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Veh No: JME 38 472	E-mail (within	a Shrs, AIC 2hrs)			
D.O.A: 18/10/19-14:15	i-Motor Cla	im Form	m7/1067875-001	भीजी १५	19:38
OD (TP) Reporting Only	i-Motor W/	O (Within: OD 2hrs	TP 4hrs)		
	i-Photo Upl	oaded	1		
TP Insurer:	Assessment/S	urvey Report			
II insurer.	Ass't Report	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (CONTRACTOR OF THE STREET	Tel:	Fax:	
TP Particulars: Veh No: PR	7410	, INC ()/Non-INC()	41	~
Owner / Driver: (Tcl:)	
Policy No: () Po	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,0	000 ()/\$2,000	()		300	all transit
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Drive-In ()/ Towed-In (); Invoice	e: YES () / N	NO(); To	wing Co: (*)
Remarks: (INC hotline: 6788 6616)	Contract Contract			7408384	Kilk Inc.
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

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.	
MANUAL SERVICE STREET, SERVICE SERVICES	ACCIDENT STATEMENT
Date Of Report	21/10/2019 12:11
Date Of Accident	18/10/2019 14:15
Exact Location Of Accident	EU TONG SEN ST
Country/State of Loss	SINGAPORE
Company of the Compan	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME3847Z
Insured/Policyholder	
Name Of Registered Owner	ONG CHYE KOON (WANG CAIKUN)
NRIC No	S7815075J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83215652
Alternative Phone No	OFFICE-83215652
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105342868
Cover Note Number	
Driver	
Name of Driver	ONG CHYE KOON (WANG CAIKUN)
NRIC No	S7815075J
Date Of Birth	09/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1997
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83215652
Fax Number	
Contract Number	OFFICE 92245652

OFFICE-83215652

NOEMAIL

BLK 112 BUKIT BATOK WEST AVENUE 6 Address

#08-140

Postcode 650112

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

OWNER

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? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

YES

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

NAME: : -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBF741P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

MOTORCYCLE NG GUAN KIM

NRIC/Passport Number

S2095918E

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 18

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

:

GENDER: :

SKETCH PLAN

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.
- 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 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:
 - 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)

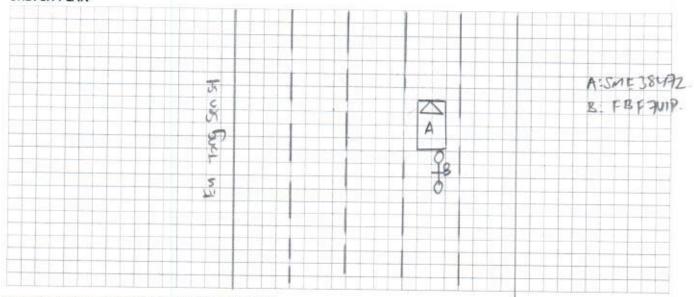
Date & Time:

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peter to distance	
and the second s	

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.:

Hello, NAC_PAYA_UBI_80060	01						· Chang	e Languag	e ' Chan	ge Password	Log Ou
My Desktop	Poli	cy Query									
	Policy N	vo.				Date	of Accident		18/10/2019 1	4:15	
	Vehicle	No.(For Motor)	SME38	47Z		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5105342868		ONG CHYE KOON (WANG CAIKUN)	578150753	GPC	drivo CLASSIC	SME3847Z	SME3847Z	12/11/2018	18/02/2020

