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Date In: 15/18 - 14:11 Jeb de	escription	Date &Time Completed	Done by
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	otor Claim Form	M7/0994506-001	13/18 19:5
	otor W/O (Within: OD 2hr		
i-Ph	oto Uploaded		
TP Insurer:	ssment/Survey Report		
	Report by Fax / Hand	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:
TP Particulars: Veh No: 6 3660K	. INC()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est.	Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
Year of Registration: () Warranty:	YES()/NO()	
Excess: (\$) Loading: \$1,000 ()	/\$2,000()		
General Remarks:			1957677
() Walk-In Customer: Customer's information st			3000 St. 1
() Total Loss Case : to e-mail Insurer URGE		icuy NO Isler Or repailer.	
Drive-In ()/ Towed-In (); Invoice: YES (MATERIAL	owing Co: (
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Remarks: (INC hotline: 6788 6616)		Date& Time Completed	Done by
1) Apply for Transport Allowance ()/ Courtesy C	ar()		*
2) QC Check / Post Repair Inspection	()		*
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$3000]	()		
3) Upload Resurvey Photo [Repair Cost > \$3000]	()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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 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 consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
THE STATE OF THE S	ACCIDENT STATEMENT
Date Of Report	15/05/2018 14:11
Date Of Accident	14/05/2018 17:30
Exact Location Of Accident	YISHUN AVE 8 BEFORE JUNC YISHUN AVE 9
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PERSON OF T	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD7921R
Insured/Policyholder	
Name Of Registered Owner	T.A.G CONSTRUCTION PTE LTD
Co Reg No	200804399H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62955800
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FV51JJD4RDEA
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy	VOEV

Are you claiming under your own insurance policy

NO

for repair to your vehicle?

THIRD PARTY

If No. Please state action to be taken Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy

5094081352 Policy Number

Cover Note Number

Driver

TIAN GUOJUN Name of Driver G5419511M Passport No/FIN Date Of Birth 13/12/1970 OUTDOOR Occupation Date Of Driving Pass 12/08/2013

4 YEARS AND 9 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-84981013

Fax Number

OFFICE-84981013 Contact Number

NOEMAIL EMail Address

BLK 3004 UBI AVENUE 3 Address

#02-96

408860 Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

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

ON THE STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG LANE 3 YISHUN AVENUE 8 AS IN FRONT OF MY VEHICLE STATIONARY STOPPED . SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GY3660K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

82443770 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2 Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- 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 and 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.
- 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:
 - (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 .:

H PLAN		
		A: XD7921R
		B: 673660K
Yishun	A	
ž	B	
AW	[8]	
16		
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DECLARATION

I/We 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: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





VISIT PASS Immigration Regulations TIAN GUOJUN Date of Birth Sex 13-12-1970 M CHINESE FIN Date of Issue 05419511M 27-07-2016 07-08-2018 MULTIPLE JOURNEY VISA ISSUED YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Class 4

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg hotor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg hotor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg

NP 428A



174 114

eBao Tech							Gene	eralClaim		
Hello, NAC_PAYA_UBI_80	0601					. (Change Lan	guage	Change Passwo	rd · Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	lo.			T.	Date of Acci	dent	14/05	/2018 17:30	
	Vehicle	No.(For Motor)	XD7921R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094081352	T.A.G CONSTRUCTION PTE LTD	200804399H	GCV	Comprehensive	XD7921R	XD7921R	07/09/2017	10/10/2018
					E	Continue				

Policy No.	5094081352	Policyholder Name	T.A.G CON	STRUCTION PTE LTD	Policyholder NRIC	200804399	н
Address	BLK 3004 #02-96 UBI AVENUE 3	SINGAPORE	408860		(CONT.)		
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	07/09/2017	Effective Date	07/09/201	7 00:00	Expiry Date	10/10/2018	23:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	1500		Windscreen Excess	500	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Your	ng/Inexperience Driver Excess
Agent	CHESSA INSURANCE AGENCIES	Agent Tel.	68424331		GST Flag	Υ	
Co- nsurance	No						
lag							
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Accident Details							
port Date	15/05/2016 19:56	Accident Report Within 24 hrs	Yes	Accident Type		Collision - Head to Rear	
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ification History							
Policyholder Halling Ad			Harries and American			4	
Iresa 1	BLK 3004 #02-96	Address 2	UBS AVENUE 3	Address 3		SINGAPORE 408860	
tress 4		Address Type	Singapore address	Post Code		406860	
t No.	02-96	Related Policy Number	5072539368-03				
OI Driver Info							
ver Name	Unnamed Driver	Driver Type	Unnamed Driver				
named driver Name	TIAN GUOJUN	Driver NRIC	G5419511M	Driver DOB		13/12/1970	
jister Date of Driver License	12/08/2013	Driver Age	47	Driving Experience		4	
stact No.(Mobile)	84981013	Contact No. (Office)	0	Contact No.(Home)			
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