Date In: 21 1/18 - 11111 Jeb desc				
	cription	Date &Time Completed	Done	py.
	-filing			
Veh No: 30 D316R E-mai	l (within Shrs, AIC 2hrs)			
	or Claim Form	M1/1007483-001	अविह	17:23
i-Moto	or W/O (Within: OD 2hr			a de anno como
OD TP Reporting Only	o Uploaded	!		
Assessi	ment/Survey Report			
TP Insurer:	Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			ax:	
TP Particulars: Veh No: XD(V2)D	INC (			
Owner / Driver: (		Tel:	)	
Policy No: ( ) Period: (	)	Cover Type: (	)	_
Confirmed by : (	Date:	Time:	)	
	tatus (WO): N: 0-2	0%; P: 21-79%. F: 30-1	00%]	10
Year of Registration: ( ) Warranty: Y		)		
Excess: (\$ ) Loading: \$1,000 ( )/3				
General Remarks:			123 - 17 - 17	-
General Remarks:	the same there is becaused	Hand Fill Belleville Control of the Control	2.02 3	
( ) Walk-In Customer: Customer's information strice	ctly Confidential & St	rictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer URGEN	TLY.	*	The state of the s	Dissolve Control
Drive-In ( )/ Towed-In ( ); Invoice: YES (	7 (4) (4) (4) (4)	'owing Co: (		)
Enve-in ( ), towarin ( ), invoice. TES (	)/ NO( ),1			
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed*	Done	by .
1) Apply for Transport Allowance ( )/ Courtesy Car				
2) QC Check / Post Repair Inspection	( )	*	-	
	( )	<del></del>		
3) Unload Decument Photo (Permis Cost > \$2000)	/ \			
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )			
3) Upload Resurvey Photo [Repair Cost > \$3000]  Injury:	( )			
Injury:	( )			· ( voj. 5
Injury:			Social Control	
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Injury:			(September 1997)	
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Injury:  Date/Time: Actions.	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing F	paration Checklist.  Reporting (\$30);  Assessment (\$100); INC (\$8	6 Ant Bill (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	No. of Street, or
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Injury:  Date/Time Actions  NA[804605  nimant's Particulars: iver/Owner: ntact No: maged Portion:	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming 8 6) TR: Re-inspe	paration Checklist.  Reporting (\$30); Assessment (\$100); INC (\$8 Pee \$40 Per \$	76 Bill 0) 75 45 51 20 530 575 5160	Mary of Section
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Injury:  Date/Time Actions  NA[80 Ψ 60 ≤  sumant's Particulars: iver/Owner: nuct No: maged Portion:  Checked by (Engr-In-Charge):	Invoice Pro  1) AR: Accident 2) DA: Damage 3) TF: Towing F 4) FT: Follow-T 5) FT: Follow-T For claiming a 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Addition OD*  *N5: Courtesy *N6: Repair C *N7: Fost Rep *N8: DV / Co	paration Checklist:  Reporting (\$30); Assessment (\$100), INC (\$8 See \$40 hrough Survey hrough Survey (Resurvey) geinst INC Only (wef 10 Jan 2005 ction + SMRT Survey onal Services: Cor/Tpt Allowance to-ordination mir Inspection llect Excess Coordination (Non INC) against INC	\$120 \$30 \$30 \$75 \$160 \$55 \$510 \$25 \$5 \$20 30	Add B

## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Contact Number EMail Address

Fax Number

Gender

- 1. 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 <u>truthful and accurate</u> 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.
- 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	21/07/2018 11:11
Date Of Accident	20/07/2018 16:30
Exact Location Of Accident	JUNC KRANJI WAY & KRANJI LINK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD516R
Insured/Policyholder	
Name Of Registered Owner	TU KOK CHENG (ZHANG GUOZHENG)
NRIC No	S8611642A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92333233
Alternative Phone No	OFFICE-92333233
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA6 4-DOOR SEDAN 2.5L SP.6EAT SR LED
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5090435498-01
Cover Note Number	
Driver	
Name of Driver	TU KOK CHENG (ZHANG GUOZHENG)
NRIC No	S8611642A
Date Of Birth	03/05/1986
Occupation	INDOOR
Date Of Driving Pass	06/01/2005

