NATIONAL Assessment Centre Services | WET 1 JONOS | M NA 19 146834 Date In: 6/11/19 - 10:37 Date & Time Completed Done by Jcb description SAS e-filing Ref No: NA IN C190 19386724 E-mail (within Shrs, AIC 2hrs) Vch No: i-Motor Claim Form 6/11/19 10:T3 D.O.A : M71 1070163-001 i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD ! TP ! Reporting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Preferred Wksp / INC Assign Wksp / QW: (Veh No: INC ()/Non-INC (TP Particulars: Tel: Owner / Driver: (Cover Type: () Policy No: (Period: (Time: Date: Confirmed by : (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: \$0-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO(Loading: \$1,000 ()/\$2,000(Excess: (\$ General Remarks:-) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Towing Co: ()/Towed-In (); Invoice: YES () / NO (Drive-In (Done by Remarks:- (INC hotline: 6788 6616) Date&Time Completed 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection) 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Amt (1) Ant (S) Invoice Preparation Checklist Add Bill Ist Bill HA1408377 1) AR : Accident Reporting (530); Claimant's Particulars :-INC (\$80) 2) DA: Damage Assessment (\$100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: 7) N1 : Idao DA + SMRT Survey \$160 8) NTUC Additional Services:-OD. QC Checked by (Engr-In-Charge): \$5 * N5: Courtesy Cer / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors! Comments :-55 *N8: DV / Collect Excess Coordination \$20 TP (N11): TP (Non INC) against INC [at. 1: 9) N12: Idne Mobile Fee Charges Invalce dated 2at 2/3: Fee Charged Invoice dated

1 1 100 11 1 2

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.

- 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.

The state of the s	ACCIDENT STATEMENT
Date Of Report	06/11/2019 10:37
Date Of Accident	05/11/2019 17:50
Exact Location Of Accident	PUNGGOL FIELD TWDS PUNGGOL EAST
Country/State of Loss	SINGAPORE
distribution of solution states are the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN6989R
Insured/Policyholder	
Name Of Registered Owner	ONG SOON CHIK
NRIC No	S7270032E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90698296
Alternative Phone No	OFFICE-90698296
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	REPORTING ONLY
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	5042172417-09
Cover Note Number	
Driver	
Name of Driver	ONG AH KAU
NRIC No	S2502689F
Date Of Birth	13/09/1939
Occupation	INDOOR
Date Of Driving Pass	31/10/1973
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96699029
Fax Number	

OFFICE-96699029

NOEMAIL

BLK 114 EDGEFIELD PLAINS Address

#09-372

820114 Postcode

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

PARENT

Insurance Company of Driver's Own Vehicle

General Information of the Accident

NO COLLISION Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

2

I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Was any other material or property damaged?

Number of Passengers (Including Driver)

Passenger 1

NAME:

: FEMALE GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

PUNGGOL N.P.C

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

NO

YES

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191105/2157.

Attachment(s)

YES Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

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>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:
 - (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 Personne s Signature

Name:

NRIC/FIN No .:

ETCH PLAN		
	No Sketch Plan P	rovide
	No Skeria Fight	
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
roter to oakin	report - 7/2019/105/ 247	
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CLARATION	ticulars are true in every respect.	
/ / / / / / / / / / / / / / / / / / /	security are true in every respect.	
than	Colo	M. A
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:





1 of 3

Report No. T/20191105/2157

Police Station Of Origin:

Punggol N.P.C 21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2019 19:30		lade:	Vide Report No.: F/20191105/0153	Station Diary No.: 83			
Informa	nt's Particu	ulars					
Name of Informant: ONG AH KAU			Address: APT BLK 114 EDGEFIELD PLAINS #09-372 SINGAPORE 820114				
ID Type / ID No.: NRIC NO / S2502689F		39F	Contact No.: Home/Office:	Mobile: 96699029			
National	ity: ORE CITIZ	EN	Email:				
Sex: Male	Age:	Date of Birth: 13/09/1939	Type of Informant: Driver				
Race: Chinese			Language: Chinese	Institution / School Name:			
Occupat	Occupation:		Driving Licence Information: Class: 3	Date of Expiry:			

	mation of the Accident				
Type of Accident:	Non-Injury Drink Attended by Police Drive:		Date/Time of Accident: 05/11/2019 17:50	Type of Location X-Junction	
PUNGGOL F EDGEFIELD ALONG PUN	PLAINS GGOL FIELD TOWARDS	PUNGGOL EAST	, JUST AFTER JUNG	CTION OF PUNGGOL	
Weather: Clear	EDGEFIELD PLAINS	Road Surface: Dry		Road Speed Limit:	
		Traffic Control:	VIN HOLE	Traffic Volume: Moderate	
Traffic Flow: Dual Carriage	e Way	rking			

Details of Vehicle Involved										
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge				
FBJ8737D	Motorcycle					0				
SJN6989R	Car			80	No Damage	1				

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





Г/20191105/2157

2 of 3

Report No. T/20191105/2157

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Driver							
Name	ONG AH KAU			ID No.		S2502689F	
Related Vehicle	SJN6989R (Car)			Contact No.		96699029	
Hospital/Clinic	NIL			Class Drivin Licent Expire	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	20100000	Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL		

Brief Details.

