NATIONAL Assessment Centre	Services.		VALZONARO	T	90
Date In: 26/20 -13:53	Jeb description	1	Date & Time Completed	Don	e by
Rel No: Najin ( 1822 Cot 7 pm	SAS e-filing			:	
Veh No: 14793871	E-mail (within	Shrs, AIC 2hrs)			
D.O.A: 11/2-17:20	i-Motor Clai	im Form	m11093595-001	2/6/2	11:11
	i-Motor W/C	O (Within: OD 2hr.	s, TP 4hrs)		
OD / TP: ' Reporting Only	i-Photo Uplo	paded			W
TDI	Assessment/Si	urvey Report			
TP Insurer:	Ass't Report b	by Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: YM 837	364.	INC (	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( ) Perio	d: (	)	Cover Type: (	)	
Confirmed by: (		Date:	Time:	)	
Insured/Driver Liability: ( %) [No	te-Est. Status (\	WO): N: 0-2	0%; P: 21-79%. F: 80-	-100%]	
Year of Registration: ( ) Wa	arranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,000	( )/\$2,000	( )			
General Remarks;-				31.00	i a fa
( ) Walk-In Customer : Customer's information	ation strictly Co	nfidential & Str	rictly NO refer of repairer		
( ) Total Luss Case : to e-mail Insurer l	URGENTLY.	143			
Drive-In ( ) / Towed-In ( ); Invoice: Y	YES ( ) / N	NO( );T	owing Co: (		)
	YES( )/N	NO( );T		E TOXABLA	)
Remarks:- (INC hotline: 6788 6616)		T; ( ) 07	owing Co: ( Date&Time Completed	Done	) by
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/ Cou		YO( );T		Done	) by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/ Cou 2) QC Check / Post Repair Inspection	artesy Car (	T; ( ) OV )		Done	) hy
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/ Cou	artesy Car (	NO( );T		Done	) Dby
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/ Cou 2) QC Check / Post Repair Inspection	artesy Car (	NO( );T		Done	) by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:	artesy Car (	NO( );T		Done	) by
Remarks:- (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:	artesy Car (	NO( );T		Done	) >by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:	artesy Car (	NO( );T		Done	) by
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:	artesy Car (	NO( ); T		Done	) >bv
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:	artesy Car (	NO( );T		Done	) Sby
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:	artesy Car (	NO( );T		Done	
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( ) / Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions	artesy Car (	)	Date&Time Completed	Ant(5)	() Amu(t)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions	artesy Car (	) ) ) Invoice Prej	Date&Time Completed		
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions	artesy Car (	Invoice Prep	Date & Time Completed  (ar ation Checklist:  Reporting (530);  Assessment (\$100); INC (\$100);	And (\$)    fit Bill	() Amu(t)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Laimant's Particulars:	artesy Car (	Invoice Prej	Date & Tame Completed  paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$30);	And (\$)	() Amu(t)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Laimant's Particulars:	artesy Car (	Invoice Prej	Date & Time Completed  paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$100)	Ant (5) Ist Bill 580) 40/545 5120 530	() Amu(t)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  laimant's Particulars:  ontact No:	artesy Car (	Invoice Preparation of the state of the stat	Date & Time Completed  Paration Checklist  Reporting (530);  Assessment (\$100); INC (See Survey)  Brough Survey  Brough Survey (Resurvey)  Brinst INC Only (wef 10 Jan 20)  tion	Ant (5)  IN Bill  580)  40/545  5120  530  25)  575	() Ami(s)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Laimant's Particulars:  portact No:	artesy Car (	Invoice Prej	Date & Time Completed  Paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$30);  A	Ant (5)  ISCBILL  580)  40/545  5120  530  25)	() Ami(s)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Inimant's Particulars:  priver/Owner:  Ontact No:  Inmaged Portion:	artesy Car (	Invoice Prej  1) AR: Accident 2) DA: Damage 3) TF: Towing Fe 4) FT: Follow-Ti 5) FT: Follow-Ti For cleiming as 6) TR: Re-inspec 7) N1: Idae DA 8) NTUC Additio	Date & Time Completed.  Paration Checklist.  Reporting (530); Assessment (5100); INC (650); Asse	Anit (5) Isi Bill \$80) 40/\$45 \$120 \$30 25) \$75 \$160	() Amu(t)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Inimant's Particulars::  priver/Owner:  ontact No:  amaged Portion:	artesy Car (	Invoice Project 1) AR: Accident 2) DA: Damage 4) FT: Follow-Ti 5) FT: Follow-Ti For claiming as 6) TR: Re-inspec 7) N1: Idae DA 4 8) NTUC Additio QD.*  *N5: Courtesy	Date & Time Completed.  Paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$100	Ant (5)  Ist Bill  580) 40/545 5120 530 25) 575 5160	() Amu(t)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Latimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	artesy Car (	Invoice Prej  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-Ti 5) FT: Follow-Ti 6) TR: Re-inspec 7) N1: Idae DA 4 8) NTUC Additio OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair	Date & Time Completed.  Date & Time Completed.  Paration Checklist.  Reporting (530); Assessment (5100); INC (500); Frough Survey (Resurvey) Froint INC Only (wef 10 Jan 200)  Ition SMRT Survey  Real Services:  Car / Tpl Allowance  Fordination  In Inspection	\$80) \$10,545 \$120 \$30 \$25) \$75 \$160	() Amu(t)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  laimant's Particulars::  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	artesy Car (	Invoice Project  1) AR: Accident  2) DA: Darrage  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  6) TR: Re-inspec  7) N1: Idae DA  8) NTUC Addition  QD  *N5: Courtesy  *N6: Repair Co  *N7: Fost Repair Co  *N7: Fost Repair Co  *N7: Fost Repair Co  *N7: Fost Repair Co  *N8: DV / Coll	Date & Time Completed  Reporting (\$30);  Assessment (\$100); INC (\$20);  Incough Survey  Incough Survey (Resurvey)  Incough Survey (Resurvey)  Incough Survey  Inco	Anit (5) Isi Bill \$80) 40/\$45 \$120 \$30 25) \$75 \$160	(Amt(t)
Remarks: (INC hotline: 6788 6616)  1) Apply for Transport Allowance ( )/Cou 2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$300  Injury:  Date/Time Actions  Latimant's Particulars:  river/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	artesy Car (	Invoice Project  1) AR: Accident  2) DA: Darrage  3) TF: Towing F  4) FT: Follow-Ti  5) FT: Follow-Ti  6) TR: Re-inspec  7) N1: Idae DA  8) NTUC Addition  QD  *N5: Courtesy  *N6: Repair Co  *N7: Fost Repair Co  *N7: Fost Repair Co  *N7: Fost Repair Co  *N7: Fost Repair Co  *N8: DV / Coll	Date & Time Completed  Date & Time Completed  Daration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$100);	\$80) \$10,515 \$10,545 \$120 \$30 \$55 \$160 \$25 \$55 \$20 \$30	(Amt(t)

