Date In: 1/1/19-16-31	Jeb description	Date & Time Complet	ted Doi	ic by
Res No: NA MY GONTYN7/14	SAS e-filing			
Veh No: Smalozva	E-mail (within Shrs, AIC	2hrs)	İ	-
D.O.A: 21 14/19-11: 20	i-Motor Claim For		1 NIVIO	16:46
	i-Motor W/O (Within		1 - 1 - 1	
OD / TP Reporting Only	i-Photo Uploaded	1		
TD Innoversity	Assessment/Survey R	eport		
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	S. S. S. P. P. S.
TP Particulars: Veh No: JM	MUIVA .	INC()/Non-INC()		
Owner / Driver: (Tel:)	-1354,186
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date	: Time:)	100 Jan =
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-79%. P: 8	0-100%]	
Year of Registration: ()	Warranty: YES ()/N	0()	We = 1 = 1 = 102	
Excess: (\$) Loading: \$1	,000()/\$2,000()			
General Remarks;	RESTORMED			
() Walk-In Customer : Customer's in				
/		a & Strictly NO Taler of Tepair	er.	
() Total Loss Case : to e-mail Insu				
Drive-In ()/ Towed-In (); Invoi	ce: YES () / NO (); Towing Co: (34)
Remarks; (INC hotline: 6788 6616)		Date&Time Completes	1 Don	hi
		Dates Time Complete	183 DESTRIBUTE	бру
 Apply for Transport Allowance ()/ 	Courtesy Car ()	(C) (A)		
The second secon				
2) QC Check / Post Repair Inspection	()			
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2) QC Check / Post Repair Inspection	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 5] Injury:	()			
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3 Injury: Date/Time Actions aimant's Particulars:- iver/Owner: ntact No:	1	e Preparation Checklist ceident Reporting (\$30); coming Fee collow-Through Survey collow-Through Survey (Resurvey) iming against INC Only (wef 10 Jan 2) coinspection	Ant (5) 78 Bill (\$80) \$40/\$45 \$120 \$30	Ařit (
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > 3 Injury: Date/Time Actions aimant's Particulars:- iver/Owner: ntact No:	1 Invoice 1) AR: A 2) DA: I 3) TF: T 4) FT: F 5) FT: F Forels 6) TR: R 7) N1: Id 8) NTUC	e Preparation Checklist ceident Reporting (\$30); coming Fee collow-Through Survey collow-Through Survey (Resurvey) coming against INC Only (wef 10 Jan 2	(\$80) (\$80) \$40/\$45 \$120 \$30 (905) \$75	Ařit (
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Figure 1 to 20

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	21/12/2019 16:31
Date Of Accident	21/12/2019 11:20
Exact Location Of Accident	AIRPORT RD TWDS EUNOS LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM1072M
Insured/Policyholder	
Name Of Registered Owner	ONG WAH SUAN WATSON
NRIC No	SXXXX287H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98550212
Alternative Phone No	OFFICE-98550212
Vehicle Particulars	
Manufacturer	CITROEN
Model	GRAND C4 PICASSO 1.6 SMT ABS EGS PSR DRL
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	5094480702-02
Cover Note Number	
Driver	
Name of Driver	ONG WAH SHAN WATSON

Name of Driver ONG WAH SUAN, WATSON NRIC No SXXXX287H Date Of Birth 15/03/1980 Occupation INDOOR Date Of Driving Pass 17/11/1999 Driving Experience 20 YEARS AND 1 MONTH MALE

Gender

Mobile Number (LOCAL) +65-98550212

Fax Number

OFFICE-98550212 Contact Number

EMail Address NOEMAIL Address 90 PUNGGOL CENTRAL

#02-21

Postcode 828722

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 Registration Number of Briver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions DRIZZLING
Road Surface WET

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

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

NO

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name KAMPONG UBI NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 ,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7479999 - FAX NO: 67453410

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191221/2088.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMM4125A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

ONG WAH SUAN, WATSON Name

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMM1072M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address Postcode

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 Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peter -	to potce report -7/voigim/2088-	

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 .:





