NATIONAL Assessment Centi	re Services. well Jan'0511	4092013004	
Date In: 1/10/12-15:48	Jcb description	Date & Time Completed	Done pi.
Ref No: 49 (14C20)3135/24	SAS e-filing		
Veh No: JKCJZPE	E-mail (within Shrs, AIC 2hrs)		*
D.O.A: 73/11/2-W:45	i-Motor Claim Form	M7/111805-001	1/12/22 16:09
	i-Motor W/O (Within: OD	2hrs, 7P 4hrs)	
OD / P Reporting Only	i-Photo Uploaded		
	Assessment/Survey Repor	t į	
TP Insurer:	Ass't Report by Fax / Har	d to Owner/Wksp	<u></u>
Preferred Wksp / INC Assign Wksp / QW: (101.	Fax:
TP Particulars: Veh No:	707R - INC		
Owner / Driver: (,	Tel:	
Policy No: () P	eriod: () Cover Type: (
Confirmed by : (Date:	Time:	100%]
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 50	.10076]
Year of Registration: ()	Warranty: YES ()/NO (
Excess: (\$) Loading: \$1	,000 ()/\$2,000 ()		17.45 L
General Remarks:-		Starty NO refer of repaire	
() Walk-In Customer : Customer's in		Strictly NO Talet C. Tepens	
() Total Loss Case : to e-mail Insu		; Towing Co: (·)
Drive-In ()/ Towed-In (); Invoi	ce: YES () / NO ()	Ma.	Doneby
Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Manage Dy
. 7	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		-
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		
Injury:			
Date/Time: Actions			
		 	
·	1		
NA.		n * Chealdig	Anit (S) Amt (\$)
19206496	1997 X 200 400 500 500 500 500 500 500 500 500 5	Preparation Checklist	fit Bill Add Bil
Claimant's Particulars :-	2) DA : Da	mage Assessment (\$100); INC	(\$80)
Driver/Owner:	3) TF : Tov	ving Fee ow-Through Survey	\$40/\$45 \$120
	Si ET - Fol	low-Through Survey (Resurvey)	\$30
Contact No:	6) TR : Re-	ning against INC Only (wef 10 Jan ;	3/13
Damaged Portion:	7) N1 : Ida	c DA + SMRT Survey Additional Services:-	\$160
	OD*		\$5
QC Checked by (Engr-In-Charge):	*N5: Co	urlesy Car / Tpt Allowance	310
	•N7: Po	st Repair Inspection V / Collect Excess Coordination	\$25
Auditors' Comments:	TP (N1	1): TP (Non INC) against INC	\$20
<u> </u>	9) N12: Id Invoice do	nc Mobile	ged 30
2at. 2/3;	Invoice de	E-a Char	ged Walter

· · jert te

SN0920C1000H / National Assessment Centre Services [408933] ENTRY DATE & TIME: 01/12/2020 15:48 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (01/12/2020 15:48 (SGT))



SINGAPORE ACCIDENT STATEMENT

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
- 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.

ACCIDENT STATEMENT

01/12/2020 15:48 (SGT) Date of Submission Date of Accident 27/11/2020 22:45 (SGT) Exact Location of Accident CTE, Singapore CTE TWDS SLE BEFORE PIE (CHANGI) EXIT Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKC1737E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ONG JIA MIN SXXXX404A NRIC No Email Address kurgyjayne@gmail.com Mobile Phone No (Phone) +65-97315050 Alternative Phone No +65-97315050

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5110020333-01 Cover Note Number

DRIVER

ONG JIA MIN Name of Driver SXXXX404A NRIC No Date Of Birth 19/09/1989 Occupation Indoor

Date Of Driving Pass	18/11/2009
Driving experience	11 YEARS
Gender	Female
Mobile Number	(Phone) +65-97315050
Alt. Phone Number	+65-97315050
Email Address	kurgyjayne@gmail.com
Address	BLK 531 HOUGANG AVENUE 6
Address complement	#10-279
Postcode	530531
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	•
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
insurance company of early vertice extract by 2.11.01	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry
Tiodd Garlago	5.1,
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	No.
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
Section 1 Control of the Control of	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIDCUMETANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
CONTROL MARCHINE CONTROL CONTR	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
DETAILS OF STILL	
Vehicle Registration Number	SLZ707R
	SLZIVIT
Vehicle Manufacturer	
Vehicle Model	•
Vehicle Variant	•
Vehicle Colour	- Delivate and
Vehicle Category	Private car
Name of Driver	•
Contact Number Address	
Address Address complement	
Postcode	
Insurance Company Name	

