	The same of the sa	MHAH917 1852		
Date In: 31/1-/19-14:09	Job description	Date &Time Completed	Done	pi.
Res No: 40/14/1902969/24	SAS e-filing			
Veh No: SKY3VGB	E-mail (within Shrs, AIC 2hrs)	112-112		
D.O.A: 30/14/19-15:57	i-Motor Claim Form	M7/1077960-001	31/12/19	Y: M
OD (TD) Duran Out	i-Motor W/O (Within: OD 2	hrs, TP 4hrs)		
OD . TP/ Reporting Only	i-Photo Uploaded			
	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hane	to Owner/Wksp		14.0 Harry 200
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: Ju	WILL INC	()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
	1,000 ()/\$2,000 ()			
General Remarks:-			131 - 13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
() Walk-In Customer : Customer's in	A STATE OF THE PARTY OF THE PAR	A SECURIOR AND A SECOND SECOND		
() Total Loss Case : to e-mail Ins				70 70 70
		Towing Co: ()
			PUNKSRIEM W	757
Remarks: (INC hotline: 6788 6616	A STATE OF THE PARTY OF THE PAR	Date&Time Completed	Done	by
Apply for Transport Allowance ()	/ Courtesy Car ()		100	
-, -Pro to manufactuo ()	, country cm ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 1. 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.
- 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.
- 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.
- of 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

THE RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
	WAR AND
Date Of Report	31/12/2019 14:09
Date Of Accident	30/12/2019 15:55
Exact Location Of Accident	JALAN BAHAR TWDS LIM CHU KANG RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SKU3467B
nsured/Policyholder	
Name Of Registered Owner	YEAP LAY BENG
NRIC No	SXXXX800E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81279001
Alternative Phone No	OFFICE-81279001
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103095973-01
Cover Note Number	
Driver	
Name of Driver	ONG HOO SING, KELVIN (WANG FUSHENG, KELVIN)
NRIC No	SXXXX061D
Date Of Birth	21/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2010
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81279001

OFFICE-81279001

NOEMAIL

BLK 580 HOUGANG AVENUE 4 Address

#05-618

530580 Postcode

Was driver an employee of the Insured's Company NO OTHER - GIRLFRIEND

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

YES

NO

1

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

YES

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191231/7012.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SGW1111C Vehicle Registration Number MERC-BENZ

Vehicle Make/Model/Colour

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Details Of Properties

Contact Number

Address Postcode

Page 2 of 19

No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1
Name	ONG HOO SING, KELVIN (WANG FUSHENG, KELVIN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKU3467B
Were seat belts worn?	YES

NO

Was this injured conveyed to hospital by ambulance?

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 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.
- 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 aforesald.
- 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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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MINNERS AND PROFESSION VS

Date of Accident	30/12/2019 Accident Time: 1535 (24-HR-Format)
Accident Place	: Jalan bahar towards Lim Chu Kung Rand
Vehicle Reg. No. (Car Plate No.)	Sku 3467 B
Vehicle Make/Model	: Hondy stran
Insurance Company	Policy No
Owner or Company Name /IC No.	: Yeap lay Beng (Ye liming) S7838800E
Owner or Company Contact No.	Owner's HpCompany Te
DRIVER'S Name / IC No.	: OMy How sing labin 57330061 D
DRIVER'S Date Of Birth	: 21/8/1973 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Giv\ (
DRIVER'S Address	: Blk 580 Hougany Ave 4 # 05-618
DRIVER'S Contact No / Alt No.	:1) 81279001 2)
DRIVER'S Occupation	: INDOOR (OUTDOOR & g. working inside or outside office)
Email Address	: Admin@ mycar sg
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including	Driver): 0 Injuries
Was there any video Captured by e Exact purpose for which vehicle w	car camera YES NO vas being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle Reg. No: SGN 1111	C Vehicle Reg. No:
Vehicle Make Wodel: Mare - Bar	Vehicle MakelModel:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	THE RESERVE OF THE PARTY OF THE





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20191231/7012

REPORT C	F A TRAFFIC	ACCIDENT						
Date/Tin 31/12/20	ne Report M 119 12:19	lade:	Vide Report No.:	Station Diary No.				
Informa	nt's Particu	ilars	182 - 1+: STATE OF THE					
Name of ONG HO	Informant: OO SING, K	ELVIN	Address: APT BLK 580 HOUGANG AVENUE 4 #05-618 SINGAPOR 530580					
ID Type NRIC NO	/ ID No.: D / S733006	31D	Contact No.: Home/Office: Mobile: 81279001					
National SINGAP	ity: ORE CITIZ	EN	Email: kingkelvingno@gmail.com					
Sex: Male	Age: 46	Date of Birth: 21/08/1973	Type of Informant: Driver					
Race: Chinese			Language: Institution / School N					
Occupat	tion: ITY SYSTE	MS ENGINEER	Driving Licence Information: Class: Date of Expiry:					

