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TP Insurer	Assessment/Survey Report			
11 (11)(11)(1	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:		
TP Particulars: Veh No: —	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No () Po	eriod: (Cover Type: ()	
Confirmed by : (Date:	Times)	
Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1009	%]	
	Warranty: YES () / NO ()		
Excess: (\$) Loading: \$1,0	000 () / \$2,000 ()			145.00
General Remarks;-		Telation continues, but and		
() Walk-In Customer: Customer's info	ormation strictly Confidential & S	trictly NO refer of repairer.		
() Total Loss Case : to e-mail Insur	er URGENTLY.			
Drive-In ()/ Towed-In (); Invoic	e: YES () / NO ();	Towing Co. ()
Remarks:- (INC horline: 6788 6616)		Date&Time Completed	Done	by
THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY	Courtesy Car ()	201000000000000000000000000000000000000		
2) QC Check / Post Repair Inspection	()			-
3) Upload Resurvey Photo [Repair Cost > \$	3000] ()			
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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	17/07/2018 17:00
Date Of Accident	20/06/2018 00:00
Exact Location Of Accident	SUNTEC CITY ROUND ABOUT (NEAR TO TOWER 4)
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC4493D
Insured/Policyholder	
Name Of Registered Owner	WEL TRANSPORT SERVICES LP
Co Reg No	T17LP0023G
Email Address	EDDIEWEE@WELTRANSPORT.COM
Mobile Phone No	(LOCAL) +65-83837799
Alternative Phone No	OFFICE-83837799
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5098097534
Cover Note Number	
Driver	
Name of Driver	WEE LOO YOU LEONARD
NRIC No	S9217835H

Date Of Birth 21/05/1992 OUTDOOR Occupation 04/06/2013 Date Of Driving Pass

5 YEARS AND 0 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-83837799

Fax Number

OTHERS-83837799 Contact Number

EMail Address EDDIEWEE@WELTRANSPORT.COM Address

BLK 60 STRATHMORE AVENUE

#21-75

Postcode

141060

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

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insurance Company of Driver's Own Verticle

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General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

NO

I have been approached by unknown person(s)

.....

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

FRIEND

GENDER:

: FEMALE

Passenger 2

NAME:

: FRIEND

GENDER:

: MALE

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

PLEASE REFER TO SKETCH PLAN (VEHICLE ALREADY REPAIRED)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

SKETCH PLAN

IMPORTANT NOTICE

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

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

SUM PRIC CITY ROUNDABOUT XIABIL TOWAR 4

FOUNTHIN

PCY193D

FOUNTHIN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

OI 20-1	06. 7018 I WAS DRIVING PC4493D AFTER DROPPING
	CER TO THE AIRPORT, I PROCEED TO BUGIS + TO
	OF MY FRIEND, AFTER PICKING THEM UP I TOOK
	TE FROM BUGIS TO SUNTEC CPTY,
	ACHING THE ROUND ABOUT I DOZE OFF AND HIT
	6 NEAR TONER 4 UNINTENTIONALLY 3 OF US
IN THE	CAR GOT PANTC, 2 OF MY PRIEND REQUEST TO
TAKE TA	XI HOME, I DROVE TO OPPOSITE MARIOTT
	ND CHECK THE CONDITION OF THE VEHICLE
Plant William Park	S TOO DARK I COULDN'T ACESS TO THE
	CONDITION, I WAS NOT IN THE CONDITION
	E, I PROCEED TO CALL FOR A TOW TRUCK,
	PROCEED TO TAKE A CAB HOME.

DECLARATION

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

Policyholder's Signature Date & Thate: *

Driver's Signature (If driver is not the policyholder)

Date & Time: 17, 07, 2018

Reporting Centre Personnel's Signature

Name: NRIC/FIN NO. KOPLI WATER

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oley No.	5098097534	Webside No.	PC44930.			T Registration No.		T17L#002	tor.		
oTcyholder Name .	WEL TRANSPORT SERVICES LP					icynalder NAIC			302		
roduct Code	BUS INSURANCE	Cover Type	Comprehensive		Ecia	ading		5			
antact Na (Mobile)	83837799	Coreact No.10Mce)			Cor	intact Nu.(Home)					
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Report Date	17/07/2018 17:25	Accident Report Within 24 hrs.	Ves			odent Type			its Property		
pare of Accident	30/06/301#	Time of Accident into musi-	80.00		Car	many of Attition		Singapon	,		
Reporting Centre		Orange Force			10	M No.					
Acodent Location	SUNFEC CITY NOUND ABOUT (NEAR TO T	OWIE #1									
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♥ Excess											_
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□ G5T Registered Inform											
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♥ Policyholder Hailing A	Address										
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Address #		Address Type	Singapore add	Desc	Po	ost Code		658066			
init Nu.	02-00	Related Policy Number	5098092534								
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w OI Driver Info		- Income									
Driver Name	Unnamed Driver	Driver Type	Unnamed Driv			11000		Chiameter .			
Unnamed driver Name	WEE LOO YOU LEDNARD	Driver NRIC	59217835H			river 508		21/05/19	192		
Register Date of Driver Licens	m 04/06/2013	Driver Age	76		(De	riving Experience		5			
Contact No.(Mobile)	#3E37799	Contact No.(Office)			Ci	ontact No.(Home)					
Address 1	BLM 50 #21-73	Address 2	STAATHMORE	WIENOE:	SAc	ddress 3		STNGAR	BE 141090		
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COMPANIES AND CO.											
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Claim Handling(accident reporting Claim Task)

