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	Assessment/Survey Report		
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Preferred Wksp / INC Assign Wksp / QW: (ax:
TP Particulars: Veh No: U	EU366C INC)/Non-INC()	
Owner / Driver: (341000	Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
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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 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	12/07/2018 18:22
Date Of Accident	11/07/2018 14:40
Exact Location Of Accident	JUNC ALJUNIED RD & KALLANG WAY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE2421E
Insured/Policyholder	
Name Of Registered Owner	SYS ROAST FOOD PTE LTD
Co Reg No	200709123D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5083678545-01
Cover Note Number	
Driver	

Name of Driver WANG LIJUN NRIC No G6950097N Date Of Birth 06/01/1985 Occupation **INDOOR** Date Of Driving Pass 29/12/2014

Driving Experience 3 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87839479

Fax Number

Contact Number OFFICE-87839479

EMail Address NOEMAIL

BLK 25 DEFU LANE 10 Address

#01-206

Postcode 539206

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

NO

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 3 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES 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?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE4706C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

GBE7673L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

1

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>repudlate 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.
- 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 Liformation") 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.:

Scanned by CamScanner

Venicle A. GBE 2421E
Venicle C: ABE 7673L

Venicle C: ABE 7673L

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the for the ticulars are true in every respect.

Policyholder's Signal Progress
Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

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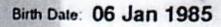
REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G6950097N

Name:

WANG LIJUN



Issue Date: 29 Dec 2014

Valid Till 28 Dec 2019





WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer

YIAM SENG ROASTED FOOD SUPPLIERS



Name WANG LIJUN

Work Permit No. 0 74640346 Sector:

MANUFACTURING

0 74840348



K0132723

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 28 Class 3 Motorcycles =< 200 cc Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

29 Dec 2014 29 Dec 2014

NP 428A



VISIT PASS Immigration Regulations

09-02-2018

Name WANG LIJUN



FIN G6950097N

Date of Birth Sex 06-01-1985 M

Nationality CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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Hello, NAC_PAYA_UBI_80	0601						Change Lar	guage	Change Passwo	ord • Log Out		
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	0	5083678545- 01	SYS ROAST FOOD PTE LTD	200709123D	GCV	Preferred Workshop Plan	GBE2421E	GBE2421E	09/10/2017	08/10/2018		
						Continue						

Policy Information Policyholder Policyholder NRIC Policy No. 5083678545-01 SYS ROAST FOOD PTE LTD 200709123D Name BLK 25 #01-206 DEFU LANE 10 SINGAPORE 539206 Address Product Group COMMERCIAL VEHICLE INSURAL Plan Name Policy Flag Policy Effective issue 26/09/2017 09/10/2017 00:00 Expiry Date 08/10/2018 23:59 Date Date Excess All Claim Type Excess Third Own Windscreen Party 0 damage 100 Excess Excess Excess Additional OS Excess Premium Outside Outside Singapore OD Singapore Young/Inexperience Driver Excess TP Excess Excess Agent GOLDEN PRIME INSURANCE AG Agent Tel. 68426788 Coinsurance No Open Policy Certificate Policyholder Mailing Address BLK 25 #01-206 Address 2 DEFU LANE 10 Address 3 SINGAPORE 539206 Address 4 Address Type Singapore address Post Code 539206 Related Policy Unit No. 5088929805-01 Number D Insured Object: GBE2421E Sequence Date of Endorsement **Endorsement Type Endorsement Status Endorsement Content**

Continue Cancel

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Attachment	Uploaded By/bace	Category	T Urgency	Description	Sent? Action (CO)
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