Policy Information	k.						
icy No. 5105342868 tificate	MA ELLES	Policyholder Name	ONG CHY	E KOON (WANG CAIKU	Policyholder NRIC	\$7815075)	
	40 BUKIT BATOK	WEST AVENUE	E 6 SINCAL	DODE 650112			
duct			E O SINGA	PORE 650112	Canada		
ne PRIVATE CAR I	NSURANCE	Plan			Group Policy Flag	N	
cy ne Date 12/11/2018		Effective Date	12/11/201	8 00:00	Expiry Date	18/02/2020 2	23:59
ess e		All Claims Excess					
rd Party ess 1500		Own damage Excess	2000		Windscreen Excess	100	
litional ess 0		OS Premium	0				
side gapore 2000 Excess		Outside Singapore TP Excess	1500			Young	g/Inexperience Driver Excess
nt LQ INSURANCE	AGENCY PTE LTI		63340783		GST Flag	٧	
n cy Info iificate	226						
Policyholder Mailing A	ddress						
ress 1 BLK 112	#08-140	Addres	s 2	BUKIT BATOK WEST	AVENUE 6	Address 3	SINGAPORE 650112
ress 4		Addres	s Type	Singapore address	F	ost Code	650112
No. 08-140		Related		5105342868			
Insured Object: SME38	847Z	1/18/1/10	io:				
Endorsements							
Sequence Date	e of Endorsement	F	ndorsemen	t Type 1	Endorsement !	Chabus	
16/08/20:	19 00:00		ension/Sho	900 0 0000	nent Take Effe		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the Period of Insurance of this policy is amended as follows: PERIOD CINSURANCE: 12 Nov 2018 TO Feb 2020 In view of this amendment, an additional premium of \$500.24 (Inclusive GST) is payable under your pol Please ignore this premium payment request if you have si made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this lette For cheque payment, please is the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also may mayment at any of our branche cash, credit card or NETS.
				Co	Continue Cancel	Continue Cancel	Continue

ecident MT/1067875						
Policy No.	5105342868		Velvcie No.	SME3047Z	GST Registration No.	
Certificate No.						
Policyholder Name	ONG CHYE KOON (WANG CARUN)			Policyholder NRIC	\$78150753
Product Code	PRIVATE CAR INSU	RANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	83215652		Contact No.(Office)	0	Contact No.(Home)	0
Smail Address			Special Remark		eCode	nic 🗸
FK	® No ○ Yes		TCA	® No ○ Yes	eCode Reason	
CD Protection	Na		NCD Entitlement(%)	0	Private Hire.	Yes
♥ Accident Details						
eport Date	21/10/2019 19:36		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ate of Accident	18/10/2019		Time of Accident hhomm	14:15	Country of Accident	Singapore
eporting Centre			Orange Force		ICH No.	2022/2016
ccident Location	EU TONG SEN ST					
7 Excess						
vn damage Excess		2,000.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		0.00	Outside Singapore OD Excess	2,000.00		
ind Party Excess		1.500.00	Outside Singapore TP Excess	1,500.00		
2 Benefits				16777666		
GST Registered Inform	ation					
T Registered	No			GST Registration Date		
T Registration No.				GST Status Verified	Yes	
dification History						
Policyholder Mailing Ac						
dress 1	BLK 112 #08-140		Address 2	BURGT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650112
dress 4			Address Type	Singapore address	Post Code	650112
ė No.	08-140		Related Policy Number	5105342868		
OI Driver Info				Manager and American		
iver Name	ONG CHYE KOON (W	ANG CAIKUN)	Driver Type	Main Driver		
named driver Name			Driver NRIC	578150753	Driver DDB	09/06/1978
gister Date of Driver License	15/09/1997		Driver Age	41	Driving Experience	22
mact No. (Mobile)	83215652		Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 112		Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650112
dence d			TO A SECURITION OF THE SECURITION			
oreas a			Address Type	Singapore address	Post Code	650112
	08-140		Address Type	Singapore address	Post Code	650112
it No. es he own a Singapore	08-140 ○ Yes ® No			Singapore address		650112
it No. es he own a Singapore			Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	650112
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it No. es he own a Singapore pistered car? staration sathalyzair or Blood Test dding? sification History claim 001 Next	○ Yes ® No	V	Driver Vehicle No. Any injury? Insured Name	ONG CHYE KOON (WANG CAIKL)	Driver Insurer Company Insured NRIC	650112 578150751
it No. es he own a Singapore gistered car? claration authoryair or Blood Test eding? Ification History claim 001 New im Type 4 tract No.(Mobile)	○ Yes ® No 0 mg	V	Driver Vehicle No. Any injury? Insured Name Contact No.(Home)	ONG CHYE KOON (WANG CAIKL)	Driver Insurer Company	
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