NATIONAL Assessment Centre Serv	ices.  well Jamos  N	MALIANTA	
	escription	Date & Time Completed	Done by
Par No.	e-filing		
1 17 = 1	ail (within Shrs, AIC 2hrs)	-	
	tor Claim Form		
1 1000000000000000000000000000000000000	tor W/O (Within: OD 2hr	10-604 E011LW	M.19 7
	oto Uploaded	1 403)	
And the second s	sment/Survey Report		
	Report by Fax / Hand t	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (			ix:
TP Particulars: Veh No: JM 291	INC(		α.
Owner / Driver: (		Tel:	
Policy No: ( ) Period: (	)	Cover Type: (	
Confirmed by : (	Date:	Time:	
Insured/Driver Liability: ( %) [Note-Est. S	600000000	%; P: 21-79%. P: 80-10	,
Year of Registration: ( ) Warranty: 1		70, F. 21-79%. F: 80-10	0%]
Evener /6	YES( )/NO( ) \$2,000( )		
General Remarks	\$2,000 ( )		
Remarks:- (INC hotline: 6788 6616)		D. OTTO DE STORES	45 (4 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1
1) Apply for Transport Allowance ( )/ Courtesy Car		Date&Time Completed	Done by
Apply for Transport Allowance ( )/ Courtesy Car     QC Check / Post Repair Inspection		Date&Time Completed	Done by
Apply for Transport Allowance ( ) / Courtesy Car     QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$3000]		Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:		Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:		Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:		Date&Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:  Date/Time Actions		Date&Time Completed	Ani((5)) Anil (
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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.
- 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

oforesaid.	ACCIDENT STATEMENT
Remark and the later to the lat	
Date Of Report	15/11/2019 14:14
Date Of Accident	14/11/2019 19:40
Exact Location Of Accident	JUNC STRAITS BLVD & MARINA VIEW
Country/State of Loss	SINGAPORE
THE REAL PROPERTY AND ADDRESS OF THE PERSON	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK6364Y
Insured/Policyholder	
Name Of Registered Owner	ONG YONG LIANG (WANG YONGLIANG)
NRIC No	S8603129I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96939169
Alternative Phone No	OFFICE-96939169
Vehicle Particulars	
Manufacturer	BMW
Model	320I AT D/AB 4DR ABS HID NAV
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	5107511236
Cover Note Number	
Driver	
Name of Driver	ONG YONG LIANG (WANG YONGLIANG)
NRIC No	\$86031291
Date Of Birth	22/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	20/09/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96939169
Fax Number	

OFFICE-96939169

NOEMAIL

Address BLK 476A UPPER SERANGOON VIEW

#06-504

Postcode 531476

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? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

2

YES

NO

NO

2

: KOK EE LIN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 .

olice Station Address COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2869999 - FAX NO: 63822066

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

SJM292L

Circumstances of Accident

REFER TO POLICE REPORT - T/20191115/2074.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver THOMAS CHEW WEILIANG

NRIC/Passport Number S8434814G

Contact Number

Page 2 of 19

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

## **DETAILS OF INJURED PERSON 1**

Name

ONG YONG LIANG (WANG YONGLIANG)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKK6364Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### **DETAILS OF INJURED PERSON 2**

Name

KOK EE LIN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SKK6364Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### 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:
  - 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.

De

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

wame:

NRIC/FIN No.:

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:

CONTRACT SACTOR

Date & Time:





1 of 4

Report No. T/20191115/2074

Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357

Tel No: 1800-2869999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2019 13:17		Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	N64,#	
	f Informant: ONG LIANO		Address: APT BLK 476A UPPER SER/ SINGAPORE 531476	ANGOON VIEW #06-504
	/ ID No.: O / S86031	291	Contact No.: Home/Office:	Mobile: 96939169
National SINGAF	lity: PORE CITIZ	ĽEN	Email:	
Sex: Male	Age:	Date of Birth: 22/01/1986	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat	tion: EL SALES		Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2019 19:40	Type of Location Straight Road
Location: Along Road 1 SHENTON W 1 STRAITS B	'AY	8		(847)
Weather: Clear	OOLEVAKO	Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light
Type of Collis Between Mov	ion: ing Vehicles - Head	d To Rear	/=>	Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM292L	Car				Slightly Damaged	1
SKK6364Y	Car	BMVV	320I AT D/AB 4DR ABS HID NAV	Blue	Slightly Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4

Report No. T/20191115/2074

Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

# CONTINUATION OF REPORT

The second secon	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No.	Insurance Company	Insurance ivo		17/02/2020
SKK6364Y	NTUC Income Insurance Co-Operative Limited	5107511236	18/02/2019	17/02/2020

Details of Person					ds 7 Hagy	STATE
Any Pedestrian In	volved: No	I lee of	Ped	estrian	Cross	ing: NA
No. of Pedestrian	s Injured: NIL	036 01	-			
Driver			7	ID No.		S8434814G
Name	THOMAS CHEW WEILIANG	G		10 140		
Related Vehicle	SJM292L (Car)			Contac	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date I	Disch	narge	NIL	
Na of Days gran	ted Medical Leave NIL	Degre	e of	Injury	NIL.	
	ted Wedicar Education					2010 N 20
Driver	ONG YONG LIANG			ID No.		S8603129I
Name	ONG TONG LIANG					
Related Vehicle	SKK6364Y (Car)	1.		Conta	ct No.	96939169
Hospital/Clinic	PROHEALTH MEDICAL G HOUGANG PTE LTD	ROUP @		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	15/11/2019	Date	Disc	harge	15/1	1/2019
Na of Davis gran	ted Medical Leave 03			Injury	Sligh	t

### Brief Details.

On 14/11/2019 at about 1943hrs, I was travelling along 1 Straits Boulevard in my vehicle SKK6364Y. As the vehicle in front of me came into a stop, I also came into a stop. Suddenly, I felt an impact from my rear vehicle. As such, I came down to check and came to know that a vehicle SJM292L had collided onto my vehicle right rear side. I am not very sure how did the incident occurs. The other driver only informed that he stepped on accelerator instead of the brake thus resulting in the collision. We then exchanged particulars and left. No one was injured at that point of time, no police or ambulance attended. I wish to inform that my vehicle exhaust was broken and rear right bumper was damaged. The other vehicle left front headlight was damaged and bonnet was dented. I wish to inform that I do not have a in-vehicle camera and I am unsure if there are any CCTVs around the incident location.

