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Veh No: 17446364	E-mail (with	nia Shrs, AIC 2hrs)			
D.O.A: 14/3/20-16:17	i-Motor Cl	aim Form	m7/1088406-vov	16/3/20	19:37
OD : TP Reporting Only	i-Motor W	O (Within: OD 2hrs			
OB : A reporting Only	i-Photo Up	loaded	1		
TP Insurer:	Assessment/	Survey Report			
	Ass't Report	by Fax / Hand t	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (= - WE		Tel:	Fax:	
TP Particulars: Veh No: 5 UM	76/1c	. INC()/Non-INC().	8	250,500
Owner / Driver: (Tel:)	We're
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	200122220113
Insured/Driver Liability: (%)	[Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()	-	
Excess: (\$) Loading: \$1,		0()			
General Remarks:	ALL 为 5000	(0.00 (NYA))		195 (2-17)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.	ACCIDENT STATEMENT
· 公司	
Date Of Report	16/03/2020 19:26
Date Of Accident	14/03/2020 16:15
Exact Location Of Accident	AYE BEFORE ALEXANDRA RD EXIT
Country/State of Loss	SINGAPORE
Description of the contract of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN4636Y
Insured/Policyholder	
Name Of Registered Owner	ONG THIAM HOCK
NRIC No	SXXXX336E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91288326
Alternative Phone No	OFFICE-91288326
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY 2.4L AT SR
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	5107334239-01
Cover Note Number	
Driver	
Name of Driver	BERVYN ONG WEN RONG
NRIC No	SXXXX825Z
Date Of Birth	14/05/1996
	WD00D

INDOOR Occupation 02/09/2019 Date Of Driving Pass

0 YEAR AND 6 MONTH Driving Experience

MALE Gender

(LOCAL) +65-93884274 Mobile Number

Fax Number

OFFICE-93884274 Contact Number

NOEMAIL **EMail Address**

BLK 294 CHOA CHU KANG AVENUE 2 Address

#11-175

680294 Postcode

NO Was driver an employee of the Insured's Company

CHILDREN If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION 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

3

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 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

. .

GENDER: : MALE

Passenger 2

NAME:

. -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes. Please state which Police Station

Police Station Name

Police Station Address

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

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

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200314/7017.

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

SLU7612K

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

Page 2 of 18

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLZ499R

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)

DETAILS OF INJURED PERSON 1

Name

BERVYN ONG WEN RONG

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJN4636Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

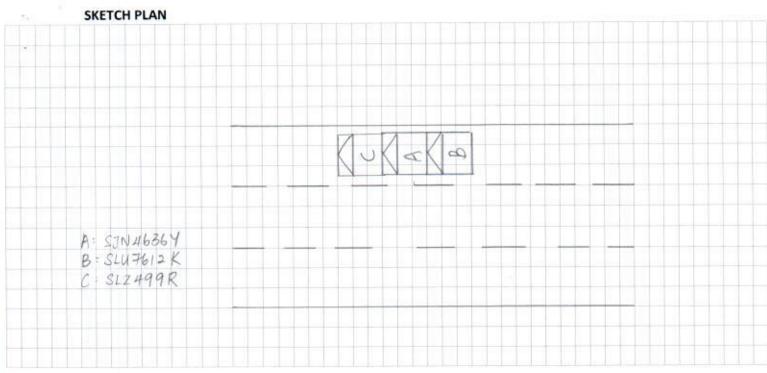
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder)

Date / time:

reporting centre personnel's Signature
Date / time:



DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
	Refer to police repu	ort
	/	
/		

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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 traffic police department for investigation.

		ACC	DENT DE	TAILS			的声音器的形式
Date of accident	48/03/	2020	14/0	3/2020			(DD/MM/YY)
Time of accident	1615						(HH:MM)
Exact location of accident	Along	AYE	before	exit	Alexandra	Road	

国 2014 网络	DETAILS OF VEHICLE
Vehicle registration number Vehicle make and model	SJN 4636 Y Honda Odyssey.
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle =
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

	INSURANCE IN	FORMATION	EL MESSES SILVER
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft □	TP only 🗆

Name	Ong Thiam Hock	Male 🗸	Female
NRIC / Fin / Passport number	S7038336E		
Contact	9128 8326		
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	Bervyn Ong Wen Rong Male - Female				
NRIC / Fin / Passport number	\$9616825 Z				
Contact	9388 4274				
Address	Bik 294 Choa Chu Kang Avenue 2 #11-175 8(680 294)				
Email address	*				
Date of birth	14/05/1996				
Occupation	Indoor Outdoor				
Driving date pass 02/09 /2019					