	Infraded Buildets	Folder Date	file Name	9	Source	Action
4.0 (00)	NAC_BUKIT_MERAH_BDOST6 UKI7 ME	(NATIONAL ASSESSMENT CENTRE SERVICES (B RAH)) on 17 Jul 2018 17:29	NRIC/ Driving License	Normal	NRIC: Driving Scenes 2018-3-17	Edit
10	NAC_BUKIT_MERAH_800676 UKIT ME	(NATIONAL ASSESSMENT CENTRE SERVICES (B. RAH)) on 17 Jul 2018 LT 20	543	Normal	SAS 2018-7-17	Edit
	NAC_BURIT_MERAH_BODA/6 UKIT ME	(NATIONAL ASSESSMENT CENTRE SERVICES (B RAH)) on 17 Set 2018 17:29	Photos	Normal	Photos 3018-7-17	Edit
= 5	NAC BUNIT MERAH 800676	(NATIONAL ASSESSMENT CENTRE SERVICES (B RAM)) on 17 Jul 2018 17:29	Photos	Normal	Photos 2018-3-17	Edit
1	RAC_BUKIT_MERAH_BODGTE UKIT ME	NATIONAL ASSESSMENT CENTRE SERVICES (B RAH)) on 17 Jul 2018 17:29	Photos	Normal	Postus 2016-7-17	Edit
•	NAC_BUKIT_MERAH_B00676 UKIT HE	NATIONAL ASSESSMENT CENTRE SERVICES (III RAH)) on 17 Jul 2018 17:29	Photos	furmel	Photos 2016-7-17	Edit
	NAC_BUKIT_MERAH_B00676 UKIT ME	NATIONAL ASSESSMENT CENTRE SERVICES (B SAHL) on 17 Jul 2018 (7:30	Photos	Normal	Promote 2018-7-17	Last
	NAC_BURIT_MERAH_800676 UKIT ME	MATJONAL ASSESSMENT CENTRE RESVICES (B. MAH) on 17 Jul 2018 17:30	Photos	Normal	Photos 2018-7-17	Ken
	NAIT_BURTT_MERAH_B006760 SURT ME	NATIONAL ASSESSMENT CENTRE SERVICES (B (AH1)) Inn 17 Jul 2018 17:30	Photos	Normal	Photos 2018-7-17	Edit
12.1						

Display in New Wardow | Scan and upropring

ACCIDENT STATEMENT

w ^M er ^{ce}	LOCATION: SUMFE TOWER I	L
*	LOCATION: 4 4 CONDITION	
29	DETAILS OF VEHICLE a) VEHICLE NUMBER:	44930
	b)INSURANCE COMPANY:/	NTUC 37524
	dipolicy type: (COMPREHENSIV	E / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	HONAKE & MODEL: TOYOTA	/VAN / LORRY / MOTORCYCLE / OTHERS)
	alvehicle CATEGORY: (PRIVATE)	COMMERCIAL / MOTORCYCLE) ENT TIME: ON THE WAY HOME
	I) ARE YOU CLAIMING UNDER YO	UP OWN INSURANCE (YES/NO)
ARTON CANA	IF NO, PLEASE STATE (THIRD PAR 2. INSURED / POLICY HOLDER	
(1FT	AINAME: WAL OPENSPOP!	SHEVILAN (P (MALE / FEMALE)
Cli	b) NRIC/FIN/PASSPORT: c) ADDRESS:	CONTACT:
W 40	X	4 4 4
	* CONTINUE TO 3.d IF DRIVER ALS	O POLICY HOLDER
Allo of but	ssanger DRIVER WEE LOO YO	OU LEMARN GUEREN
Clinduding	I QINAME:	TOSE (MALE) FEMALE)
(25	DINNIC/FIN/FASSFORT	7835 H CONTACT: 8383 749
(2)	CIADDRESS: BLK 60 STK	PATHMORE AVE, #21-75
	5(141060)	78.85
	. *d)DATE OF BIRTH: (21) 057	7992)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUT	DOOR 06, 2013
	4. WAS DRIVER AN EMPLOYEE OF	THE INSURED'S COMPANY? (YES) NO)
	IF NO, RELATIONSHIP OF THE	
	5. g) WEATHER CONDITION: CLEAR	
e.	6. WAS ANYBODY INJURED (YES /N	
***	7. a) REPORTED TO POLICE (YES //NO	The same of the sa
	IF YES, PLEASE STATE WHICH PO	
		LICE STATION.
24 No -1	8. THIRD PARTY VEHICLE	MODEL:
*Ho of pace	Ager of VEHICLE NUMBER:	MODEC:
CInduding	AFINED DI DRIVER'S NAME:	CONTACT:
()	c) NRIC/FIN/PASSPORT:	
<u></u>	P. THIRD PARTY VEHICLE d) VEHICLE NUMBER:	MODEL:
A two of par	CAN MOVE -	WOOLE,
(Including	LE UNIVERSINAME.	CONTACT:
F. art - married	NKIC/FIN/FASSFORT.	

email = EDDIENCE @ WELTRANSFORT. com YIDFO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S9217835H





WEE LOO YOU LEONARD







Country of sirm SINGAPORE





4047658



MIC N S9217835H



24-05-2007

APT BLK 60 STRATHMORE AVENUE #21-75 SINGAPORE 141060

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

Class 3 Motor Cars < 3000kg with <7 passengers, exclusive 04 Jun 2013 of the driver; and other motor vehicles < 2500kg

Licence No: 59217835H

NP 428A

Continue

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 20/06/2018 16:43 Vehicle No.(For Motor) PC4493D Search Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Policy No. Select Product Cover Type Expiry Date WEL TRANSPORT SERVICES LP 5098097534 T17LP0023G GBS Comprehensive PC4493D 13/02/2018 PC4493D 12/02/2019