endors	ements						
Seguen	Sequence Date of Endorsement		Endorsemen	t Tyne	Endorsement	Status	Endorsement Content

Continue Cancel

Claim Handling						
ccident HT/1063291	Secretary - Control of the Control o	7720.30.20			200	
olicy No.	5108758340	Vehicle No.	S3L6976M		GST Registration No.	
ertificate No.	and the same				National Address Service	
olicyholder Name	ONG LEK HAN	200.40	drive CLASS	110	Policyholder NRJC	588190761
roduct Code	PRIVATE CAR INSURANCE	Cover Type		HC .	Loading	0
ontact No.(Mobile)	90080690	Contact No.(Office)	0		Contact No.(Home)	0
mail Address	X AX COMPOSE	Special Remark	20020		eCode	NE Y
FK	® No ○ Yes	TCA		a.	eCode Reason	
CD Protection	No	NCD Entitlement(%)	0		Private Hire	No
Accident Details						
eport Date	20/09/2019 15:17	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head to Rear
ate of Accident	19/09/2019	Time of Accident hitcmm.	18:25		Country of Accident	Singapore
eporting Centre		Orange Force			ICM No.	
crident Location	KPE TWDS TPE	78.00.000				
Total Excess Applicable						
acess Type	Per Accident	Windscreen Excess		100.00		
NEXT (0.15)						
O Standard Excess	600.00	TP Standard Excess		0.00		
IED OD Excess	0.00	YJED TP Excess		0.00	Oriver is Covered?	Covered
dditional Excess	0					
otal OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
♥ Benefits						
GST Registered Informa	ation		-			
ST Registered	No		GST	Registration Date		
ST Registration No.	(19)			Status Verified	Yes	
lodification History						
♥ Policyholder Halling Ad	dress					
address 1	BLK 672D #09-579	Address 2	EDGEFTELD	PLAINS	Address 3	WATERWAY BANKS
ddress 4	SINGAPORE 824672	Address Type	Singapore a	ddress	Post Code	824672
init No.	09-579	Related Policy Number	5108758340		0.0000000	.75.17.5
w OI Driver Info		The state of the s	320073034	500 m		
river Name	ONG LEK HAN	Driver Type	Main Driver			
innamed driver Name		Driver NRIC	\$88190763		Driver DOB	30/05/1988
egister Date of Driver License	26/10/2017	Driver Age	31		Driving Experience	1
ontact No.(Mobile)	90080690	Contact No.(Office)	0		Contact No.(Home)	0
ddress 1	BLK 672D	Address 2	EDGEFIELD	DIAINS	Address 3	WATERWAY BANKS
					Post Code	824672
Address 4	SINGAPORE 824672	Address Type	Singapore a	DOLESS	Post Code	024072
anit No.	09-579					
Does he own a Singapore Registered car?	O Yes ® No	Driver Vehicle No.			Driver Insurer Company	
edaration						
reachalyser or Blood Test leading?	0 mg	Any injury?	⊕ Yes ○ N	io		
odification History						
Claim 001 New						
laim Type *	00-MX	Insured Name	ONG LEK H	AN	Insured NRIC	S8819076I
	- Control of the Cont		DING LEK PE	NA .		200130101
ontact No. (Mobile)	83232777	Contact No. (Home)			Contact No.(Office)	Company of the Compan
mail Address		OI Vehicle Number	\$3L6976M	100	TP Vehicle Number	SJY8395H
laimant Type Claimant Type *		Type of Benefit *	Please Sele	et 🔻		
laimant Name *	22	Claimant NRIC *			9	
laimant Address						
laim Description	S3L6976M / S3YB395H ON 19 Sept 2019				Name of Preferred Workshop	
referred Workshop Contact o.		Insured Liability *	Not at Fault	t 💟		
equire Finalisation	Yes	Preference Repair Option	Preferred W	Vorkshop, Name unknown	GIA report	Received
ate Registered	20/09/2019 15:19	Claim Close Date			Date Received	20/09/2019 00:00
eport Taken By	Jackson	HOW TO PARTICION			escoure activities	
Print AK letter						
			Save Subr	mit		
Attachment						
20-						
9						
ocident No.	MT/1063291	Claim No.		001		
ast Doc. Received	® Yes ○ No	Upload Date		20/09/2019 15:20		
		200000000000000000000000000000000000000			Confidential Urgi	ency * Description
	Path *	Browse	- I recover	Category * Please Select	Normal	TOTAL TOTAL
the state of the s			A STATE OF THE PARTY OF THE PAR			
		Browse		The second second	V Normal	
		Browse	Cear	Please Select	Normal	
		Browse	Cear	Please Select	Normal	V
	The state of the s	Browse	Clear	Please Select	V Normal	V
		Browse	Dear	Please Select	Normal	
				THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM		

Attachment	t List								
Attachment	Upleaded By/Date		Category	9	Urgency	9	Description	Msg Sent? (CO)	
BCL		TIONAL ASSESSMENT CENTRE SERVI 0 Sep 2019 15:20	NRIC/ Driving License	Y	Normal	NR3C/ Driving License 2019-9-20			
璺	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:20 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:20		NRIC/ Driving License	y y	Normal	NR3C/ Driving License 2019-9-20			
翻			NRJC/ Driving License		Normal	NRIC/ Driving License 2019-9-20			
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:19		SAS Normal		SAS 2019-9-20				
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:19		Photos Normal		Normal	Photos 2019-9-20			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:19		Photos	Photos Normal		Photos 2019-9-20			
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:19		Photos	Normal Normal		Photos 2019-9-20			
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:19		Photos	Photos Normal		Photos 2019-9-20			
400	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:19		Photos Normal		Normal	Photos 2019-9-20			
0.5/	NAC_PAYA_UBI_BOOGO1[NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:19		Photos	Normal Normal		Photos 2019-9-20			
- BE	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:19		Photos	Normal		Photos 2019-9-20			
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:19		Photos	Normal		Photos 2019-9-20			
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:19		Photos	Normal		Photos 2019-9-20			
	NAC_PAYA_UB)_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 20 Sep 2019 15:19		Photos Normal			Photos 2019-9-20			
Video List						9			
	Uploaded By/Date	Uploaded By/Date Folder Date		File Name			Source		Act