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

1 of 4 Report No. T/20191221/2088

Tel No: 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2019 16:15			Vide Report No.:	Station Diary No.: 23			
Informa	nt's Partic	ulars					
	f Informant: AH SUAN,		Address: 90 PUNGGOL CENTRAL #02	2-21 SINGAPORE 828722			
ID Type / ID No.: NRIC NO / S8008287H			Contact No.: Home/Office: Mobile: 98550212				
Nationality: SINGAPORE CITIZEN			Email:				
Sex: Male	Age:	Date of Birth: 15/03/1980	Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupation: OPERATION MANAGER			Driving Licence Information: Class: Date of Expiry:				

Seneral Infor	mation of the Acci				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2019 11:20	Type of Location Straight Road	
Location: Along Road 1 AIRPORT RO Towards Eune			S#		
		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicl <mark>es - Hea</mark> d	To Side		Anyone conveyed by ambulance: No	

Details of Vehicle Involved									
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger			
SMM1072M	Car .	CITROEN	GRAND C4 PICASSO 1.6 SMT ABS EGS PSR DRL	White	Seriously Damaged				
SMM4125A	Car				Slightly Damaged	1			

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





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

2 of 4 Report No. T/20191221/2088

Tel No: 1800-7479999

CONTINUATION OF REPORT

hicle Insurance			
Insurance Company	Insurance No	Effective	Evain Det
NTUC Income Insurance Co-Operative		22/09/2019	21/09/2020
	Insurance Company	Insurance Company Insurance No NTUC Income Insurance Co-Operative 5094480702-02	Insurance Company Insurance No Effective NTUC Income Insurance Co-Operative 5094480702-02 22/09/2019

Details of Perso	on Involved				No. of the last		
Any Pedestrian I							
No. of Pedestrian	ns Injured: NIL		Use of Pe	destria	n Cross	sing. NIA	
Driver			10000116	uestria	Closs	sing: NA	
Name	ONG WAH SUAN, WATSON			ID No).	S8008287H	
Related Vehicle	SMM1072M (Car)			Contact No. 9		98550212	
Hospital/Clinic	oital/Clinic MOUNT ALVERNIA HOSPITAL			Class Drivin Licend Expin	g	Class: NIL Date of Expiry: NIL	
Date Treatment	21/12/2019	21/12/2019		The second secon		/2019	
No. of Days granted Medical Leave		05			Slight		

Brief Details.

On 21/12/2019 at about 1124hrs, I was driving my vehicle bearing plate number SMM1072M along Airport Road towards Eunos Link direction. I was driving straight on lane number 2 when a vehicle bearing plate number SMM4125A which was queuing on lane number 1 suddenly changed lane to lane number 2. I stepped on the brake and tried to slow the vehicle to avoid a collision, but to no avail.

Subsequently, the involved driver and I moved out vehicle to the side of the road and took some photos of the damages. However, the driver did not provide me with his particulars, and inform that to settle the issue through insurance claim.

As a result of the accident, my vehicle's fender and both doors on the right was damaged. For the other involved vehicle, the front left bumper and headlight was damaged.

I would like to state that there is a camera installed in my vehicle and the camera had captured the happening of the incident.

Subsequently, I went to Mount Alvernia Hospital and was given 5 days of MC due to headache, giddiness and pain in the neck area.

No pedestrian was involved, no government property was damaged. No ambulance or police came down to scene.





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009 Tel No: 1800-7479999

3 of 4 Report No. T/20191221/2088

CONTINUATION OF REPORT





Police Station Of Origin: Kampong Ubi NPP 9 Eunos Crescent #01-2687 SINGAPORE 400009

4 of 4 Report No. T/20191221/2088

Tel No: 1800-7479999

CONTINUATION OF REPORT

Sketch Plan

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:	Signature Of Informant:
Sgt 2 LIM ZHENG HONG	(she
Signature Of Interpreter: Not applicable	Date/Time: 21/12/2019 16:15
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	



Sequen	ce Date of Endorsemen	t I	Indorsement	Туре	Endorsement	Status	Endorsement Content
▽ Endors	ements						
♪ Insured	d Object: SMM1072M	1000					
Jnit No.		Relate Numb	d Policy er	5094480702-02			
ddress 4			ss Type	Singapore address	1	Post Code	419753
ddress 1	271 CHANGI ROAD	Addres	55 2	SINGAPORE 41975	3	Address 3	
	older Mailing Address						
Certificate nfo							
open Policy Info							
nsurance lag	No						
Co-					0.0000000000000000000000000000000000000		
Agent	CROSBY INSURANCE AGENCY	Agent Tel.	62852640		GST Flag	Y	
Outside Singapore OD Excess	0.0	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Additional	0	OS Premium	0				
Third Party Excess	0	Own damage Excess	0.0		Windscreen Excess	100	
xcess Type	Per Accident	All Claims Excess					
Policy ssue Date	19/09/2019	Effective Date	22/09/2019	9 00:00	Expiry Date	21/09/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	271 CHANGI ROAD SINGAPORE	419753					
Certificate Vo.		3000000			, 0100		
Policy No.	5094480702-02	Policyholder Name	ONG WAH	SUAN WATSON	Policyholder NRIC	S8008287H	