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

Contact Number EMail Address

Fax Number

- 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.
- 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
Date Of Report	02/06/2020 13:53
Date Of Accident	02/06/2020 12:20
Exact Location Of Accident	GEYLANG RD TWDS LAVENDER BEFORE LOR 3 GEYLANG
Country/State of Loss	SINGAPORE
Company of the compan	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ9382T
Insured/Policyholder	
Name Of Registered Owner	ONG CHIN MENG
NRIC No	SXXXX826I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91195647
Alternative Phone No	OFFICE-91195647
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA AXIO 1.5X 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	5111108863
Cover Note Number	
Driver	
Name of Driver	ONG CHIN MENG (WANG ZHENMING)
NRIC No	SXXXX826I
Date Of Birth	09/08/1982
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2017
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
	U OCAL) +65 04105647

(LOCAL) +65-91195647

OFFICE-91195647

NOEMAIL

BLK 470C UPPER SERANGOON CRESCENT Address

#04-352

533470 Postcode

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**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

REFER TO STATEMENT.

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** 

YM8336P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

ONG CHIN MENG (WANG ZHENMING)

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

CHEST & STOMACH

SGZ9382T

YES

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</u> and <u>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 insurers) 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		
		A+5G293827
	1 /6/	R-YM8336P
		The House of the H
	MALL	
		<u> </u>
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	and the second s
	The state of the s	
I was trave	lling Straight along o	peylang Rol towards
lavender, I	was on lane 2,	Suddenly on lorry
(YM 8336P)	cut into my lane	and Collided onto
		College Only
My behide.		11000
-		4
ALCONOMINE OF THE PARTY OF THE		
ECLARATION		
	culars are true in every respect.	
1/w	1 /som	
4	7500	bul
licyholder's Signature te & Time:	Oriver's Signature	Reporting Centre Personnel's Signature
The set A STATE OF	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

APPENDIX SECTION OF STATE OF SEC

#### 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 flability on the part of the insurance companies.
- Any false reporting may be referred to the traffic police department for investigation.