On 15/11/2019, I felt pain on my neck and my back, and I also felt nauseous as such I went to see a doctor and I was given MC from 15/11/2019 to 17/11/2019. My wife whom was the passenger at that point of time also went to a gynae to make a check as she was pregnant. My wife was given one day MC due to neck pain.



Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7, #01-805 SINGAPORE 530357 Tel No: 1800-2869999



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Report No. T/20191115/2074

CONTINUATION OF REPORT





4 of 4

Report No. T/20191115/2074

Police Station Of Origin: Hougang NPP 357 Hougang Avenue 7 #01-805 SINGAPORE 530357 Tel No: 1800-2869999

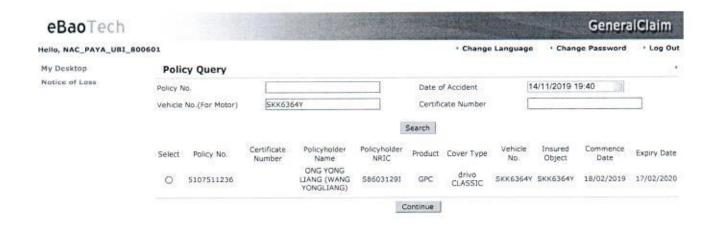
CONTINUATION OF REPORT

C	ket	ah	D	2	n
	K 1-1			ıa	

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 2 LOW KAI TAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2019 13:17
Officer In Charge Of Case:	Classification Of Case:
SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	SN 085
Authentication Stamp NP168 Sept.	ature:



Sequenc	Date of Endorsement	E	ndorsement	Туре	ndorsement :	Status	Endorsement Content
□ Endorse	rments						
Insured	Object: SKK6364Y						
Init No.	06-504	Related Numbe		5107511236			
ddress 4	SINGAPORE 531476	Addres		Singapore address	F	ost Code	531476
ddress 1	BLK 476A #06-504	Addres	s 2	UPPER SERANGOON	VIEW /	Address 3	HOUGANG CAPEVIEW
	older Mailing Address						
Certificate nfo							
Open Policy Info							
Co- nsurance Flag	No						
Agent	THONG LEE TRADING PTE LTD	Agent Tel.	62569655		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	D			Young	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	18/02/2019	Effective Date	18/02/201	9 00:00	Expiry Date	17/02/2020	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 476A #06-504 UPPER SERJ	ANGOON VIEW	HOUGANG	CAPEVIEW SINGAPOR	RE 531476		
Certificate No.		Marrie			NRIC	200031231	
Policy No.	5107511236	Policyholder Name	ONG YON	G LIANG (WANG YONG	Policyholder	S8603129I	

Hicy No.					
	5107511236	Vehicle No.	SKK6364Y	GST Registration No.	
rt ficate No.					
icyholder Name	DNG YONG LIANG (WANG YONGLIANG)			Palicyhalder NR3C	586031291
oduct Code	PRIVATE CAR INSURANCE	Cover Type:	drivo CLASSIC	Loading	0
ntact No.(Mobile)	96939169	Contact No.(Office)	0	Contact No.(Home)	ō
sall Address		Special Remark		eCode	
×	® No ○ Yes	TCA	® No Ci Yes	eCode Reason	
D Protection	Yes	NCD Emissement(%)	40	Provide Hirs.	140
Accident Details					
port Date	15/11/2019 17:39	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
te of Accident	14/11/2019	Time of Accident his mm	19:40	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	JUNC STRAITS BLVD & MARINA VIEW				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D OD Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered
ditional Excess	0				
al GO Excess Applicable	600,00	Total TP Excess Applicable.	0.00		
Benefits					
GST Registered Informa			PPT S		
T Registered T Registration No.	No		GST Registration Date GST Status VerMed	Yes	
dification History			day makes yet med	,,,,,	
distance convis					
Policyholder Mailing Add	dress				
Idress 1	BLK 476A #06-504	Address 2	UPPER SERANGOON VIEW	Address 3	HOUGANG CAPEVIEW
idress 4	SINGAPORE 531476	Address Type	Singapore address	Post Code	531476
IE No.	06-504	Related Policy Number	5107511296		
oI Driver Info		ADMITTAGES (FOLK SATELANDS)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
iver Name	ONG YONG LIANG	Driver Type	Main Driver		
named driver Name		Driver NRIC	586031291	Driver 008	22/01/1996
gister Date of Driver License	20/09/2006	Driver Age	33	Driving Experience	13
met No. (Mobile)	96939169	Contact No. (Office)	0	Contact No.(Home)	0
telresa I	BLK 476A	Address 2	UPPER SERANGOON VIEW	Address 3	HOUGANG CAPEVIEW
Idress 4	SINGAPORE \$31476	Address Type	Singapore address	Post Code	531476
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