的文化等的数据的	GENERA	L INFOR	MATION	OF THE ACCIDE	NT	Marie Committee
Was driver an employee of	Yes 🗆	Noz	6	VW2cmC Units	E. II	
he insured's company?	If no, re	lationsh	ip of the	driver and insur	ed: Yather	
Accident captured by camera?	Yes 🗆	No	8			
Weather condition	Clear	Rai	ning 🗆	Others:		
Road surface	Dry 🖍	Wet)			
No of passenger	35	03				(Inclusive of drive
	A PARTY	P/	ASSENGE	R1		
Name						
Gender	Male	Fem	ale 🗆			
Centuci	-					
		P	ASSENGE	R2	1 美 英国农业主运	
Name	Name of the last					
Gender	Male 🗆	Fem	nale			
Gender	THUIC L	1 611	7			
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Name	THE REAL PROPERTY.		SSENGE	THE OWNER.	The state of the s	
Name	Male 🗆	For	nale 🗆			
Gender	Iviale	ren	iale 🗆			
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Gender	Male =	Fen	nale 🗆			
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Name						
Gender	Male =	Fen	nale 🗆			
		OTHE	R INFOR	MATION	A STATE OF THE PARTY OF THE PAR	ARTON CONTRACTOR
Was anybody injured?	Yes	No	3			
Was other vehicle damaged?	Yes	No	3			
						Western Residence
ME SKIDT SECTION	DET	AILS OF F		ATION ACTION		THE PERSON NAMED IN
Reported to police?	Yes	No	□ If y	es, please state	which police	station.
Police station name						
A SECTION OF THE PERSON OF THE	THE OWNER	(0) (0) (0	WITNESS	1		
Name						
	Chimbles	The last	WITNESS	52	A CONTRACTOR OF THE PARTY OF TH	CHARLES AND A STATE OF
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如今年 200年 1900年 200	THIRD PARTY VEHICLE 1
Vehicle registration number	SLU 7612 K
Vehicle make model	Honda vezel
Name	
NRIC / Fin / Passport number	
Contact	
经有效的	THIRD PARTY VEHICLE 2
Vehicle registration number	# SLZ 499R
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
	THIRD PARTY VEHICLE 4
Valida resistantias sumbos	THIRD PART I VEHICLE
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
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Contact	
Market Street Control of the Control	THIRD PARTY VEHICLE 5
Makista assistantian number	THIRD PARTY VEHICLES
Vehicle registration number	
Vehicle make model	
Name	1
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	THIRD DARTY VEHICLE C
COLUMN TO THE SECURIOR STATES OF	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
CHARLES THE STATE OF THE STATE	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	INJURED PERSON 1
Name	Berryn Ong Wen Rong
Injuries sustained	B 2 N
Which vehicle person in?	SJN 4636Y
Were seat belts worn?	Yes No 🗆 ,
Was injured conveyed to	Yes D No.
hospital by ambulance?	
no-prison of	
	INJURED PERSON 2
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes No
Was injured conveyed to	Yes No
hospital by ambulance?	
DO LOS DIRECTORAS DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPANSIONA DEL COMPANSIONA DE LA COMPANSION	INJURED PERSON 3
Name	/
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes D No D
hospital by ambulance?	Newscare and Contraction of the
Note that the state of the stat	INJURED PERSON 4
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	
	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	X
Were seat belts worn?	/ Yes □ No □
Was injured conveyed to	Yes No
hospital by ambulance?	
	INJURED PERSON 6
Name /	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to	Yes □ No □
hospital by ambulance?	COMMISSIONS CONTROL OF THE CONTROL O



T/20200314/7017

1 of 3

Report No. T/20200314/7017

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

REPORT OF A TRAFFIC ACCIDENT

Tel No: 65470000

Date/Time Report Made: 14/03/2020 20:35			Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars			
	Informant: NONG WE	N RONG	Address: APT BLK 294 CHOA CHU KA SINGAPORE 680294	NG AVENUE 2 #11-175	
ID Type / ID No.: NRIC NO / S9616825Z			Contact No.: Home/Office: Mobile: 93884274		
National SINGAP	ity: ORE CITIZ	EN	Email: bervyn777@gmail.com		
Sex: Age: Date of Birth: Male 23 14/05/1996			Type of Informant: Driver		
Race: Chinese			Language: Institution / School Na English		
Occupation: Real estate agent			Driving Licence Information: Class: 3A Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/03/2020 16:05	Type of Location Straight Road
	I EXPRESSWAY	Road Surface:		Road Speed Limit:
Weather: Clear		Dry		Your Speed Little.
		Traffic Control:		Traffic Volume: Moderate
Traffic Flow: One Way				

Details of Vehicle Involved									
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger			
SJN4636Y	Car	HONDA	Odyssey		Seriously Damaged	2			
SLU7612K	Car	HONDA	Vezel		Seriously Damaged	2			
SLZ499R	Car				Slightly Damaged	2			

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





2 of 3

Report No. T/20200314/7017

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

CONTINUATION OF REPORT

Driver			Comments of		-			
Name	BERVYN ONG WEN RONG				BERVYN ONG WEN RONG ID No.			S9616825Z
Related Vehicle	SJN4636Y (Car)				ct No.	93884274		
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licent Expiry	g	Class: 3A Date of Expiry: NIL		
Date Treatment	NIL		Date Disc		NIL			
No. of Days gran	ted Medical Leave	05	Degree of	f Injury	Sligh	t		

Brief Details.

On 14 March 2020 at about 1605 hrs I was driving my vehicle SJN4636Y along AYE towards city on lane 1. The front vehicle slow down and came to a complete stopped and I follow suit. Suddenly I felt an huge impact coming from the rear of my vehicle. I got down my vehicle and realised that a vehicle SLU7612K had collided onto the rear of my vehicle. The impact was too huge which it pushes me forward and collided onto the front vehicle SLZ499R.

I sustained injuries from the above mentioned accident and was given 5 days of MC.





3 of 3

Report No. T/20200314/7017

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: 14/03/2020 20:35
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:

Authentication Stamp

NP168

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