	Jeb description	Date & Time Completed	Done	pi.
Rel No: Ma INCLUSIONON 124	SAS e-filing			
Veh No: FB F6933M	E-mail (within Shrs, AIC 2hrs)	I		
D.O.A: 3/1/20-07:35	i-Motor Claim Form	100-88 h8201 LW	411/20 M	00.00
	i-Motor W/O (Within: OD 2h)			********
OD : TP : Reporting Only	i-Photo Uploaded	1		
TP Insurer:	Assessment/Survey Report			
IP insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW; (Tel: F	Fax:	
TP Particulars: Veh No: JBS	6555L INC)/Non-INC()	1	-
Owner / Driver: (Tel:)	
Policy No: () P	eriod: (Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%: P: 21-79%. P: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()/NO ()		
	000 ()/\$2,000 ()	/		
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		The Profession Section	1000 PET 10	
() Walk-In Customer: Customer's infe	ormation strictly Confidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur	rer URGENTLY.	100		
Drive-In ()/ Towed-In (); Invoice	e: YES() / NO(); T	owing Co: ()
Description of the second second	Santy make the Property of the Santy	12.00	7989 5 63	icini
Remarks;- (INC hotline: 6788 6616)		Date&Time Completed	Sec Spone	ру
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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.
- 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.

Source in the second second second	ACCIDENT STATEMENT
Date Of Report	04/01/2020 11:38
Date Of Accident	03/01/2020 07:35
Exact Location Of Accident	JUNC PUNGGOL EAST & PUNGGOL DR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF6933M
Insured/Policyholder	
Name Of Registered Owner	ONG SOON GEOK
NRIC No	SXXXX565C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93378123
Alternative Phone No	OFFICE-93378123
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF150
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5084634707-03
Cover Note Number	
Driver	
Name of Driver	ONG SOON GEOK
NRIC No	SXXXX565C
Date Of Birth	21/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1983
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93378123

OFFICE-93378123

NOEMAIL

Address BLK 659A PUNGGOL EAST

#05-773

Postcode 821659

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 - CROSS JUNCTION

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

2

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)

Details of Police Action

Was the accident reported to the police?

NO

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AS I APPROACHED THE JUNCTION OF PUNGGOL EAST. TRAFFIC LIGHT WAS GREEN IN FAVOR. I PROCEED TO TURN RIGHT. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE FRONT PORTION.

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 SBS6555C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

SKETCH PLAN

IMPORTANT NOTICE

- 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

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

GLARIAE SVICE SUMBANIA COM

SKETCH PLAN

	8 A: FBF6933M B: JB56555C
	Punggol Dr
1,03	
J gai	2

DESCRIBE	CIRCUMSTANCES	OF THE	ACCIDENT
DESCINIDE	CHICOMADIMICES	OF THE	ACCIDENT

2-10-1-1	\$20
Zefer to statement.	

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 .:

Hello, NAC_PAYA_UBI_80			The second second	NAME OF TRANSPORT	· Change	e Language	· Chan	ge Password	+ Log Ou		
My Desktop Notice of Loss	Poli	Policy Query							Log of		
	Policy N	No.			Date of Accident 03/01/2020 07:35				07:35		
	Vehicle	No.(For Motor)	FBF693	FBF6933M		Certificate Number					
					- 1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5084634707- 03		ONG SOON GEOK	52732565C	GMC	Third Party		FBF6933M	18/10/2019	17/10/2020

Sequen	ce Date of Endorsement		ndorsemen	t Type	Endorsement	Status	Endorsement Content
	ements						
▶ Insure	d Object: FBF6933M						
Unit No.	05-773	Relate Number	d Policy er	5084634707-03			
Address 4	SINGAPORE 821659		ss Type	Singapore address		Post Code	821659
Address 1	BLK 659A #05-773	Addres	ss 2	PUNGGOL EAST		Address 3	WATERWAY SUNRAY
▽ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- Insurance Flag	No						
Agent	THINK ONE AUTOMOBILE & TRA	Agent Tel.	65553300		GST Flag	Y	
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Additional Excess		OS Premium	0				
Third Party Excess	0	Own damage Excess	0		Windscreen Excess		
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	28/09/2019	Effective Date	18/10/201	9 00:00	Expiry Date	17/10/2020 23	::59
Product Name	MOTORCYCLE INSURANCE	Plan			Group Policy Flag	N .	
Address	BLK 659A #05-773 PUNGGOL EA	ST WATERWA	AY SUNRAY	SINGAPORE 821659			
Certificate No.							
Policy No.	5084634707-03	Policyholder Name	ONG 5001	N GEOK	Policyholder NRIC	S2732565C	

