NATIONAL Assessment Centre Services.		3 SM 092122	
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Ref No MA I INC 210,0 1551/14 SAS C-Illing			
Vol. No. SJP G785 B E-mail (white	i Blus, AIC Thrs)		
11(1) A 25/1/21 13:30. I-Motor Cin	lm Form	MT/111897600	2/2/21 16:15
I-Motor W/	O (Within: OD 2hrs		
(11) Peporting, Only	onded		, .
	Survey Report		,
Ass't Report	by Fax / Hand to	Owner/Wksn	
Proformed Wksp / INC Assign Wksp / QW: (•	Tol:	Fax:
TP Particulars: Yeh No: GBJ 387 3. B	3 İNC(.)/Non-INC(*).	
Owner / Driver: (Tel:) -
Policy No: () Pariod: ()	Cover Type: ()
Configured by : (Date:	Thre:)
Insured/Driver Liability: (%) [Note-Est Status	(WO): N: 0-2	0%; P: 21-79%. P: 8d	-100%]
Year of Registration: () Whrranty: YES ()	
Excess: (\$) Loading: \$1,000 ()/\$2,00	0 () .	A CONTROL OF THE PARTY OF THE P	24345
			13 (De 19)
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() Total Loss Case : to e-mail Insurer URGENTLY		, ",, 1,,1	
Drive-In ()/ Towed-In (); Invoice: YES ()/	NO();I	owing Co; (# · 4	,)
		Plittle Hill Couling 51	The Atlanta by
1) Apply for Transfort Allowance () / Courtesy Car (.)	, ,,,,,	
2) QC Check / Post Repair Inspection .(•)		
1) Upload Resurvey Photo [Repair Cost > \$3000] () :		
Injury :		, 1,4	
			WATER OF THE STATE
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	1) AR ; Analden	tReparting (330); : Assessment (5100); INC	30
	3) TF : Towing	Fire	540/545
Orivor/Owner:	4) FT : Follow-	Chrough Buryuy (Resurvey)	\$120
Contact No:	· For alaining	states the only (motto lang	(005) 375
Damaged Portion:	6) TR: Re-inspe 7) NI : Idao DA	+ SMRT Survey	2160
1	8) NTUC Addll	ional Services:-	
2C Checked by (Engr-In-Charge):	· NS: Courles	y Car / Tpt Allowannu	23
	NG: Hanale	Co-ordination pair Inspection	510 523
violitors agont outset	INB: DV/C	ollegt Exposs Coordination	22
al. 1:	TP (N11): T 9) N12: Idao M	P (Nan INC) against INC	30
2/3;	Invalar dated	Fae Char	
(Faliati)	· I and dated	Fee Charg	TEN MUNICIPALITY

· per at fine

SN0921220009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/02/2021 12:18 (SGT)

SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (02/02/2021 12:18 (SGT))



SINGAPORE ACCIDENT STATEMENT

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
- 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

Date of Submission Date of Accident Exact Location of Accident Additional Location Information	02/02/2021 12:18 (SGT) 25/01/2021 13:30 (SGT) Serangoon North Ave 5, Singapore
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP6785B
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No ONG TECK HOCK SXXXX359Z JEREMYONGKS96@HOTMAIL.COM (Phone) +65-81805678 +65-81805678
VEHICLE PARTICULARS	
Manufacturer Model	Hyundai

Manufacturer	Hyundai
Model	Avante
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120195570
Cover Note Number	ere menta vendarear en

DRIVER

Name of Driver	ONG KIAN SIONG JEREMY
NRIC No	SXXXX506F
Date Of Birth	07/09/1996
Occupation	Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	19/11/2020 2 MONTHS Male (Phone) +65-83329697 - JEREMYONGKS96@HOTMAIL.COM BLK 207D COMPASSVALE LANE #14-46 - 547207 No Child No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Major/Minor Rd Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes No Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address	GBJ3873B Commercial vehicle
Address complement Postcode Insurance Company Name	