13 YEARS AND 6 MONTHS

(LOCAL) +65-92333233

OFFICE-92333233

MALE

NOEMAIL

Address BLK 312B SUMANG LINK

#12-165

Postcode 822312

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

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) Passenger 1

NAME: : -

NO

NO

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG KRANJI WAY AS IT WAS CONGESTED. SUDDENLY VEHICLE B REVERSED HIS VEHICLE AND HIT ONTO MY VEHICLE FRONT PORTION

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number XD1422D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver THIYAGARAJAN RAMACHANDRAN

NRIC/Passport Number F8487527U Contact Number 86787030

Address Postcode

Insurance Company Name

Nature Of Damage

## 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.
- 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.
- 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 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.:

SKETCH PLAN	
1 8	
	A. FLOTILD
Develop ( Signature )	A: SLDS16R B: XD 14 >> D
Do New S	G: XD (4.33.5
A	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to statement.	
	/
	/
DECLARATION  I/We declare the foregoing particulars are true in every respect.	•
The decisive the lovegoing particulars are true in every respect.	
T	Marit

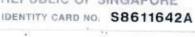
Policyholder's Signature

Date & Time:

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

NRIC/FIN No.:

# REPUBLIC OF SINGAPORE





TU KOK CHENG (ZHANG GUOZHENG)

張櫚桜

CHINESE

03-05-1986 Country/Place of birth

SINGAPORE





5761079



29-06-2017

APT BLK 312B SUMANG LINK #12-165 SINGAPORE 822312

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES S/No. 9000092186 S8611642A

<b>eBao</b> Tech									Gen	eralClaim
Hello, NAC_PAYA_UBI_80	0601					(*)	Change Lan	guage	Change Passwo	ord • Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	ident	20/07	7/2018 16:30	.3
	Vehicle	No.(For Mator)	SLD516R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090435498- 01	TU KOK CHENG (ZHANG GUOZHENG)	S8611642A	GPC	drivo PREMIUM	SLD516R	SLD516R	31/05/2018	30/05/2019
						Continue				

Policy No.	5090435498-01	Policyholder Name	TU KOK CHE	ENG (ZHANG GUOZH	Policyholder NRIC	S8611642A	
Address	BLK 312B #12-165 SUMANG LIN	K PUNGGOL	PARCVISTA S	INGAPORE 822312			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Ssue Date	02/05/2018	Effective Date	31/05/2018	00:00	Expiry Date	30/05/2019 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	BLK 3128 #12-165	Addre	ess 2	SUMANG LINK		Address 3	PUNGGOL PARCVISTA
Address 4	SINGAPORE 822312	Addre	ess Type	Singapore address		Post Code	822312
Unit No.	12-165	Relat Numb	ed Policy per	5090435498-01			
D Insure	ed Object: SLD516R						
	sements						
Sequer	31/05/2018 00:00	Basic	Endorsement  Information sement		Endorsement		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that from 31 May 2018, this policy is extended to include NCD protection and is subject to Endorsement M4 enclosed. In view of this amendment, an additional premium of \$141.33 (inclusive of GST) is payable under your policy Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter.
1							For cheque payment, please issue