Nature Of Damage	-
Details of property damaged in accident	:==
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMV3353S
Vehicle Manufacturer	=
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	
Insurance Company Name	-
Nature Of Damage	<u>€</u>
Details of property damaged in accident	2
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG JIA MIN
Address	-
Address Complement	_
Post Code	_
Approximate Age Years Old	=
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SKC1737E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 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 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnell's Signature

Name:

NRIC/FIN No.:

I was foughter along (II)
I was traveling along CTE towards SLE before PIE (changi) exit.
The matering on my own land, the vehicle in front of me heate
But well as Showed to bruke & stop without any contact with the
front vehicle Suddenly I dult a hope impart from the rear of
my will the tent of the top the rain of
my Which. I get down and realised, I was involved in a 3
car collision and I was the first relicle.

DECLARATION

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signation Name: NRIC/FIN No.:

SCHOOL Step (GM: 1670) Force Va

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.

Accident details

Date and time of accident	Date: 27/11/20 20	(DD/MM/YY) Time: 22: 45pm (HH:MM)
Exact location of accident		before PIE (changi)-exit

Details of vehicle

Vehicle registration number	SKC1737E
Vehicle make and model	Toyota vios
Type of vehicle	Saloon MPV CRV Van CRV Others:
Vehicle category	Private of Commercial Motorcycle
Purpose of using at said time	On the way home
Are you claiming under your own insurance company?	Yes □ No if no, please select: Third part claim Reporting only □

Insurance information

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

Insured / Policy holder

Name	ONG JIA MIN	Male 🗆	Female 2
NRIC / Fin / Passport number	S8932404A		
Contact	9731 5050		
Address	APT BIK 531 hougang duence 6 #10-274 S(530531)		

Driver

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

Name	Male Female
NRIC / Fin / Passport number	
Contact	
Address	
Email address	Kurgyjanne @ amail. com
Date of birth	19 lent 1989
Occupation	Indoor D Outdoor D
Driving date pass	18 May 2009

General information of the accident

General Information	in accident	
Was driver an employee of	Yes No p	Serf
the insured's company?	If no, relationship of the driver and insured:	24
Accident captured by camera?		
Weather condition	Clear A Raining Others:	
Road surface	Dry₁z∕ Wet □	
No of passenger	1	(Inclusive of driver)
Passenger 1		
Name	MIN AIL DIO REPORTERS	
Gender	Male Female	
Passenger 2		
Name		
Gender	Male Female	
Passenger 3		
Name		
Gender	Male Female	
Passenger 4		
Name		
Gender	Male Female G	
Passenger 5		
Name		
Gender	Male - Female -	
Passenger 6		
Name		7
Gender	Male □ Female □	
Other information		
Was anybody injured?	Yestızı́ No □	
	Yes to No 🗆	

Details of police action

Reported to police?	Yes 🗆	Nop	If yes, please state which police station.
Police station name			

Third party vehicle 1 (内)

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SL Z 707B	
Vehicle make model	.071	

Third party vehicle 2 (C)

Name		
Contact number		
NRIC / Fin / Passport number		
Vehicle registration number	SMV33535	
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	
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 Name Witness 2 Name Injured person 1 Name ONG JIA MIN Injuries sustained 1 Neck & Back Which vehicle person in? SK C 1737 E Were seat belts worn? Yes 🗹 No o Was injured conveyed to Yes Noto hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No o Was injured conveyed to Yes 🗆 No o hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No 🗆 Was injured conveyed to Yes 🗆 No a hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No 🗆 Was injured conveyed to Yes 🗆 No a

hospital by ambulance?

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601						· Change	Language	• Chan	ge Password	· Log Out
My Desktop	Poli	cy Query									٠
Notice of Loss	Policy N	No.				Date o	f Accident	2	7/11/2020 2	22:45	
	Vehicle	No.(For Motor)	SKC173	37E		Certific	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5110020333- 01		ONG JIA MIN	S8932404A	GPC	drivo CLASSIC	SKC1737E	SKC1737E	27/07/2020	26/07/2021
	***************************************		071471		C	Continue					