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2019 15:55	Type of Location		
Location: JALAN BAHA Weather:	R	Road Surface:		Road Speed Limit: 50 Km/h		
		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate		
Traffic Flow: Two Way		Traffic Light - vvc				

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW1111C						0
SKU3467B	Car					0

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





2 of 3 Report No. T/20191231/7012

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver		201 1 111 1		ID No		S7330061D	
Name	ONG HOO SING, KELVIN).	5/3300010	
Related Vehicle	SKU3467B (Car)				ct No.	81279001	
Hospital/Clinic	MOUNT ALVERNIA	HOSPITA	L	Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL	
Date Treatment	30/12/2019		Date Disc	harge	30/12		
	ted Medical Leave	04	Degree of	f Injury	Slight		

Brief Details.

On the above stated time and date, i was travelling along jalan boon lay towards jalan bahar on my

vehicle bearing car plate SKU3467.
When the traffic lights turn green, i proceed on my way straight on lane 3, suddenly i felt a huge impact from the right hand side and felt that my car jerked vigorously.
Upon checking, found out that a car bearing car plate SGW 1111 C, had swerved into my lane and collided into the right front side of my vehicle.

I believed that the other party had swerved from lane 2 without conducting proper checks.

I felt unwell and consulted a doctor, i was given 4 days MC.





3 of 3

Report No. T/20191231/7012

Police Station Of Origin: Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/12/2019 12:19
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp NP168

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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	103095973- 01		YEAP LAY BENG	S7838800E	GPC	drivo CLASSIC	SKU3467B	SKU3467B	28/08/2019	27/08/202

Seque	nce Date of Endorseme	ent	Endorsement Type			t Status	Endorsement Content
□ Endor	sements			April 1 (1990)	27-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	V-manuscriptor's	Endorsement Content
) Insure	ed Object: SKU3467B						
Unit No.	05-618	Rela Nun	ted Policy iber	5103095973-01			
Address 4			ress Type	Singapore address		Post Code	530580
Address 1	BLK 580 #05-618	Add	ess 2	HOUGANG AVENUE	4	Address 3	SINGAPORE 530580
→ Policy!	holder Mailing Address						67WG4PDBF 530590
Certificate Info							
Open Policy Info							
nsurance Tag	No						
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olicy sue Date	05/08/2019	Effective Date	28/08/2019	00:00	Expiry Date	27/08/2020 23:	59
roduct ame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
ddress	BLK 580 #05-618 HOUGANG AV	ENUE 4 SING	APORE 53058	80			
ertificate o.							
Bcy No.	5103095973-01	Policyholder Name	YEAP LAY B		Policyholder NRIC	S7838800E	