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG KIAN SIONG JEREMY
Address	¥
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJP6785B
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.
- 3. 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.
- 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:
- 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.
- 7. 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:
 - (1) 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, involces, 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 Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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Serongoo	on Morth		A = 5=	1P 6785B
	Ave 5.		B= 61	3J 3873B
SKETCH PLAN	1		5- 61	77 78420
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	VA			
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		1 5 1		
			2-2-50	
DESCRIBE CIRCUMSTANG	CES OF THE ACCIDENT	·	11/2	<u> </u>
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1 Seranguin		AND DESCRIPTION OF THE PARTY OF	ing, vull	PB came
out from a	building on	the 12	ff e hif	onto my
vehille from	left portlan	•		1
ECLARATION We declare the foregoing part	lculars are true in every respec	ŧ.		
ONS pilicyholder's Signature	Driver's Signature		Reporting Centre Per	regnal's Classical
ate & Time:	(If driver is not the police) Date & Time:	cyholder)	Name: NRIC/FIN No.:	annier's alguature

STABLE BRIGHTSHOP VA

Continue

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language Change Password Log Out My Desktop **Policy Query Notice of Loss** Policy No. Date of Accident 25/01/2021 11:55 Vehicle No.(For Motor) SJP6785B Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle Commence Date Insured Select Policy No. Product Cover Type Expiry Date Object drivo CLASSIC ONG TECK 0 5120195570 S1725359Z GPC SJP6785B SJP6785B 16/12/2020 15/12/2021 HOCK

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

					1330	
Date and time of accident	Date: 25	1/2021	(DD/MN	//YY) Time:	(:32	(HH:MM)
Exact location of accident	Seconson	100	Market Ser			,

Details of vehicle

Vehicle registration number	S56 9182 B
Vehicle make and model	Hyunda's Ruma
Type of vehicle	Saloon MPV CRV Van CRV Others:
Vehicle category	Private Z Commercial Motorcycle
Purpose of using at said time	Privarle.
Are you claiming under your own insurance company?	Yes □ No-□ if no, please select: Third part claim □ Reporting only □

Insurance information

Insurance company	NIC		
Policy number	GOT CIZ	01956 to	
Type of policy	Comprehensive p	Third party fire & theft	TP only

Insured / Policy holder

Name	019	Teck Hock		Male Ø	Female
NRIC / Fin / Passport number	5172	53552			
Contact	88056	18			
Address	2070	Compassivalu	Lan	#14-46	5(54715)

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

Name	ong (cin Song , July) Male of Female of
NRIC / Fin / Passport number	596315065
Contact	8312 4697
Address	20-10 COMPASSVAIR LAN #14-46 S(547151)
Email address	Series on Es 96 @ holmail.com
Date of birth	7/9/1996
Occupation	Indoor Outdoor
Driving date pass	14/11/19

General information of the accident

Was driver an employee of	
	Yes D No 🗹
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	
Weather condition	Clear Raining Others:
Road surface	Dry D Wet a
No of passenger	(Inclusive of driv
Passenger 1	
Name	
Gender	Male Female
Passenger 2	
Name	
Gender	Male Female Female
Passenger 3	
Name	
Gender	Male D Female D
Passenger 4	
Name	
Name Gender	Male D Female D
Name Gender Passenger 5	Male Female
Gender	Male Female I
Passenger 5 Name	Male Female Male Female
Passenger 5 Name	
Passenger 5 Name Gender	
Passenger 5 Name Gender Passenger 6	
Passenger 5 Name Gender Passenger 6	Male : Female :
Passenger 5 Name Gender Passenger 6 Name Gender Other information Was anybody injured?	Male Female
Passenger 5 Name Gender Passenger 6 Name Gender Other information Was anybody injured?	Male Female
Passenger 5 Name Gender Passenger 6 Name Gender Other information Was anybody injured?	Male Female
Passenger 5 Name Gender Passenger 6 Name Gender Other information Was anybody injured? Vas other vehicle damaged? Details of police action	Male Female

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	GBJ 3813B
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	
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	
Traine .	
Witness 2	
Name	
Injured person 1	
	Orlaw,
Name	One kian Sione Twenny
Injuries sustained	Sody)
Which vehicle person in?	919 628 SB
Were seat belts worn?	Yes No 🗆
Was injured conveyed to hospital by ambulance?	Yes O No B
Injured person 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes - No -
Was injured conveyed to hospital by ambulance?	Yes - No -
Injured person 3	
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 4	
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