Date In: 11/10/19-13:53	Jeb description	Date & Time Completed	Done	by				
D CNI								
Ref No: Halwago 21846/24	SAS e-filing							
Veh No: NW897814	E-mail (within Shrs, AIC 2hrs)							
D.O.A: 1412/19/15/15	i-Motor Claim Form	100, 100 1001 LW	11/12/19/1	6:05				
OD TP Reporting Only	i-Motor W/O (Within: OD 2h)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)						
U .	i-Photo Uploaded			3				
TP Insurer:	Assessment/Survey Report							
11 Insurer.	Ass't Report by Fax / Hand	to <u>Owner/Wksp</u>						
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:)				
TP Particulars: Veh No: N	na 66460 . INC ()/Non-INC()						
Owner / Driver: (Tel:)					
Policy No: ()	Period: ()	Cover Type: ()					
Confirmed by : (Date:	Time:)					
Insured/Driver Liability: (%	(6) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-	100%]					
Year of Registration: ()	Warranty: YES ()/NO ()						
Excess: (\$) Loading:	\$1,000 ()/\$2,000 ()							
General Remarks:-				We first				
() Walk-In Customer: Customer's	information strictly Confidential & St	rictly NO refer of repairer.	11.					
() Total Loss Case : to e-mail In:	surer URGENTLY.							
Drive-In ()/ Towed-In (); Inv	oice: YES() / NO(); T	owing Co: ()				
Remarks:- (INC hotline: 6788 6616	9	Date&Time Completed	Done	bv				
) / Courtesy Car ()	1	Since the second					
2) QC Check / Post Repair Inspection	()	-						
		1						
	> \$30001 ()	<u> </u>						
3) Upload Resurvey Photo [Repair Cost	> \$3000] ()							
	> \$3000] ()							
3) Upload Resurvey Photo [Repair Cost			TEMP	14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -				
3) Upload Resurvey Photo [Repair Cost > Injury :								
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3) Upload Resurvey Photo [Repair Cost > Injury :								
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————				Amt (3)				
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions		paration Checklist.	Anit (5)	Amt (3) Add Bill				
JAI 93937	Inveice Pre	paration Checklist Reporting (\$30);	Anit (5)					
3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$100);	Anit (\$) fstBill 80) 0/\$45					
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pre 1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$100); INC (\$100);	Anic (\$)					
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actio	Invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); See \$40 Arough Survey Arough Survey (Resurvey) gainst INC Only (wef 10 Jan 2005)	Anit (\$) fst Bill 80) 0/\$45 \$120 \$30 5)					
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Liminant's Particulars :- river/Owner:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspec	paration Checklist. Reporting (\$30); Assessment (\$100); INC (\$100	Anit (5) fst Bill 80) 0/\$45 \$120 \$30					
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Liminant's Particulars :- river/Owner:	Invoice Pre 1) AR : Accident 2) DA : Damage 3) TF : Towing F 4) FT : Follow-T 5) FT : Follow-T For claiming a	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); The Survey (\$40); Assessment (\$100); INC (\$60); The Survey (\$60); The Su	Anit (\$) fst Bill 80) 0/\$45 \$120 \$30 5) \$75					
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Laimant's Particulars :- river/Owner: ontact No: amaged Portion:	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); The \$40 in the survey (\$40); The su	Ant (\$) fst Bill 80) 0/\$45 \$120 \$30 \$) \$75 \$160					
3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD!* *N5: Courtesy *N6: Repair C	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); Fee S40 And Arrow (\$40); Arr	Anit (\$) fit Bill 80) 0/\$45 \$120 \$30 5) \$75 \$160					
3) Upload Resurvey Photo [Repair Cost > Injury :	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition OJI* *N5: Courtesy *N6: Repair C *N7: Fost Rep	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); Fee S40 And Arrow (\$40); Arr	Anit (\$) fit Bill 80) 0/\$45 \$120 \$30 5) \$75 \$160					
3) Upload Resurvey Photo [Repair Cost > Injury : Date/Time Actions Actions Actions Injury : Date/Time Actions Actions Injury : Date/Time Actions Actions Injury : Date/Time Acti	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co TP (N11): TP	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); The \$40 period of the county of t	Anic(\$) fscBill 80) 0/\$45 \$120 \$30 6) \$75 \$160 \$5 \$510 \$25 \$510 \$25 \$520					
3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pre 1) AR: Accident 2) DA: Darnage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD!* *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$60); The \$40 period of the county of t	\$30 \$120 \$30 \$160 \$160 \$35 \$160 \$35 \$160 \$35 \$35 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30 \$30					

SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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.	
Mark Block (No. Same mer Sexual to the	ACCIDENT STATEMENT
Date Of Report	11/12/2019 13:53
Date Of Accident	10/12/2019 16:15
Exact Location Of Accident	PIE TWDS BUKIT TIMAH
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW8958H
Insured/Policyholder	
Name Of Registered Owner	ONG THIAM SENG
NRIC No	S1789189H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96943502
Alternative Phone No	OFFICE-96943502
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER ELEGANCE 2.0 A
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	5075698195-04
Cover Note Number	
Driver	
Name of Driver	ONG THIAM SENG
NRIC No	S1789189H

23/12/1967 Date Of Birth INDOOR Occupation 28/01/1991 Date Of Driving Pass **Driving Experience**

28 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96943502

Fax Number

OFFICE-96943502 Contact Number

NOEMAIL EMail Address

BLK 23 SENGKANG EAST AVENUE Address

#18-27

Postcode 544810

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO

YES

NO

YES Was any body injured in the Accident?

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.

1

Number of Passengers (Including Driver)

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)

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SMQ6646D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

RAVINDER SINGH S/O KARAM SINGH Name of Driver

S7335517F NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ONG THIAM SENG

Page 2 of 25

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK

SKW8958H

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN

DOPA 10/12/19

A: SKN 8958 H

B: 5m Q: 6646 D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

From	it car	stoppe	d so	1	follows of	suit	- bu		ueh
B	Puleo	d to	bralce	in	time	hit	orto	му	veh
ra	put	ign:							
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		184							
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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: 10 12 (9 Time of Accident: 4 · 15 pm
Exact Location of Accident: PIE towards Bt Timah
NRIC NO: 31789189H HP NO: 9694 3502
Driver's Name: NRIC No: HP No:
Date of Birth: 23 12 1967 Driving Licence Passing Date: 28 1991 Occupation: Indgor / Outdoor
Address: 33 Songlang East Ave # 18-27 (544810)
Relationship of Driver with Insured: Owner Email Address:
Vehicle No: SKW 8958H Make & Model: Toycta
Insurance Co: NTUC Coverage: Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Pay() Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Privete Use / Work
*Weather Condition ? Clear / Raining / Others: Wet / Dry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+0 B. 1+0 C: D:
*Was Anybody Injured ? (Yes / No) If yes,
Name/NRIC/In Vehicle: Org Thiam Seng neck & back
*Was The Accident Reported To The Police ?
O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O No O Yes, Vehicle Registration No: Insurer:
*Was any foreign vehicle involved? (Yes / NoYIf yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/Ne)
Third Party Driver's Particulars
Vehicle 5 No: _ 5M Q (646 D Make & Model:
Driver's Name: Ravinder Singh sto Karam MRICNO: 57335517 FAP No:
Vehicle C No: Make & Model:
Driver's Name:
Witness Particulars
Names:

(1)

eBaoTech	GeneralC						
Hello, NAC_PAYA_UBI_80	0601			· Change Langua	ge · Change Password	· Log Out	
My Desktop	Policy Query						
Notice of Loss	Policy No.		Date	e of Accident	10/12/2019 16:15		
	Vehicle No.(For Motor)	SKW8958H	Cert	ificate Number			
			Search	I			
	Select Policy No.	Certificate Policyholder Number Name	Policyholder Product	Cover Type Vehicle No	Insured Commence Object Date	Expiry Date	
	O 5075698195- 04	ONG THIAM SENG	S1789189H GPC	drivo CLASSIC SKW8958	H SKW8958H 19/11/2019	18/11/2020	
			Continue				