▽ Endors	ements						
	d Object: SKC1737E						
Unit No.	10-279	Relate Numb	ed Policy er	5110020333-01			
Address 4			ss Type	Singapore address	1	Post Code	530531
Address 1	BLK 531 #10-279	Addre	ss 2	HOUGANG AVENUE	6	Address 3	SINGAPORE 530531
Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	PANA HARRISON (ASIA) PTE LT	Agent Tel.	62948966		GST Flag	Y	
Singapore OD Excess	0.0	Singapore TP Excess	0			Young/	Inexperience Driver Excess
Excess Outside	0	Premium Outside	0				
Excess Additional	A paper of the second s	Excess			Excess	100	
Third Party	0	Own damage	0.0		Windscreen	100	
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	05/06/2020	Effective Date	27/07/2020	0 00:00	Expiry Date	26/07/2021 23	:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address							
Certificate No.							
Policy No.	5110020333-01	Policyholder Name	ONG JIA M	IN	Policyholder NRIC	S8932404A	

Claim Handling Accident MT/1111895					
Policy No.	5110020333-01	Vehicle No.	SKC1737E	GST Registration No.	
Certificate No.				•	
Policyholder Name	ONG JIA MIN			Policyholder NRIC	S8932404A
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
Contact No.(Mobile)	97315050	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark	Want and the state of the state	eCode	Nc V
KFK	● No ○ Yes	TCA	● No ○Yes	eCode Reason	Jacob Land
NCD Protection	No	NCD Entitlement(%)	30	Private Hire	No
Accident Details		_			
Report Date	01/12/2020 16:06	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	27/11/2020	Time of Accident hh:mm	22:45	Country of Accident	Singapore
Reporting Centre		Orange Folce		ICM No.	
Accident Location	CTE TWDS SLE BEFORE PIE (CHANGI) EXIT				
Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess	100.00		
xcc33 17pc	Tel Accident	Windscreen Excess	100.00		
D Standard Excess	0.00	TP Standard Excess	0.00		
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
▼ Benefits					
overage			Sum Insured		
xcess Waiver			99999999999		
ransport Allowance			99999999999		
	ation		2222223		
GST Registered Informa			CCT DATE OF THE PARTY OF THE PA		
ST Registration No.	No		GST Registration Date	Vac III a la l	
ST Registration No. Iodification History			GST Status Verified	Yes	
Constitution matery					
Policyholder Mailing Ad	dress				
ddress 1	BLK 531 #10-279	Address 2	HOUGANG AVENUE 6	Address 3	SINGAPORE 530531
		Address Type	Singapore address	Post Code	530531
ddress 4	10.370			rost code	330331
nit No.	10-279	Related Policy Number	5110020333-01		
OI Driver Info		D	MIL DE		
river Name	Ong Jia min	Driver Type	Main Driver	Dating DOB	10/00/1080
nnamed driver Name		Driver NRIC	S8932404A	Driver DOB	19/09/1989
egister Date of Driver License	18/11/2009	Driver Age	31	Driving Experience	11
ontact No.(Mobile)	97315050	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 531	Address 2	HOUGANG AVENUE 6	Address 3	SINGAPORE 530531
ddress 4		Address Type	Singapore address	Post Code	530531
Init No.	10-279	60000000000000000000000000000000000000	***		
Does he own a Singapore					
egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
reathalyser or Blood Test					
eading?	0 mg	Any injury?	● Yes ○ No		
odification History					
10.000 Bu					
Claim 001 New					
aim Type *	OD-MX	Insured Name	ONG JIA MIN	Insured NRIC	S8932404A
250	OD-MX	Insured Name	ONG JIN PILIN		307324U4A
ontact No.(Mobile)		Contact No.(Home)	Level on a color of the color o	Contact No.(Office)	
mail Address		OI Vehicle Number	SKC1737E	TP Vehicle Number	SLZ707R
aimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
aimant Name *	>>	Claimant NRIC *			
almant Address					
aim Description	SKC1737E / SLZ707R ON 27 Nov 2020			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		13
0.	Vec.			GIA renc≠	Received
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	-	
ate Registered	01/12/2020 16:09	Claim Close Date		Date Received	01/12/2020 00:00
eport Taken By	Jackson				
Print AK letter					
			feed loss.		
100			Save Submit		
Attachment *					
•					
ccident No.	MT/1111895	Claim No.	001		
ast Doc. Received	Yes No	Upload Date	01/12/2020 16:10		
	Path *		Category *	Confidential Urgen	cy * Descripti
		Browse		NO V Normal	<u> </u>
		Browse		V NO V Normal	~
TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE					
		Browse	Clear Please Select	V NO V Normal	~