### **Accident details**

Date and time of accident	Date: 02	06/	20 (DD)	MM/YY) Tim	e: 12:20	em (HH:	MM)
Exact location of accident	Geylong	Rd	towards			111111111111111111111111111111111111111	1

### Details of vehicle

Vehicle registration number	Toyota Axio
Vehicle make and model	SG29382T
Type of vehicle	Saloon MPV CRV Van D
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Private use
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □

### Insurance information

Insurance company	HTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

### Insured / Policy holder

Name	ONG CHIN MENG	Male 🗆	Female 🗆
NRIC / Fin / Passport number	S8224826I		
Contact	91195647		
Address	BILL 4706 UPP Serangoon C	rescent to	4-852

# Driver Same as insured above (skip to D.O.B)

Name		Male 🗆	Female
NRIC / Fin / Passport number			
Contact			
Address			
Email address	Steven on 982 @ gmail con		
Date of birth	09-08-1982		
Occupation	Indoor  Outdoor		
Driving date pass	07/02/2017		

# General information of the accident

Was driver an employee of	Yes on No o
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	
Weather condition	Clear Raining Others:
Road surface	Dry e Wet a
No of passenger	(Inclusive of driver
Passenger 1	
Name	
Gender	Mele □ Female □
Passenger 2	
Name	
Gender	Male 🗆 Female 🗅
Passenger 3	
Name	
Gender	Male  Female
Name	
Gender	Male  Female
Passenger 5	
Name	
Gender	Male  Female
Passenger 6	
Name	
Gender	Male D Female D
Other information	
Was anybody injured?	Yes 🗷 No 🗆
Was other vehicle damaged?	Yes No 🗆
Details of police action	
A Company of the Comp	
Reported to police?	Yes   No   If yes, please state which police station.

## Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	YM 8336P
Vehicle make model	

# Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Third party vehicle 4

Name	61.
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

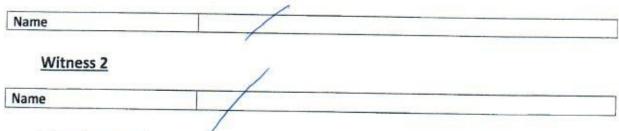
### Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

### Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

## Witness 1



## Injured person 1

Name	ONG CHIM MENG
Injuries sustained	CHEST, Stomach
Which vehicle person in?	SGZ9382T
Were seat belts worn?	Yes Ø No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No Z

## Injured person 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

## Injured person 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗈
Was injured conveyed to hospital by ambulance?	Yes to No D

# Injured person 4

Name	7
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes No a

			1000	Control of the last		-	STATE OF THE PARTY	STANDARD	STATE SERVICE	Genera	<b>学院/的/35</b> 样的
Hello, NAC_PAYA_UBI_800	601						+ Change	Language	• Chan	ge Password	Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	3			Date o	of Accident	0	2/06/2020 1	2:20	
	Vehicle	No.(For Motor)	SGZ938	32T		Certific	cate Number				
					E	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111108863		ONG CHIN MENG	S8224826I	GPC	drivo CLASSIC	SGZ9382T	SGZ9382T	12/07/2019	11/07/2020

Sequen	nce Date of Endorsemen	t	Endorsemen	t Type	Endorsement	Status	Endorsement Content		
▼ Endors	ements								
) Insure	d Object: SGZ9382T								
Jnit No.		Relate	ed Policy er	5111108863					
Address 4	SINGAPORE 533470		ss Type	Singapore address	s	Post Code	533470		
Address 1	BLK 470C #04-352	Addre	ss 2	UPPER SERANGO	ON CRESCENT	Address 3	HOUGANG PARKVIEW		
	nolder Mailing Address								
Policy Info Certificate Info									
Open									
Co- nsurance Flag	No								
lgent	TAI THONG LEE TRADING PTE L	Agent Tel.	NIL		GST Flag	Y			
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess		
dditional xcess	0	OS Premium	0						
xcess	1500	damage Excess	2000		Excess	100			
hird Party		Own			Windscreen	100			
xcess ype	Per Accident	All Claims Excess							
olicy ssue Date	12/07/2019	Effective Date	12/07/2019	00:00	Expiry Date	11/07/2020 23	:59		
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N			
ddress	BLK 470C #04-352 UPPER SERA	NGOON CRES	CENT HOUG	ANG PARKVIEW SIN	GAPORE 53347	GAPORE 533470			
ertificate io.									
olicy No.	5111108863	Policyholder Name	ONG CHIN	MENG	Policyholder NRIC	S8224826I			

