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NATIONAL Assessment Centre	Services. well	Jan'05] Sh	409213 0000		
	Jeb description		Date & Time Complete		Doue pi.
Date In: 30/3/21 10:22	SAS e-filing				27
Rei No: NAI INC 2100 4102/14	E-mail (within Shrs, A	(IC 2hrs)			
Veh No: SJQ 8923 B	i-Motor Claim Fo	rm	MT/1126356-0	01 3013	121 19:31
D.O.A: 29/3/21 15:15	i-Motor W/O (With	hin: OD 2lus 7	9 4hrs)		
OD : (TP) ! Reporting Only	i-Photo Uploaded	-			,
	Assessment/Survey				
TP Insurer:			Dwer/Wksn		
	Ass't Report by Fa	X/ Hallu to		Fax:	
Preferred Wksp / INC Assign Wksp / QW: (		710/	Tel: )/Non-INC(	).	
TP Particulars: Yeh No: 5	KK 6410 Y.	· INC(		,	)
Owner / Driver: (		) (	Tel:	• +	)
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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.
 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.
 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.
 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.

ACCIDEN	T STATEMENT	
Date of Submission Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	30/03/2021 10:22 (SGT) 29/03/2021 15:15 (SGT) TPE, Singapore - Singapore	
DETAILS O	FOWN VEHICLE	
Vehicle Registration Number	SJQ8923B	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No ONG MAH SENG @ONG MAH CHENG SXXXX312I ONG.RAYNE@GMAIL.COM (Phone) +65-96622826 +65-96622826	
VEHICLE PARTICULARS		
Manufacturer Model Variant  Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC	Toyota Corolla - Private use No - Claiming third party Private car Auto 1600	
INSURANCE COMPANY		
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Income Insurance Co-operative Ltd Comprehensive No 5110372207-01	
DRIVER		
Name of Driver NRIC No	ONG YING YING RAYNE MRS RAYNE LOW SXXXX245E	D 4 (45

	07/00/4000
Date Of Birth	27/09/1990
Occupation	Indoor
Date Of Driving Pass	24/03/2010
Driving experience	11 YEARS
Gender	Female
Mobile Number	(Phone) +65-97333456
Alt. Phone Number	-
Email Address	ONG.RAYNE@GMAIL.COM
Address	BLK 674B YISHUN AVE 4 #05-692
Address complement	
Postcode	762674
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
of Other Vehicle Owned by Driver	•
Insurance Company of Other Vehicle Owned by Driver	
A STATE AND A STAT	
GENERAL INFORMATION OF THE ACCIDENT	
	Callinian Channeleron land
Type of Accident	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	- -
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	<u> </u>
soliciting/offering accident claims assistance?	No
Soliciting/one ring assistant stating assistance	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
ii yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT.	
REFER TO STATEMENT.	
ATTACHMENT(S)	
ATTACIMENTO	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
Tras there any addition to condition.	
DETAILS OF OTHER	R VEHICLE PROPERTY 1
DETAILS OF STILL	
Vehicle Registration Number	SKK6410Y
Vehicle Manufacturer	- Children
venicie Manufacturei	

Vehicle Registration Number	SKK6410Y
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	VALERIE GOH CHING YI
NRIC No	-1
Contact Number	(Phone) +65-82188567
Address	-

Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

### SKETCH PLAN

## **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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.
- 5. 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.
- 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.
- 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) 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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's	Signature/	Date	&
Time	/		

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

	A A	
A: SJ089238	(V0)	
A: SJQ 8923B B: SKK6410Y		
	TPE	

# Describe Circumstances of the Accident was travelling TPE straight along towards PIE on the first B vehicle.

### Declaration

IWe 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

M

Witnessed by Reporting Centre Personnel

GeneralClaim **eBao**Tech Change Password Log Out Hello, NAC\_PAYA\_UBI\_800601 · Change Language My Desktop **Policy Query** Notice of Loss 29/03/2021 09:53 Date of Accident Policy No. Certificate Number SJQ8923B Vehicle No.(For Motor) Search Policyholder NRIC Vehicle No. Insured Object Certificate Number Policyholder Name Commence Date Expiry Date Product Cover Type Select Policy No. ONG MAH SENG @ONG MAH CHENG drivo CLASSIC 5110372207-01 SJQ8923B SJQ8923B 12/06/2020 11/06/2021 S0376312I GPC 0 Continue

