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# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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

"中国"的"中国"的"中国"的"中国"的"中国"的"中国"的"中国"的"中国"的	ACCIDENT STATEMENT
Date Of Report	11/01/2018 15:48
Date Of Accident	11/01/2018 08:15
Exact Location Of Accident	KPE TOWARDS CITY
Country/State of Loss	SINGAPORE
Description of the second of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT3736C
Insured/Policyholder	
Name Of Registered Owner	CHIENG GUANG XIAN BENEDICT
NRIC No	S8915238J
Email Address	BENCHIENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90624827
Alternative Phone No	OTHERS-90624827
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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	5092795504
Cover Note Number	
Driver	
Name of Driver	CHIENG GUANG XIAN BENEDICT
NRIC No	S8915238J
Date Of Birth	10/05/1989
Occupation	INDOOR
Date Of Driving Pass	21/01/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90624827
Fax Number	

OTHERS-90624827

BENCHIENG@GMAIL.COM

BLK 338C ANCHORVALE CRESCENT Address

#16-41

Postcode 543338

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

SIDE SWIPE Type Of Accident Weather Conditions RAINING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO

ambulance?

YES

NO

3

2

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: HAN NINGXIN

GENDER:

: FEMALE

: FEMALE

Passenger 2

NAME:

: ZOE

GENDER:

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Was there any audio recorded?

XE382L

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

CHIN KIM YAU Name of Driver S1562523F NRIC/Passport Number 97816548 Contact Number

Address Postcode

Page 2 of 16

### 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.
- 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 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)
  - (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 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

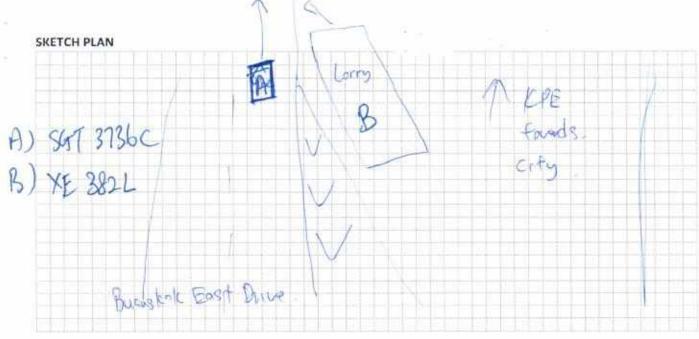
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: KOALI WOTE



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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# DECLARATION

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

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: Rofu (VANAS)

11/01/2018

NRIC/FIN No.:

SOUTH   SOU	laim Handling					
Common	ccident MT/0977395			SHIMBURN	stern Washington the	
Count   Figure   Count   Count   Figure   Count   Count   Figure   Count   Figure   Count   C	Paticy No.	5092795504	Vehicle No.	9GT1736C		
Contact No.	Glicyholder Name	CHIENG GUANG XIAN BENEDICT		while to be constructed as		
March   Mar	Product Code	PRIVATE CAR INSURANCE		drivo CLASSIC		
Text	Contact No. (Mobile)	90624827				
CO   Profesciora   No	mail Address		Special Remark			
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ST Registration No.   GST Registration Code   ST Registration No.   GST States Verified   Nex	MM 5 2 7 11 13 15 15	ation				
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Address 1						
Actions 4 SINGIAPORIE \$43338 Address Type Singapore address Post Code    Min No.	SES DETERMINENTAL MAN		Address 2	ANCHORVALE CRESCENT	Address 3	
## ALIGNMENT NAME  ## OLD Flower Info    CHENG GUANG MAN SENEDICT (QUAN   Driver Plane   CHENG GUANG MAN SENEDICT (QUAN   GUANG MAN SENEDICT (QUAN   Driver Plane   GUANG MAN SENEDICT (QUAN   GUANG MAN SENEDICT (QUAN   Driver Plane   GUANG MAN SENEDICT (QUAN   Man Driver   GUANG MAN SENEDICT (QUAN   Man Driver Man   GUANG MAN SENEDICT (QUAN   Man Senedic Man   Guan   Man Driver Man   Guan   Man						
Other Name						
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Driver Name    Driver Name   Driver License   Driver License   Driver Name   Driver Name   Driver License	5-99-1-921112-9-11	CHIERO GUANG KIAN BENEDICT (OIAN	A CHEST	6255399041000		
Driver Age 28 Driving Experience Contact No. [Mobile) BUX 338C #18-41 Address 4 SINGAPORE \$43338 Address 72 ANCHORVALE CRESCENT Adoress 3 Address 4 SINGAPORE \$43338 Address 79 Pet Singapore address Pact Code Union No. 18-41 Codes	Driver Name	GUANGRIAN)			p., p.06	
Contact No. [Mobile]  Contact No. [Office]  Contact No. [Office]  Contact No. [Office]  Address 2  ANCHORVALE CRESCENT  Access 3  Anchorvale Crescent  Access 3  Anchorvale Crescent  Access 3  Anchorvale Crescent  Access 3  Anchorvale Crescent  Access 4  Singapore address  Ves © No  Driver Vehicle No.  SGT3736C  Driver Indurer Company  Driver Indurer Company  Driver Indurer Company  Driver Indurer Company  Any Injury7  Yes © No  Contact No. [Mobile]  Bos24827  Contact No. [Workshop Contact No. Report Distant No. [Insured Liability * Not et Fault * Name of Preferred Workshop Preferred Workshop Name of Preferred Workshop Nam	Unnamed driver Name					
Address 1 BLK 338C #16-41 Address 2 ANCHORVALE CRESCENT Address 3 Post Cinde  Middress 4 SINCIAPORE 543338 Address Type Singapore address Post Cinde  Units No. 16-41  Decaration  Bireathalyser or Blood Test Reading 7  Claim 901 New  Claim Type * OD-MX * Insured Name ChiENG GUAND XIAN BENEDIC Insured Name Contact No. (Nobible) 90624827 Cont	Register Date of Sriver License	21/01/2010		28		
Address 4 SINGAPORE 54338 Address Type Singapore address Past Code  Address 4 SINGAPORE 54338 Address Type Singapore address Past Code  Address 4 SINGAPORE 54338 Address Type Singapore address Driver Insurer Company  Figure 1641  Done No. 1641  Driver Vehicle No. SGT3736C Driver Insurer Company  Any Injury 7 Yes 9 No  Claim 001 New  Claim 001 New  Claim 1/ye * OD-MX * Insured Name CHIENG GUANG XIAN BENEDIC Insured NRIC Contact No. (Home) SGT3736C TP Vehicle Number  Email Address BENCHIENG GUMAIL COM OI Vehicle Number SGT3736C TP Vehicle Number Name of Preferred Workshop Preferred Workshop Contact No. (Home) Driver Insured Liability * Not at Fault No. Not at Fault No. Driver Insured Name of Preferred Workshop Name of Preferred Workshop Name of Preferred Workshop Name on Preferred Workshop Name on Preferred No. Not at Fault No. Not At Fault No. Not At Fault No. Not Not No. Not Not Name of Preferred Workshop Name on Name of Preferred Workshop Name on	Contact No (Mobile)					
Singapore Repetered and Singapore Page Singapore Page Singapore Page Singapore Repetered and Singapore Repetered and Singapore Page Singapor	Address 1	BLK 336C #16-41	Address 2	ANCHORVALE CRESCENT		
Decaration  Percentage and Singapore Registered Car?  Yes © No  Prover Insured Name  Claim 1yp * OD-MX	Address 4	SINGAPORE 543338	Address Type	Singapore address	Post Code	
Decaration  Breathbyser or Blood Test Reading?  Claim 001 New  Claim 109 * OD-MX * Insured Name CHIENG GUANG XIAN BENEDIC Insured NRIC Contact No. (Mobile) 9:0624827 Contact No. (Home) Contact No. (Mobile) SGT3738C TP Valvice Number  Claim Description SGT3738C / XE392L ON 11 Jan 2018  Preferred Workshop Contact No.  Require Finalization Yes * Preferred Repair Option Preferred Workshop, Name unknown * GIA report  Date Registered 11/01/2038 16:19 Caim Close Oate Save Submit:  Attachment  Action No. Mt//0377395 Claim No. 001	Unit No.	16-41				
Breatheryser or Slood Test Reading?  Claim 001 New  Claim 17yp * OD-MX		Yes Si No	Driver Vehicle No.	SGT3736C	Driver Insurer Company	
Modification History  Claim 001 New  Claim Type * OD-MX	Declaration					
Claim Type * OD-MX * Imsured Name CHIENG GUANG XIAN BENEDIC Insured NRIC Contact No. (Mobile) 90624827 Contact No. (Home) Contact No. (Office) Email Address BENCHIENG GUMAIL.COM OI Vehicle Number SGT3736C TP Vehicle Number Claim Description SGT3736C / XE382L ON 11 Jan 2018 Preferred Workshop Contact No. (SGT3736C / XE382L ON 11 Jan 2018  Require Finalisation Yes * Preferred Repair Option Preferred Workshop, Name unknown * GIA report Date Registers 11/01/2018 16:19  Pront AK Hetler  Attachment  **  **  **  **  **  **  **  **  **		0 mg	Any injury?	Yes @ No		
Claim Type * OB-MX	Modification History  Claim 901 New					
Contact No. (Mobile) 90624827 Contact No. (Home) Contact No. (Home) Contact No. (Office)  Email Address BENCHIENSODMAIL.COM OI Vehicle Number SGT3736C TP Vehicle Number  Claim Description SGT3736C / XE382L ON 11 Jan 2016  Preferred Workshop Contact No.  Require Finalisation Yes Preferred Repair Option Preferred Workshop, Name unknown GIA report  Date Registeres 11/01/2018 16:19 Claim Class Gate Date Date Received  Report Taken By ROSLI WAHAB  Attachment  Accident No. Mt//0927395 Claim No. 001	(2000) Table   1					
Email Address BENCHIENGOUMAIL.COM OI vehicle Number SGT3736C TP Vehicle Number  Claim Description SGT3736C / XE382L ON 11 Jan 2016 Name of Preferred Workshop Contact  Preferred Workshop Contact  Require Finalisation Yes Tealing Claim Close Gate  Preferred Workshop, Name unknownt Teal Claim Close Gate  Date Registered I1/01/2518 16:19  Print AK letter  Save Submit:  Accident No. MT/(0877395 Claim No. 001	Claim Type *	OD-MX *	Insured Name	CHIENG GUANG XIAN BENEDIC	Insured NRIC	
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Video List	NAC_BUKIT_MERAH_B00676( N IT MERAH	TIONAL ASSESSMENT CENTRE SERVICES (BUK //) vm 11.Jan 2018 15:19		SAS		Normal		
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# ACCIDENT STATEMENT