laim Handling						
cident MT/1093595		e de la company				
iscy No.	5111108863	Vehicle No.	90293827	GST Registration No.		
rtificate No.						
acyholder Name	ONG CHIN MENG			Policyholder NRIC	\$82248251	
oduct Code	Code PRIVATE CAR INSURANCE Cove		drive CLASSIC	Loading	0	
		Contact No.(Office)	0	Contact No.(Home)	0	
all Address		Special Remark	-2007320	eCode	N: V	
K.	® Na ○ Yes	TCA	® No ○ Yes	eCode Reason	1200	
D Protection	No	NCD Entidement(%)	10	Private Hire	Yes	
Accident Details						
port Date	02/06/2020 14:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane	
te of Accident	02/06/2020	Time of Accident Nhomm	12:20	Country of Academ	Singapore	
porting Centre		Orange Force		ICM No.		
cident Location	GEYLANG RD TWDS LAVENDER MEFORE LOR 3	GEYLANG				
Total Excess Applicable						
cess Type	Per Accident	Windscreen Excess	100.00			
	24522223	Application of the second	2222			
Standard Excess	2,000.00	TP Standard Excess	1,500.00	e d'accompany	Covered	
to Ob Excess	0.00	VIED TP Excess	0.00	Driver is Covered?	Covered	
ditional Excess	0	The second secon	A feet of the			
tal OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500.00			
Benefits	Man 2					
GST Registered Informa	No No		GST Registration Date			
T Registered T Registration No.			GST Status Ventied	Ves		
dification History			ON 1526/2015/0000	10/624		
THE PARTY OF THE P						
Policyholder Malling Ad	dress					
idress 1	BLK 470C #04-352	Address 2	UPPER SERANGOON CRESCENT	Address 3	HOUGANG PARKVIEW	
Idress 4	SINGAPORE 533470	Address Type	Singapore address	Post Code	533470	
VE NO.	STORY OF SECTION	Related Policy Number	5111108863			
OI Driver Info		The same of the same of	2111111111			
ver Name	ONG CHIN MENG ( WANG ZHENMING )	Driver Type	Main Oriver			
named driver Name		Oriver NRIC	502248261	Driver DOB	09/08/1962	
gister Date of Driver License	07/02/2017	Dover Age	37	Driving Experience	3	
intact No.(Mobile)	91195647	Contact No.(Office)	0	Contact No.(Home)	0	
idress I	BUK 470C	Address 2	UPPER SERANGOON CRESCENT	Address 3	HOUGANG PARKVIEW	
idress 4	SINGAPORE 533470	Address Type	Singapore address	Past Code	533470	
nt No.	04-352	7,000				
oes he own a Singapore		Driver Vehicle No.		Driver Insurer Company		
ogistered car?	○ Yes ® No	prover verice ou.		Debt. Clares of March 19		
caration						
reathalyser or Blood Test	• 477	And the and	® Yes ○ No			
eading?	0 mg	Any injury?				
odification History						
N SHE						
Claim 001 New						
em Type *	OD-MX	Insured Name	ONG CHIN MENG	Insured NRIC	S8224826I	
mact No (Mobile)	91195647	Contact No.(Home)	62524286	Contact No.(Office)		
nail Address		Of Vehicle Number	SG29382T	TP Vehicle Number	YM8336P	
aimant Type Claimant Type+	Please Select	Type of Benefit *	Please Select			
ament Name *	22	Claimant NR3C *				
amant Address						
sim Description	SGZ9382T / YM8336P ON 2 Jun 2020			Name of Preferred Workshop		
eferred Workshop Contact		Insured Liability *	Not at Fault			
o. equire Finalisation	Ves V	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
		Claim Close Date		Date Received	02/05/2020 00:00	
ste Registered	02/06/2020 14:11	- Annual States		and the second of the second o	Land and the second sec	
port Taken By	lackson					
Print AK letter						
			Save   Submit			
Attachment						
43						
•						
codent No.	MT/1093595	Claim No.	001			
ast Dec. Received	® Yes ○ No	Upload Date	02/06/2020 14:29			
	Path •		Category *	Confidential Urgen	cy * Description	
	IN EVY ST	Browse	Toronto Company	Normal	<u> </u>	
		Browse		Normal		
		Browse	Total Control of the	≥ NO ∨ Normal	N N	
HE PROPERTY AND	Andrew St. March St. Co.					
		Browse		v Normal	- P. A.S C	
		Browse	8 Clear Please Select	V Normal		
		The second secon	and the second s			

