					Local
Date In: 4 M 19-11:17	Jeb description	Date &Time	Completed	Done	by
Rel No: NA INCIGO 21611/24	SAS e-filing	1			
Veli No: SSN176P.	E-mail (within Shrs, A	IC 2hrs)	A STATE OF THE STA		
D.O.A 8 Mig. 14.30	i-Motor Claim For	rm M7/10748	33-001 01	Mig 1	V:77
Ref No: Ala Incigo 1611 124 Veh No: 2051169: D.O.A. & M. 19. 19. 30 TP / Reporting Only TP Insurer: Ass referred Wksp / INC Assign Wksp / QW: (P Particulars: Veh No: M. C. 2016 Confirmed by: (Insured/Driver Liability: (Year of Registration: (Excess: (S) Loading: \$1,000 (Emeral Remarks:) Walk-In Customer: Customer's information) Total Loss Case : to e-mail Insurer URG vive-In () / Towed-In () ; Invoice: YES (marks: (INC hotline: 6788 6616) Apply for Transport Allowance () / Courtesy QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000] Injury: erTime Actions Ligary 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	i-Motor W/O (With	in: OD 2hrs, TP 4hrs)			500000
OD / IF Reporting Only	i-Photo Uploaded				
TD	Assessment/Survey I	Report			
1P Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp			1001100
Preferred Wksp / INC Assign Wksp / QW:	(Tol:	Fax:		
TP Particulars: Veh No: J	MC8704E	INC()/Non-INC	C().	8	
Owner / Driver: (Tel:	II.)	
Policy No: ()	Period: () Cover Type:)	
Confirmed by : (Dat	te: Tim	e:)	
Insured/Driver Liability: (%	Note-Est. Status (WO):	N: 0-20%; P: 21-799	%. F: 80-1009	%]	
	7 1000 (700 1000 500 1000 1000 1000 1000 1000 10	40()			
	31,000 ()/\$2,000 ())			
General Remarks:-					
		tial & Strictly NO refer to	repairer.	-	7
() Total Loss Case : to e-mail Ins	surer URGENTLY.				
Drive-In ()/ Towed-In (); Invo	oice: YES () / NO (); Towing Co: (1)
Remarks: (INC hotline: 6788 6616)	Date& Time C	ompleted	Done	by
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Date/Time Actions UA (Goow 4) Inimant's Particulars :- river/Owner:	1) AR 2) DA 3) TF: 4) FT:	: Accident Reporting (\$30); : Damage Assessment (\$100) Towing Fee Follow-Through Survey	INC (\$80) \$40/\$45 \$120	Tribe Shirthing	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

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.

	ACCIDENT STATEMENT
Date Of Report	09/12/2019 11:27
Date Of Accident	08/12/2019 14:30
Exact Location Of Accident	BLK 443 FAJAR RD CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS2126P
Insured/Policyholder	
Name Of Registered Owner	FONG CHEE CHONG
NRIC No	S1724762Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96825589
Alternative Phone No	OFFICE-96825589
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 2.0L SDN
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095043507-01
Cover Note Number	
Driver	
Name of Driver	FONG CHEE CHONG
NRIC No	S1724762Z
Date Of Birth	04/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1982
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE

(LOCAL) +65-96825589

OFFICE-96825589

NOEMAIL

Address BLK 443A FAJAR ROAD

#13-104

Postcode 671443

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 - MAJOR/MINOR RD

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? NO

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

NO

2

2

NAME: GAN CHAI LING

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

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 SMC8704E

Vehicle Make/Model/Colour

de Make/Model/Color

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

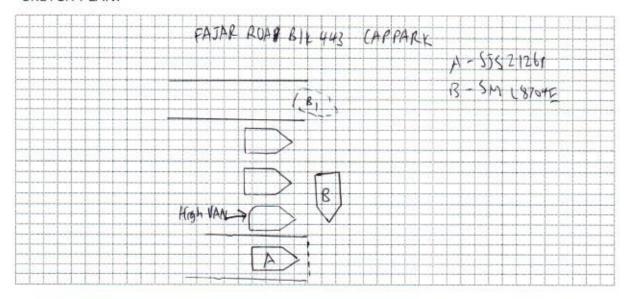
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

EHICLE B THUS	THIS ACCIDENT O	OCCUR.	