Policy No.	5075698195-04	Policyholde Name	ONG THIAN	4 SENG	Policyholder NRIC	S1789189H	
Certificate No.							
Address	23 SENGKANG EAST AVENUE	#18-27 AUSTV	TLLE RESIDEN	CES SINGAPORE 544	4810		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	11/10/2019	Effective Date	19/11/2019	00:00	Expiry Date	18/11/2020 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	J/Inexperience Driver Excess
Agent	HUANG GUOQING TERRY	Agent Tel.	91278514		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	23 SENGKANG EAST A	VENUE Addr	ess 2	#18-27 AUSTVILLE	RESIDENCE	Address 3	SINGAPORE 544810
Address 4		Addr	ess Type	Singapore address		Post Code	544810
Unit No.		Rela Num	ted Policy ber	5075698195-04			
Insured	d Object: SKW8958H						
Tendors	ements						

Continue Cancel

Claim Handling					
Accident MT/1075292					
Policy No.	5075698(95-04	Vehicle No.	SKW8958H	GST Registration No.	
Certificate No.					
Poscyholder Name	ONG THIAM SENG			Poscyholder NRIC	\$17891899
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No. (Mobile)	96943502	Corvact No.(Office)	0	Contact No.(Home)	ò
Control of the Contro	36343302		0		
Email Address	V/2450-2003	Special Remark	102 F010250 F0	eCode	1 - 4
KFK	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
Report Date	11/12/2019 16:03	Accident Report Within 24 hrs	yes	Acodent Type	Collision - Head to Rear
Date of Accident	10/12/2019	Time of Accident Inhoma	16:15	Country of Academs	Singapore
Reporting Centre		Orange Force		ICH No.	E505(\$497.1)
Accident Location	PIE TWOS SUKIT TIMAH				
▼ Total Excess Applicable					
	Per Accident	Windscreen Excess	inc an		
Excess Type	Per Account	Withoutest Excess	100.00		
00 Standard Excess	600.00	Th Standard Excess	0.00		
VIED OD Excess					
	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess	0				
Total DG Excess Applicable	600.00	Total TP Excess Applicable	0.00		
♥ Benefits					
□ GST Registered Inform	ation				
SST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
Modification History					
Policyholder Mailing Ad	Idress				
Address 1	23 SENGKANG EAST AVENUE	Address 2	# 18-27 AUSTVILLE RESIDENCE	Address 3	SINGAPORE \$44810
Address 4		Address Type	Singapore address	Post Code	544810
Unit No.		Related Policy Number	5075698195-04		
OI Driver Info					
Driver Name	ONG THIAM SENS	Driver Type	Main Driver		
Jonamed driver Name	and many sales	Driver NRIC	\$1789189#	Driver DOS	23/12/1967
	20/04/1004				
Register Date of Driver License		Driver Age	51	Onving Experience	28
Contact No. (Mobile)	96943502	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	23 SENGKANG EAST AVENUE	Address 2	AUSTVILLE RESIDENCES	Address 3	SINGAPORE \$44810
Address 4		Address Type	Singapore address	Post Code	544810
Unit No.	18-27				
Does he own a Singapore	☐ Yes ® No.	Driver Vehicle No.		Driver Insurer Company	
Registered car?	Alexandratica				
pectaration.					
Sceathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
Reading?		33 (34-47)			
fodification History					
The second State of the second					
Claim 001 New					
Daim Fyse *	OD-MX	Insured Name	ONG THIAM SENG	Insured NRIC	51789189H
100					/
Contact No. (Mobile)	96943502	Contact No.(Home)	63151531	Contact No. (Office)	NIL
Email Address	MARCUSOIH#GMAIL.COM	Of Vehicle Number	SKW8958H	TP Vehicle Number	SMQ66460
Daimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	22	Claimant NR3C *			
Deimant Address					
Claim Description	SKW8958H / SMQ6646D ON 10 Dec 2019			Name of Preferred Workshop	
Preferred Workshop Contact		Insured Liability *	Not at Fault		
No. Regure Finalisation	Yes 🔻	Preference Repair Option		GIA report	Received
Date Registered	11/12/2019 16:05	Claim Close Date	- and an analysis of the second	Date Received	11/12/2019 00:00
		Sam Sale Date	9	Action (Colonial Print)	
Report Taken By	Jackson				
Print AK letter					
			Total Flores		
			Save Submit		
Attachment					
w					
Accident No.	MT/1075292	Claim No.	001		
Last Doc. Received	● Yes ○ No	upload Date	11/12/2019 16:06		
	Path *		Category *	Confidential Urger	ncy * Description *
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