STATE OF THE PROPERTY OF THE	aim Handling					
100 100	cident MT/1077960					
March Mar	cy No.	5103095973-01	Vehicle No.	SKU34678	GST Registration No.	
March Mar	oficace No.				ACTION CONTRACT CONTRACT	
March Marc	cyholder Name	YEAP LAY BENG				
Carlo Car	oucs Code	PRIVATE CAR INSURANCE	Cover Type	ariva CLASSIC		
Part	sact No.(Mobile)	81279001	Contact No.(Office)	0	Contact No.(Home)	_
Freedom	all Address		Special Remark			1
Prescription No. N		® No ○ Yes	TCA	® No ○Yes		
## Abouting ## 31/12/2019 14-13	Protection	No	NCD Entitlement(%)	50	Private Hire	Yes
## ADMINISTRATION 100	Accident Details					
March Marc	oort Date	31/12/2019 14:19	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lans
Control Learning Mark Server Triple Light Control And Mark Server Triple Light Control An		30/12/2019	Time of Accident hh:mm	15:55	Country of Accident	Singapore
March Section March Sectio			Orange Force		ICM No.	
Seat		TALAN BAHAR TWOS LIM CHU KANG RD	12360 CA 000 C			
State Part Account 100						
Standard Tursium		Rev Accident	Windscreen Excess	100.00		
15 15 15 15 15 15 15 15	cas type	N. S. Principality				
Colored Color Colored Color	Standard Excess	2,000.00	TP Standard Excess	1.500.00		
Time		0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Modern		0				
Cost Registered Information		2000.00	Total TP Excess Applicable	2,500.00		
Part						
Registration Regi		etion				
Registrow No.				GST Registration Date		
Participation Mailing Address		700		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	
## District National Authority Comment of Comment o						
Address BLK 580 VED-6128						
Address BLK 580 VED-6128	Policyholder Mailing Ad	dress				
Address Type			Address 2	HOUGANG AVENUE 4	Address 3	
Season Parce Name			Address Type	Singapore address	Post Code	530580
Contract Tube Contract Tub		05-618	Related Policy Number	5103095973-01		
Married Grave No. Mod MOS M						
December 1920 STANSHOOD		ONG HOD SING KELVIN	Driver Type	Named Driver		
Driver Date of Driver License 10/04/2010 Driver Age 46			Driver NRIC	57330061D	Driver DOS	21/08/1973
Correct No. (Office) 02 Correct No. (Office) 0 Correct No. (Offic		19/04/2010	Driver Age	46	Driving Experience	9
Address 3 StrictAnce 3 StrictAn				0	Contact No.(Home)	0
Actives Type Op MK President No. Preside					Address 3	SINGAPORE 530580
See the cent is Company Vest No. Driver Vehicle No. Driver Vehi		8LK 580				530580
Driver Vehicle No. Driver No. Driver Vehicle No. Driver No. Driver No. Driver No. Driver Vehicle No. Driver			Addicas Type			
scientification microry Claim 001 Next Claim					David Incurer Company	
Any rigury? Any rigury? By Yes \ No And Claim 051 And Cl	egistered car?	○ Yes ® No	Driver Vehicle No.		Driver product company	
Any rigury? Any rigury? By Yes \ No And Claim 051 And Cl						
Claim 001 Nex Claim 001 Nex Secure Name TEAP LAY BENG Impured NASC \$7838800E						
Claim 601 Nex Sam Type * OD MC	ireathalyser or Blood Test leading?	a mg	Any injury?	e yes No		
Claim 601 Nex Sam Type * OD MC						
Claim 601 Nex Sam Type * OD MC	todification History					
Treumed Name Tr	Orio di Carante					
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Taken type * Do-Mc Present Select Do-Mc Present Select Do-Mc Present Select Do-Mc Do-M						
Attachment Attach		Fire we Full	Traunad Name	YEAP LAY BENG	Insured NRIC	\$7838800E
Service No. (Notice) Service Number Service					Contact No.(Office)	
Islament Type Claiment Type Cl		Language Control of the Control of t		produce and the second		SGW1111C
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Islammer Address Islamm				Luste state		
Taken Description SKU34678 / SGW1111C DNI, 30 Dec 2019 Interred Workshop Contect Require Finalisation Ves		>>	Claimant NKIC *			
Seve Submit Attachment Attachment Attachment Browse Path * Browse Brows					Name of Preferred Workshop	
Preferred Repair Option Preferred Workshop, Name unknown V GIA report Received 31/12/2019 34:21 Option Open Date Received 31/12/2019 34:21 Option Open Date Received 31/12/2019 00:00 Date Received Date Received Date Received Save Submit Received Save Submit Received Save Submit Received Receiv		SKU34678 / SGW1111C ON 30 Dec 2019		particular and the second	- I The same of th	
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Attachment Attach	ete Registered	31/12/2019 14:21	Claim Close Date		Date Received	31/12/2019 00:00
Attachment Attach	aport Taken By	Jackson				
Attachment Attach						
### Attachment ### At	A Chip of the Co					
Confident No. MT/L077960 Claim No. 001 Accident No. MT/L077960 Pyes No. Upload Date 71/12/2019 14:23 Path * Category * Confidential Urgency * Description				Save Submit		
Confident No. MT/L077960 Claim No. 001 Accident No. MT/L077960 Pyes No. Upload Date 71/12/2019 14:23 Path * Category * Confidential Urgency * Description	Attachment					
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Ast Doc, Received Path * Category * Confidencial Urgency * Description * Browse Clear Please Select V V Normal V Browse Clear Please Select V V Normal V Browse Clear Please Select V V Normal V Browse Clear Please Select V V Normal V	v					
Path * Power Provided Pro	Accident No.	MT/1077960	Claim No.	001		
Path * Category * Confidencial Urgency * Description of the confidencial Confidenc		⊕ Yes □ No	Upload Date	31/12/2019 14:23		
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