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 .:

Accident Reporting Draft

VEHICLE NO: SJS2126P

MODEL: MAZDA 3

DATE OF ACCIDENT	8/12/19
TIME OF ACCIDENT	1430 HRS AM/PM
LOCATION OF ACCIDENT	FAJAR ROAD BLK 443 CARPARK
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	FONG CHEE CHONG
CONTACT NO.	96825589
NRIC	S1724762Z
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY REPORTING
INSURANCE CO.	NTUC
	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY THRE & THEFT
POLICY NO.	
NAME OF DRIVER	AS ABOVE / IF NO:
NRIC	ANY PASSENGER: 1
DATE OF BIRTH	(gan chai ling)
OCCUPATION	OUTDOOR / INDOOR
DATE OF DRIVING PASS	
GENDER	MALE / FEMALE
CONTACT NO.	96825589 OFFICE: HOME:
ADDRESS	BLK 443A FAJAR ROAD #13-104 S(671443)
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/IF NO: OWNER
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CEAR
ROAD SURFACE	DRY / WET/ OTHER: DRY
ANY INJURIES	NO / IF YES:
CONTACT NO.	NOT II TES.
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	SMC8704E ANY PASSENGER:
NAME	AIT LASSENGER,
CONTACT NO.	
VEHICLE C NO.	ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	Dudou
CONTACT PERSON	Ryder Auto Pte Ltd
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND	D COMPENSATION) ACT (TILL
MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATION ACT (CHAPTER 189)
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	COMPENSATION) RULES, 1960
MOTOR VEHICLES (THIRD DARTY DIGHE)	TERRORES SECTION OF THE

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5095043507-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJS2126P

Chassis Number 2. Name of Policyholder

: JM6BL10F1A0137145

3. Effective Date of Insurance

: FONG CHEE CHONG

: 01 Apr 2019

4. Expiry Date of Insurance

: 31 Mar 2020

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) 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

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : 551 500 WINDSCREEN EXCESS : \$\$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

FONG CHEE CHONG NAMED DRIVER (1) I N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : N/A 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)

: BIZFOLIO MOTOR TRADING (00000614894)

Date of Issue

: 06 Mar 2019 17:19 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Hello, NAC_PAYA_UBI_80	0601					New Year	· Change	e Languag	e + Char	nge Password	· Log Ou
My Desktop	Poli	Policy Query									
Notice of Loss	Policy N	No.				Date o	of Accident	3	08/12/2019	14:30	
	Vehicle	No.(For Motor)	535212	6P		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
	0	5095043507- 01		FONG CHEE CHONG	S1724762Z	GPC	drivo CLASSIC	SJS2126P		01/04/2019	31/03/2020

Sequer	nce Date of Endorseme	ent	Endorsement	t Type	Endorsement	Status	Endorsement Content
□ Endors	ements					DATE OF THE PARTY	
▶ Insure	d Object: SJS2126P						
Unit No.		Relat Numb	ed Policy per	5095043507-01			
Address 4	SINGAPORE 671443		ess Type	Singapore address		Post Code	671443
Address 1	BLK 443A #13-104	Addre	255 2	FAJAR ROAD		Address 3	FAJAR HILLS
Policyh	older Mailing Address					100 101	-5000-0010044
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	BIZFOLIO MOTOR TRADING	Agent Tel.	62444464		GST Flag	Y	
Dutside Singapore DD Excess	2000	Outside Singapore TP Excess	1500				/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
hird Party excess	1500	Own damage Excess	2000		Windscreen Excess	100	
xcess Type		All Claims Excess					
Policy ssue Date	06/03/2019	Effective Date	01/04/2019	00:00	Expiry Date	31/03/2020 2	3:59
roduct Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
lo. Address	BLK 443A #13-104 FAJAR ROA	D FAJAR HILLS	SINGAPORE	671443			
Certificate		Name					
	5095043507-01	Name	FONG CHEE	CHUNG	NRIC	S1724762Z	