# 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	
29/03/2021	(DD/MM/YY)
1515	(HH:MM)
Along TPE towards PIE	, ,
	29   03   2021  515

	DETAILS OF VEHICLE	
Vehicle registration number	SJQ8923B	
Vehicle make and model	Toyota Altrs	
Type of vehicle	Saloon MPV CRV Van C	
	Lorry Bus  Motorcycle  Others:	
Vehicle category	Private Commercial Motorcycle	
Purpose of using at said time		
Are you claiming under your	Yes   No if no, please select:	
own insurance company?	Third part claim Reporting only	

1. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	INSURANCE IN	FORMATION	
Insurance company	On NTUC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft □	TP only

	INSURED / POLICY HOLDER		
Name	Ong Mah Seng	Male Fem	ale 🗆
NRIC / Fin / Passport number	803763121		
Contact	9662 2826		
Address	Blk 321 Serangoon Ave 2 # 0.	( احد 2-394 ( 550 ع	

DRIVER	SAME AS INSURED ABOVE - (SK	IP TO D.O.B)
Name	Ong Ying Ying Rayne	Male □ Female ✓
NRIC / Fin / Passport number	S90 512 45 E	
Contact	9733 3456	
Address	BIK 674B Yishun Avenue 4 #	05-692 8(762 674)
Email address	ong.rayne @ gmail.com	
Date of birth	27/09/1990	
Occupation	Indoor Outdoor	
Driving date pass	24/03/2010	

HE SECTION OF THE PROPERTY.	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes O No D
the insured's company?	If no, relationship of the driver and insured: Parents
Accident captured by camera?	Yes D No.
Weather condition	Clear  Raining Others:
Road surface	Dry □ Wet Ø
No of passenger	(Inclusive of driver)
	PASSENGER 1
Name	
Gender	Male  Female
	PASSENGER 2
Name	
Gender	Male   Female
	PASSENGER 3
Name	
Gender	Male  Female
<b>以</b> 自由的现在分词,也可以是否	PASSENGER 4
Name	
Gender	Male  Female
在4000年的中央中央企业。	PASSENGER 5
Name	
Gender	Male  Female
	PASSENGER 6
Name /	
Gender	Male   Female
	OTHER INFORMATION
Was anybody injured?	Yes D No 🗹
Was other vehicle damaged?	Yes, No 🗆
	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes   No  If yes, please state which police station.
Police station name	
	/
<b>建</b> 2010年的基本的基本	WITNESS 1
Name	
	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1
Vehicle registration number	SKK 6410 Y
Vehicle make model	Volkswagen Polo
Name	Valerie Goh Ching Yi
NRIC / Fin / Passport number	SXXX 0102 I
Contact	8218 8567
<b>本</b> 的特殊。在特别的一个规模的	THIRD PARTY VEHICLE 2
Vehicle registration number	
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	
	THIRD PARTY VEHICLE 4
Vehicle registration number	THIND PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>建</b> 位于1000年100日中国共和国企	THIRD PARTY VEHICLE 5
Vehicle registration number	/ VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number/	The state of the s
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
Vehicle registrațion number	THIRD PARTY VEHICLE /
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
contact /	

		INJURED PERSON 1	
Name		MUSICE FERSON I	
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No □	
Was injured conveyed to	Yes 🗆	No □	
hospital by ambulance?			
Control Caracheria Service	其此孫也	INJURED PERSON 2	<b>全国建筑工程等的产生</b>
Name		/	
Injuries sustained	-		
Which vehicle person in? Were seat belts worn?	V		
Was injured conveyed to	Yes □	No 🗆	
hospital by ambulance?	res	No 🗆	
moopital by ambalance:			
		INJURED PERSON 3	
Name		INJURED PERSON 3	
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
		INJURED PERSON 4	
Name	San San Wall	INJURED PERSON 4	
Injuries sustained		INJURED PERSON 4	
Injuries sustained Which vehicle person in?			
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes	Nó 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn?	-	Nó 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	-	No -	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	-	Nó 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	-	No -	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	-	No -	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	-	No -	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes 🗆	No   No   INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No   INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No   INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No   INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes 🗆	No   INJURED PERSON 5  No   No   No   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes 🗆	No   INJURED PERSON 5  No   No   No   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes - Yes -	No   No   INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes  Yes  Yes  Yes  Yes	No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes - Yes -	No   No   INJURED PERSON 5	