Claim Handling										
Accident MT/1078488										
Policy No.	5084634707-03		Vehicle No.	PBF6933	м		DST Registration No.			
Certificate No.										
Policyholder Name	ONG SOON GEOK						Policyhalder NRJC	13	52732565C	
Product Code	MOTORCYCLE INSURAN	ICE	Cover Type	Third Par	tv		Loading		2	
Contact No. (Mobile)	93378123		Contact No.(Office)	0			Contact No.(Home)		0	
Email Address			Special Remark	52005			eCode	- 1	+ Y	
KFK	No ○Yes		TCA	® No ○	Yes		eCode Reason			
NCD Protection	No		NCD Entitlement(%)	20			Private Hire		40	
→ Accident Details										
Report Date	04/01/2020 11:58		Accident Report Within 24 hrs	Yes			Accident Type		Callisian - Cross	Junction
Date of Accident	03/01/2050		Time of Accident his min	07:35			Country of Accident	3	Singapore	
Reporting Centre			Drange Force				ICM No.			
Accident Location	JUNE PUNGGOL BAST &	PUNGGOL DR								
Total Excess Applicable										
Excess Type	Per Accident		Windscreen Excess							
OD Standard Excess		0.00	TP Standard Excess			0.00				
YIED OD Excess		0.00	YIED TP Excess			0.00	Oriver is Covered?		ot Covered	
Additional Excess										
Total OD Excess Applicable		0.00	Total TP Excess Applicable			0.00				
▽ Benefits										
GST Registered Inform	ation									
GST Registered	No			G	ST Registration Da	ote .				
GST Registration No.				G	ST Status Venfied		Yes			
Modification History										
	<u> </u>									
Policyholder Mailing Ad			Address 2	PUNGGO	CACT		Address 3	100	WATERWAY SUN	IRAY
Address 1 Address 4			Address Type		e address		Post Code		821659	
unit No.			Related Policy Number	5084634			POST COME 021079			
⇒ OI Driver Info	00.174									
Oriver Name	ONG SOON GEOK		Driver Type	Main Driv	797					
Unnamed driver Name			Driver NR3C	8277256	ISC		Driver DOB	35	21/07/1966	
Register Date of Driver License	19/10/1983		Driver Age	53			Driving Expenence		36	
Contact No.(Mobile)	93378123		Contact No. (Office)	0			Contact No.(Home) 0			
Address 1	BLK 659A		Address 2	PUNGGOL EAST			Address 3 WATERWAY SUNRAY			IRAY.
Address 4	SINGAPORE 821659		Address Type	Singapore address			Post Code	(1)	821659	
Unit No.	05-773									
Does he own a Singapore Registered car?	○ Yes ® No		Driver Vehicle No.				Driver Insurer Compa	riv		
sequence car										
Declaration										
Breathalyser or Blood Test Reading?	0 mg		Any injury?	O Yes (No No					
Modification History										
100000000000000000000000000000000000000										
Claim 001 New										
Claim Type *	OD-MX	-	Insured Name	ONG SO	ON GEOK		Insured NRIC	3	\$2732565C	
Contact No.(Mobile)	93378123		Contact No.(Home)	NIL	12010000		Contact No. (Office)	1		
Email Address			OI Vehicle Number	FBF6933	M		TP Vehicle Number	1	S8S6555C	
Claimant Type Claimant Type *	Please Select	~	Type of Benefit *	Please S	elect	V				
Claimant Name *		22	Claimant NRIC *							
Claimant Address										
Claim Description	FBF6933M / SBS6555C	ON 3 Jan 2020					Name of Preferred Wo	arkshop-		
Preferred Workshop Contact No.	ly .		Insured Liability *	Fully at	Fault	V				
Require Finalisation	Yes	V	Preferered Repair Option	Preferre	d Workshop, Neme	e unknown 🔻	GIA report	J	Received	V
Date Registered	04/01/2020 12:00		Claim Close Date				Date Received		04/01/2020 00	00
Report Taken By	beckson									
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Attachment										
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Accident No.	MT/1078468		Claim No.		001					
Last Doc. Received	● Yes ○ No		Upload Date		04/01/20	20 12:00				
		with *			Ca	itegory *	Confidential	Urgency		Description *
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