On 05/11/19 at about 1754hrs, I was driving my vehicle bearing vehicle number SJN6989R together with my wife. I was driving along Punggol Field towards Punggol Rd and approaching the junction of Punggol Field and Edgefield Plains. At that point of time, the traffic light was green in my favour, hence I proceeded on. I was making a uturn at the said junction turning into the direction towards Punggol East. Before I made the uturn, I have made a check and was sure that there was no incoming traffic from the opposite direction. After checking the traffic, I proceeded on when I realized that a motorcycle had skidded behind my vehicle. I then stopped by the side of the road to assist the said motorcycle. I wish to state that the said motorcycle did not collide onto my vehicle. Subsequently, the ambulance and the traffic police arrived at scene. The mentioned motorcycle rider was then conveyed by the ambulance.

That is all.





3 of 3

Report No. T/20191105/2157

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Plean the certific

eBaoTech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	e Languag	e • Chan	ge Password	, Log Ou
My Desktop	Policy Query									
	Policy No.				Date o	f Accident		05/11/2019	17:50	
	Vehicle No.(For Motor	SJN698	9R		Certifi	cate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5042172417-		ONG SON CHIK	S7270032E	GPC	drivo CLASSIC	SJN69896	SJN6989R	24/02/2019	23/02/2020
				(Continue					

Policy No.	5042172417-09	Policyholder Name	ONG SON	CHIK	Policyholder NRIC	S7270032E	
Certificate No.					11/19/96		
Address	BLK 114 #09-372 EDGEFIELD PI	AINS SINGAP	ORE 8201	14			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	07/02/2019	Effective Date	24/02/20	19 00:00	Expiry Date	23/02/2020 2	23:59
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			Youn	g/Inexperience Driver Excess
Agent	UBI BRANCH SERVICING BRANC	Agent Tel.	NIL		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
▽ Policyh	older Mailing Address						
Address 1	BLK 106A #05-542	Addres	ss 2	PUNGGOL FIELD		Address 3	SINGAPORE 821106
Address 4		Addres	s Type	Singapore address	9	Post Code	821106
Unit No.	05-542	Relate Numbe	d Policy er	5092321764-02			
) Insure	d Object: SJN6989R						
♥ Endors	ements						
	ce Date of Endorsement			nt Type	Endorsement	120100-00	Endorsement Content

ocident MT/1070163									
folicy No.	5042172417-09	Vehicle No.	51169898			GST Registration	No.		
ertificate No.									
Ecyholder Name	ONG SON CHIK					Policyholder NRIC		57270032	e.
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLAS	312		Loading		0	33
ntact No.(Mostle)	90698296	Contact No. (Office)	0			Contact No.(Home	e)	0	
ail Address		Special Remark				eCode		THE V	
	® No ○ Yes	TCA	® Na ○y	es		eCode Reason			
2 Protection	Yes	MCD Entitlement(%)	50			Private Hire		No	
Accident Details									
of Date	06/11/2019 t0:51	Accident Report Within 24 hrs.	Yes			Accident Type		No collisio	,
e of Accident	05/11/2019	Time of Accident hitemin	17:50			Country of Accide	nt	Singapore	
orting Centre		Drange Force				ICM No.			
ident Location	PUNGGOL FIELD TWOS PUNGGOL SAST								
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n damage Excess	600.00	Additional Excess	Ü			Windscreen Exces	9.	100.00	
amed Driver Excess	0.00	Outside Singagore OD Excess		600.00					
d Party Excess	0.00	Outside Singapore TP Excess		0.00					
Benefits									
GST Registered Inform	ation								
Registered	No			Registration Date					
Registration No. floation History			GST	Status Verified		ves			
LIAM AND									
Policyholder Hailing Ac	idress								
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hess 4	C3739/1/680/02	Address Type	Singapore a			Post Code			2021100
No.	05-542	Related Policy Number	509232176			- vai code		821106	
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rer Name	ONG AH KAU	Driver Type	Named Driv	ner :					
amed driver Name		Driver NRIC	\$2502689F			Driver DOB		13/09/193	9
ster Date of Driver License	31/10/1973	Driver Age	80			Driving Experience	8	46	
tact No.(Mobile)	96699029	Contact No.(Office)	0			Contact No. (Home		0	
							3		E 820114
ress 1	BLK 114	Address 2	EDGEFIELD	PLAINS		Arteress 3			C 000114
	BLK 114	Address Type	EDGEFIELD Singapore a			Address 3 Post Code			
dress 4	BLK 114 09-372		EDGEFIELD Singepore a			Address 3 Post Code		920114	
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