laim Handling					
ccident HT/1003983			WAR AND A STATE OF THE STATE OF		
akcy No.	5090435498-01	Vehicle No.	SLDS16R	GST Registration No.	
Acyholder Name	TU KOK CHENG (ZHANG GUOZHENG)			Policyholder NRIC	S8511542A
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
ntect No.(Mobile)	92333233	Contact No.(Office)	0	Contact No.(Home)	0
wil Address		Special Remark		eCode	ht. V
×.	® No ○ Yes	TCA	No ○ Yes.	eCode Reason	
O Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
port Date	21/07/2018 17:21	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	20/07/2018	Time of Accident Nicmm	16:30	Country of Acodent	Singapore
oorting Centre		Orange Force		ICM No.	
ident Location	JUNC KRANJE WAY & KRANJI LINK	188			
Benefits	Control to the state of the sta				
verage			Sum Insured		
nsport Allowance			999999999999		
Excess			33333333		
		\$40500 [2408]	121	440 20000 W. Co.	100.00
n damage Excess	600,00	Additional Excess	0	Windscreen Excess	100.00
amed Driver Excess	0.00	Dutside Singapore OD Excess	600.00		
rd Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informa					
Registered	No		GST Registration Date	pre-	
Registration No.			GST Status Verified	Yes	
dification History					
Policyholder Mailing Ad	hitress				
doess 1	BUK 3128 #12-165	Address 2	SUMANG LINK	Address 3	PUNGGOL PARCVISTA
dress 4	SINGAPORE 822312	Address Type	Singapore address	Post Code	822312
t No.	12-165	Related Policy Number	5090435498-01		
OI Driver Info					
ver Name	TU KOK CHENG (ZHANG GUOZHENG)	Driver Type	Main Driver		
amed driver Name		Oriver NR3C	S8611642A	Driver DOB	03/05/1986
jister Date of Driver License	06/01/2005	Oriver Age	32	Driving Experience	13
ntact No.(Mobile)	92333233	Contact No.(Office)	0	Contact No.(Home)	0
dress I	BLK 3128	Address 2	SUMANG LINK	Address 3	PUNGGOL PARCVISTA
dress 4	51NGAPORE 822312	Address Type	Singapore address	Post Code	822312
R No.	12-165				
es he own a Singapore gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
deration					
athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
ading?					
dification History					
laim 001 New					
im Type *	OD-MX	Insured Name	TU KOK CHENG (ZHANG GUOZH	Insured NRIC	\$8611642A
react No.(Mobile)	92333233	Contact No.(Home)		Contact No. (Office)	
all Address		OS Vehicle Number	SLOS16R	TP Vehicle Number	X014220
im Description	SLD516R / XD1422D DN 20 Jul 2018	2012 CHV WV	100-7-10	Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault		
	G- 1999			714 mars	The state of the s
uire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received V
a Registered	21/07/2018 17:23	Claim Close Date		Date Received	21/07/2018 00:00
ort Taken By	Jackson				
Print AK letter					
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t Doc. Received	● Yes ○ No	Upload Date			
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Video List	NAC_PAYA_UBI_800801( N	ATIONAL, ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 17:23	Phocos		Normal	Photos 2018-7-21	
6	NAC_PAYA_UBI_800801( N/		Photos		Normal	Photos 2018-7-21	
400							
	NAC_PAYA_UB1_800501[ N	ATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 17:23	Photos		Normal	Photos 2018-7-21	
7	NAC_PAYA_UBI_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 17:23	Proces		Normal	Photos 2018-7-21	
		ATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 17:23	Photos		Normal	Photos 2018-7-21	
	NAC_PAYA_UBI_800501( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 17:23	Photos		Normal	Photos 2015-7-21	
6	NAC_PAYA_UBI_800601( N/	ATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 17:23	Photos		Normal	Photos 2018-7-21	
<b>.</b>	NAC_PAYA_UBI_800501( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2010 17:24	Photos		Normal	Photos 2018-7-21	
	NAC_PAYA_UB1_800601( N/	RTIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 17:24	Photos		Normal	Photos 2018-7-21	
ZA	NAC_PAYA_UB1_800601( N	ATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2010 17:24	Photos		Normal	Photos 2018-7-21	
	NAC_PAYA_UB1_800601( NA	ATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 17:24	Photos		Normal	Photos 2018-7-21	
100	NAC_PAYA_UBI_800601( NA	ATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 17:24	SAS		Normal	SAS 2018-7-21	
an com.	NAC_PAYA_UB3_800603( NA	ATIONAL ASSESSMENT CENTRE SERVICES) on 21 Jul 2018 17:24	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-21	
ttachment		Uploaded By/Date	Category	9	urgency	Description	Msg Sent? (CO)