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Lan Magain (F)	b) NRIC/FIN/PASSPC c) ADDRESS: 335	The second second	. (result 3	16-41
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Also of batton of	DRIVER '	OS ABOUL		(MALE / FEMALE)
	a)NAME: b)NRIC/FIN/PASSPI		CONTA	STORES AND AND ADDRESS OF THE PARTY OF THE P
	c) ADDRESS:			
6)	*d)DATE OF BIRTH:	(10/05/1989	TIDD/WW/YYYY	
10	e OCCUPATION: (	HDOOR / OUTDOO	Tan 2010	
19	WAS DOTHER AN	EMPLOYEE OF THE	INSURED'S COM	PANYT (YES (NO)
	IF NO, RELATION	SHIP OF THE VITA	POP LATER FOR STATE OF THE PARTY	ED1
	HIROAD SURFACE	: (DRY / WEL / OTHE	R\$	
	WAS ANYBODY IN	JURED (YES / NO)	φ	7 N N
	IF YES, PLEASE ST.	ATE WHICH POLICE	STATION:	
4 No of passenger	a) VEHICLE NUM	BER! XE	LMODE	ابا
(Induding driver)	LI CONTEDIO NA	SPORT: SISLES	YAU 3 F CON	TACT: 9781 6548
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4 Ho of passinger	d) VEHICLE NUM	BER:	MODI	(4)
(Including driver)	O DRIVER'S NAM	SSPORT:	COM	TACT:
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# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8915238J





CHIENG GUANG XIAN, BENEDICT (QIAN GUANGXIAN)



CHINESE

10-05-1989 M SINGAPORE





3842101



ic™ \$8915238J

21-05-2004

-APT BLK 338C ANCHORVALE CRESCENT #16-41 SINGAPORE 543338

NRIC No. \$8915238J

Date: 03/05/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

NP 428A



eBaoTech									Gen	eralClaim
Hello, NAC_BUKIT_MERAN					Change La	inguage	· Change Passw	ord + Log Out		
My Desktop Notice of Loss	Poli	cy Query								
	Palicy f	No.	Date of Accident 11/6					11/0	01/2018 15:29	
	Vehicle No. (For Motor)		SGT3736C	5GT3736C				17.354		-1,1
					Search					
	Select	Policy No.	Folicyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	(0)	5092795504	CHIENG GUANG XIAN BENEDICT	58915238)	GPC	drivo CLASSIC	5GT3736C	5GT37360		24/07/2018
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