Claim Handling											
Accident HT/1074833							-	ST Registration N			
	5093043507-01		Vehicle No.	- 6	851365		6	S I Registration re	86		
Certificate No.	FONG CHEE CHONG						P	oacyholder NRIC		517247622	
Policyholder Name Product Code	PRIVATE CAR INSURANCE		Cover Type	- 13	TVID CLASSIC			oading		0	
Contact No. (Mobile)	95825589		Coreact No. (Office)		0			Contact No.(Home)			
Email Address	**************************************		Special Remark					Code		900	
KPK	(€) No ○Yes		TEA	6	No Yes		e	Code Reason			
NCD Protection	No.		NCD Entitlement(%)	5	50			rivate Hire		Yes	
- Accident Details											
Report Date	09/12/2019 12:20		Academ Report Within	n 24 hrs Y	15		A	ccident Type		Collision - P	tagor Minor Road
Date of Accident	08/12/2019		Time of Accident hhom	mm 1	4:30		c	ountry of Acciden	9	Singapore	
Reporting Centre			Orange Force				11	CM No.			
Accident Location	BUX 443 FAJAR RD CARPARK										
⊕ Excess											
Own damage Excess	2,000.00		Additional Excess	0		E DOSSUM		vindscreen Excess		100.00	
Unnamed Driver Excess	0.00		Outside Singapore OD			2,000.00					
Third Party Excess	1,500.00		Outside Singapore TP	Excess		1,500.00					
♥ Benefits											
□ GST Registered Informa □ GST Registered □ GST Regist	No				GST Rep	istration Date					
ST Registration No.						ous Verified		Yes			
Modification History											
Policyholder Mailing Add	- Irman										
Andress 1	BUK 443A #13-104		Address 2	9	ADAR ROAD			Address 3		FAJAR HILI	S
Address 4	SINGAPORE 671443		Address Type		ngapore addre		P	Post Code		671443	
Unit No.			Related Policy Number	97.	095043807-01						
□ OI Driver Info			2001200		lain Driver						
Driver Name Unnamed driver Name	FONG CHEE CHONG		Driver Type Driver NRJC		17247622			Oriver DOB		04/01/196	5
Register Date of Driver License	15/06/1982		Driver Age		4		ī	Onving Experience		37	
Contact No. (Mobile)	96825599 BLK 443A SINGAPORE 671443		Contact No. (Office)		0 FAJAR ROAD		Contact No.(Home)		3	0 FAJAR HILLS	
Address 1			Address 2	,			9	Address 3			
Address 4			Address Type	9	ingapore addri	ess	,	Yest Code		671443	
Lint No.	13-104										
Does he own a Singapore Registered car?	○ Yes ® No		Oriver Vehicle No.				t	Driver Insurer Con	прапу		
Declaration Breathalyser or Blood Test			Sampanaga								
Reading?	0 mg		Any injury?		○ Yes ® No						
Modification History											
Claim 001 New											
Claim Type •	00-мх 🗸		Insured Name		ONG CHEE CH	ONG	- 1	Insured NR3C		51724762	Z
Contact No.(Mobile)	96825589		Contact No.(Home)	ì			9	Contact No.(Office)		
Email Address			OI vehicle Number	9	33S2126P		13	TP Vehicle Numbe		SMC87048	
Claimant Type Claimant Type *	Please Select V		Type of Senetic +	Î	Please Select	v					
Claimant Name *		22	Claiment NRIC *	Ī							
Claimant Address					-						
Claim Description	5352126P / SMC8704E ON 8 De	c 2019						Name of Preferred	Workshop		
Preferred Workshop Cortect. No.			Insured Liebility *	nan-n	Fully at Fault	U	100	22.170.2000		la	
Require Finalisation	Yes 🗸		Preferend Repair Op	tion	Preferred Work	shop, Name unknown		GIA report Date Received		Received 09/12/201	-
Date Registered	09/12/2019 12:37		Gaim Coss Date				88	WALE MELEVED		1000	
Report Taken By	Jackson										
Print AK letter				7,000	THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN						
Attachment				8	ave Submit	1					
v											
Accident No.	MT/1074833		Claim No			001					
Last Doc. Received	Ves No		Upload C	Date		09/12/2019 12:38		Service Services	Ogganica	-	Organización de la companyo
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