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NATIONAL Assessment Centre	Services wet	1 Jan'05] MUA	120029205		1	
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Veh No: St Z 61614	E-mail (within Shrs,	AIC 2hrs)				
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	i-Motor W/O (wit					
OD (TP:/ Reporting Only	i-Photo Uploaded					
	Assessment/Survey					
TP Insurer:	Ass't Report by Fa	•	wner/Wksp	-		
Preferred Wksp / INC Assign Wksp / QW; (Tel:	Fax:		
TP Particulars: Veh No: 67790	الذه	INC()/Non-INC ().		
Owner / Driver: (704		Tel:	*)	
Policy No: () Perio	od: (-	over Type: ()	
Confirmed by : (De	ate:	Time:)	
	ote-Est. Status (WO):	N: 0-20%	P: 21-79%. F	2: 80-1009	%]	-
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	0()/\$2,000()				
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/ / WAIK-IS Customer Customer S mon	lation strictly confide	ndar & outou	7 110 15101 01 109			
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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.

The state of the s	ACCIDENT STATEMENT
Date Of Report	06/03/2020 10:51
Date Of Accident	05/03/2020 14:00
Exact Location Of Accident	BLK 212 LOR 8 TOA PAYOH OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
端型型器的现在分词的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ6161A
Insured/Policyholder	THE RESERVE TO SEE STATE OF THE PARTY OF THE
Name Of Registered Owner	SC INTEGRATED ENGINEERING PTE LTD
Co Reg No	2XXXXX651N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67495333
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100057926-01
Cover Note Number	
Driver	
Name of Driver	ONG YUE TIEN, JONATHAN (WANG YUETIAN)
NRIC No	SXXXX137B
Date Of Birth	11/02/1988
Occupation	INDOOR
Date Of Driving Pass	04/08/2008
Oriving Experience	11 YEARS AND 7 MONTHS
Gender	MALE

(LOCAL) +65-98331437

OFFICE-98331437

NOEMAIL

Address BLK 999B BUANGKOK CRESCENT

#16-759

Postcode 532999

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Drivers Own

-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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.

NO

Number of Passengers (Including Driver)

0

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ONTO CARPARK LOT. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGT7990H

Vehicle Make/Model/Colour

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

- Please report <u>correctly</u> 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.

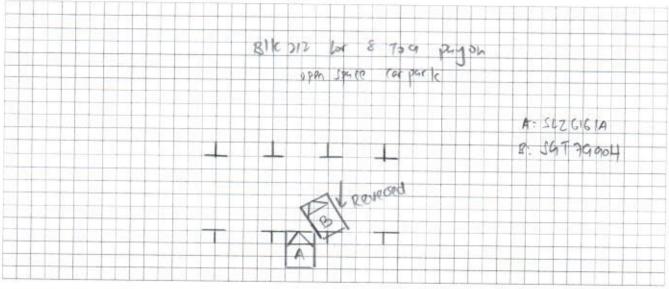
Seg No STATE STATE

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

e efor	to Histoment.	

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.:

Helio, NAC_PAYA_UBI_80	00601						+ Chang	e Language	e • Chan	ge Password	, Log Ou
My Desktop	Poli	cy Query								66 0 0000000000000000000000000000000000	200 00
Notice of Loss	Policy N	No.				Date o	of Accident	8	05/03/2020	14:00	
	Vehicle	No.(For Motor)	SLZ616	51A		Certifi	cate Number				
					5	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100057926- 01		SC INTEGRATED ENGINEERING PTE LTD	201018651N	GPC	drivo CLASSIC	SLZ6161A	SLZ6161A	24/04/2019	23/04/2020

Sequenc	Date of Endorsement	Fi	ndorsemen	t Tune	Endorsement S	Status	Endorsement Content
♥ Endorse	ements			100			
Insured	Object: SLZ6161A	(1000011120)					
Init No.	09-12	Related Numbe	Policy	5110040380			
ddress 4		Addres		Singapore address	P	ost Code	768091
Address 1	15 YISHUN INDUSTRIAL S	TREE1 Addres	5 2	#09-12 WIN 5		ddress 3	SINGAPORE 768091
▼ Policyh	older Mailing Address						
Certificate nfo							
Policy Info							
Flag Open	26.6%						
Co- nsurance	No						
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Υ	
Singapore OD Excess	600	Singapore TP Excess	0			Young/I	nexperience Driver Excess
Outside	222	Outside					
Additional Excess	0	OS Premium	0				
Excess	0	damage Excess	600		Windscreen Excess	100	
Third Party		Own			na current		
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	12/04/2019	Effective Date	24/04/20:	19 00:00	Expiry Date	23/04/2020 23:	59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	15 YISHUN INDUSTRIAL STREET	Γ1 #09-12 WI	N 5 SINGA	PORE 768091			
Certificate No.					- 33332		
Policy No.	5100057926-01	Policyholder Name	SC INTEG	RATED ENGINEERING	Policyholder NRIC	201018651N	

Accident HT/1087150					
Policy No.	Exportment or	W. 1970			
oncy No. Certificate No.	5100057926-01	Vehicle No.	SLZ6161A	GST Registration No.	201018651N
folicyholder Name Froduct Code	SC INTEGRATED ENGINEERING PTE LTD			Policyhalder NR3C	201018651W
	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	67495333	Contact No.(Home)	0
imail Address	Market Committee Com	Special Remark		eCode	No. 🕶
FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No :
Accident Details					
eport Date	06/03/2020 11:02	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst perked
ate of Accident	05/03/2020	Time of Accident hh:mm	14:00	Country of Accident	
eporting Centre		Orange Force		ICM No.	Singapore
coldent Location	BLK 212 LOR 8 TOA PAYON OPEN SPACE (ICH NO.	
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
		Wilder Littles	100.00		
D Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	500.00	YIED TP Excess	0.000	Driver is Covered?	
ditional Excess	0			Univer is Covered?	
tal OD Excess Applicable	1100.00	Total TP Excess Applicable			
Benefits		TOTAL TE EXCESS Applicable			
GST Registered Inform	ation				
T Registered	Yes		CET AL-	1,000,000	
T Registration No.	201018651N		GST Registration Date GST Status Venfied	01/12/2010	
dification History			was andres venned	Yes	
Policyholder Mailing Ad	dress				
dress 1	15 YESHUN INDUSTRIAL STREET	Address 2	400, 12 lam 5	100000	
dress 4	THE PROPERTY OF THE PARTY OF TH		#09-12 WIN 5	Address 3	SINGAPORE 768091
		Address Type	Singapore address	Post Code	768091
it No.	09-12	Related Policy Number	5110040380		
OI Driver Info					
wer Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	ONG YUE TIEN, JONATHAN (WA	Driver NRIC	5x000x1378	Oriver DOB	11/02/1988
gister Date of Driver License	04/08/2008	Driver Age	32	Driving Experience	11
ntact No.(Mobile)	98331437	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 9998	Address 2	BUANGKOK CRESCENT	Address 3	BUANGKOK PARKVISTA
fress 4	SINGAPORE 532999	Address Type	Singapore address	Post Code	532999
¢ No.	16-759			A DELASTRATI	002333
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