Claim Handling											
ccident MT/1076730	1270175325253										
ritificate No.	5094480702-02		Vehicle No.		SMM1072	M		GST Registration !	No.		
Proncace No.	2,230.0000000	200									
oduct Code	ONG WAH SUAN WATSO		19241922001		0.0000000			Policyholder NRIC			628714
	PRIVATE CAR INSURANC	At .	Cover Type		stree CLA	SSIC		Loading		п	
ontact No. (Mobile)	98550213		Consact No. (Office)		0			Contact No.(Home	1)	0	5
nali Address			Special Remark					eCode		///CY	
K:	® No ○ Yes		TCA		® No ○	Yes		eCode Reason			
CD Protection	Yes		NCD Entitlement(%))	50			Private Hire		No	
Accident Details											
eport Date	21/12/2019 16:45		Accident Report With	hin 24 hrs	Yes			Accident Type		Collisi	on - Change / Cross lane
ate of Accident	21/12/2019		Time of Accident his	mm:	11:20			Country of Accider	N.	Singap	core
aporting Centre			Orange Force					ICM No.	77		
zident Location	AIRPORT RO TWOS EUN	OS LINK	and the same of					190000			
F Total Excess Applicable											
cess Type	Per Accident		Windscreen Excess			100.00					
///			111111111111111111111111111111111111111			AMME					
Standard Excess		0.00	TP Standard Excess			0.00					
ID 00 Excess		0.00	YIED TP Excess			0.00		Driver is Covered?	60	Covery	ed
Iddional Excess		0				GIAT.					decree
tel DD Excess Applicable		0.00	Total TP Excess App	licable		0.00					
Benefits											
overage					6.	m Insured					
cess Walver						9999999 99					
GST Registered Inform	ation										
T Registered	No				pe	T Registration Date					
ST Registration No.						T Status Verified		Yes			
dification History								1.57.51			
Policyholder Mailing Ad	idrees										
lovess 1	271 CHANGI ROAD		Address 2		SINGAPO	KE 419753		Address 3			
Idress 4			Apdress Type		Singapore	address		Post Code		41979	19
IR No.			Related Policy Numb	er	50944807			7570W0105-1		1272000	70
OI Driver Info			the strate section at		interestant	2200					
ver Name	ONG WAH SUAN WATSON	N	Driver Type		Main Drive	r.v					
named driver Name			Driver NRIC		58008287			Driver DOB		15/03	v1990
gister Date of Driver License	17/11/1999		Driver Age		39			Driving Experience		20	1100
ntact No.(Mobile)	98550212		Contact No.(Office)		0						
idress 1	90 PUNGGOL CENTRAL					2000		Contact No. (Home	,	0	120201200010
	90 PONGGOL CENTRAL		Address 2		PARC CEN			Address 3			APORE 828722
idress 4			Address Type		Singapore	address		Post Code		82872	2.5
nit No.	02-21										
oes he own a Singapore egistered car?	O Yes (a) No		Driver Vehicle No.					Driver Insurer Con	pany		
claration											
eathalyser or Blood Test lading?	0 mg		Any injury?		⊕ Yes ○	No					
diffication History											
344252334523											
Claim 001 New											
20220000	Common Co	-	April 1995		promise and the	***************************************				province	entrale
sim Type *	00-MX	0	Insured Name		ONG WAH	SUAN WATSON		Insured NRIC		58008	2B7H
Mact No.(Mobile)	98550212		Contact No.(Home)					Contact No. (Office)			
al Address	ONG_WATSON SHOTMALL		OI venice reumber		SMM1072			TF Vehicle Number		5MM4	125A
imant Type Claimant Type •	Please Select		Type of Benefit *		Please Se	ect v					
imant Name *		22	Claiment NRIC *								
imant Address											
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