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Veh No: 6069704	E-mail (within Shrs, AIC 2hrs	s)			
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	i-Motor W/O (Within: OD			4/10	
OD (TP-) Reporting Only	i-Photo Uploaded				
TP Insurer:	Assessment/Survey Repor	t		1100 - 110X VO	
ir insurer.	Ass't Report by Fax / Har	nd to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:		
TP Particulars: Veh No: J	6687/2c . INC	()/Non-INC().	7	A I
Owner / Driver: (Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:		3	
Insured/Driver Liability: (%	Note-Est. Status (WO): N:)-20%; P: 21-79% P	: 30-1009	/6]	
Year of Registration: ()	Warranty: YES ()/NO ()			
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()				
General Remarks:-		EAST CONTRACTOR	P41 1124	S PER CONT	
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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.

aforesaid,	
	ACCIDENT STATEMENT
Date Of Report	03/08/2018 10:29
Date Of Accident	02/08/2018 15:50
Exact Location Of Accident	BARTLEY RD EAST BEFORE L/P:V6
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG770A
Insured/Policyholder	
Name Of Registered Owner	THIAN SUNG CONSTRUCTION PTE LTD
Co Reg No	198302602K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62577000
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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	5091381337-01
Cover Note Number	
Driver	
Name of Driver	ZHAN YANGYING
NRIC No	S9081082J
Date Of Birth	08/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96849093
Fax Number	
Contact Number	OFFICE-96849093
EMail Address	NOEMAIL

Address

BLK 323C SENGKANG EAST WAY

#09-585

Postcode

543323

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

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

. .

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGG8312C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

CHUA YONG LIANG HENRY

NRIC/Passport Number

S8202374G

Contact Number

93897835

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 19

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 <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.
- 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

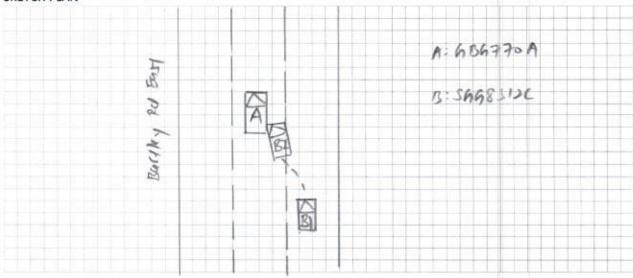
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE STAND CONTRACTOR SERVICE OF STANDARD SERVICES STANDARD SERVICES STANDARD SERVICES	
Refer to statement.	
/	

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 2 BARTLEY ROAD EAST. SUDDENLY VEHICLE B WAS TRAVELLING ALONG LANE 1 CUT ONTO MY LANE WHICH RESULTING MY VEHICLE REAR RIGHT PORTION WAS DAMAGED.

Doiver of S66 8312 C

dere and being into GBG770A

05 2-8-2018 :1552 hrs ellong

Bartley Road toward tampines

Agreed to pay for all danges

Agree to settle the manage after cossessment from 4 workship.

· CHIS YOUR LIANS HEARLY

with the intermed

ACCIDENT STATEMENT

ACC	IDENT DATE: 3)(DD/MM/	YYYY), TIME:((MM:HH)
LOC	ATION: Baffly ed !	Eny Selve	LIP.V6	
,	. DETAILS OF VEHICLE			
	a) VEHICLE NUMBER:	D CEFF ARCH	DX	
	b)INSURANCE COMPAN			
	C)POLICY NUMBER: 109			
	d)POLICY TYPE: (COMP		DADTY / TUÍDO DAD	V FIDE 6 THEFT
	e)MAKE & MODEL:	CHENSIVE / IHIKL	PARIT / IHIRD PARI	I FIRE &I HEFT
		E (MEN OVANIA)	000000000000000000000000000000000000000	
	f)TYPE:(SALOON / COUP	E/MPV/VAN/L	ORRY / MOTORCYC	TE (OTHERS)
	g) VEHICLE CATEGORY: (I			CLE)
	h)PURPOSE OF USING AT			
	I) ARE YOU CLAIMING UN			
2	IF NO, PLEASE STATE (TH INSURED / POLICY HOLDS	IND PARTY CLAIN	Y REPORTING ONLY	i
	Almane: The of for	G Cooling Ita-	He III www	- /
	A) NAME: Thiam Sm b) NRIC/FIN/PASSPORT:	1083-20016	MALI (MALI	/ FEMALE
	c) ADDRESS:	- 10000000	CONTACT:_	13 4 1 000
a M	CIADDICESS.	Charles & Committee		-
	* CONTINUE TO 3.d IF DRI	VED ALSO BOLIC	VHOLDED	-
Tho of passenger	DRIVER	VER ALSO POLIC	THOLDER	
(Hassenger	a) NAME: Than Ymay	ran a	14/08	(FEMALE)
(Including driver)	b) NRIC/FIN/PASSPORT	J 590812827		986849093
(2)	CIADDRESS: DIK 35 323		164 4 09 JOS (30337411
*male.	CINODICESO. SI TIPIN	311 (1917) E23)	my y upos	1-7-31
a ti-ne.	*d)DATE OF BIRTH: (111 / 1990 11	DD/MM/YYYYI	
	e)OCCUPATION: (INDOO	R / OUTDOOR	00/11/11/1	
	f) YEARS OF DRIVING EXPR		DI 6	
4.	WAS DRIVER AN EMPLO			(YES (NO)
	IF NO, RELATIONSHIP O	FTHE DRIVER	WITH INSURED:	(120)
5.	a) WEATHER CONDITION:	CLEAR / RAINING	G / OTHERS	
	b)ROAD SURFACE: (DRY)	WET AOTHERS		
6.	WAS ANYBODY INJURED (÷
7.	a) REPORTED TO POLICE (
	IF YES, PLEASE STATE WHI		ON:	
8.	THIRD PARTY VEHICLE			
hic of passenger	a) VEHICLE NUMBER: 16		MODEL:	
Including driver)	b) DRIVER'S NAME: (hun		Anry	
(1)	c) NRIC/FIN/PASSPORT:_	J82091746	CONTACT: 97	807-835.
9.	THIRD PARTY VEHICLE	SSM F	entranse S. Balla	
No of passenger	d) VEHICLE NUMBER:		MODEL:	
Industria Inter	e) DRIVER'S NAME:			# Pi
Induding driver)	f) NRIC/FIN/PASSPORT:_		CONTACT:	
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	email	= zhanyanyyiny (@ thiansure. com	

email = zhanyanyying @thiansung.com

VIDEO =





IDENTITY CARD NO. S908 1082J





ZHAN YANGYING

占

CHINESE Date of birth 08-11-1990

CHINA

F



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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

9422915



CHINESE

24-10-2016

PT BLK 323C SENGKANG EAST WAY #09-585

\$9081082J NRIC No:

01/02/2018 Date:

eBao Tech								基制		Genera	lClaim
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Notice of Loss	Policy N	No.				Date of	f Accident	0	2/08/2018 1	5:50	
	Vehicle	No.(For Motor)	GBG7	70A		Certific	ate Number				
					5	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091381337- 01		THIAN SUNG CONSTRUCTION PTE LTD	198302602K	GCV	Preferred Workshop Plan	GBG770A	GBG770A	31/05/2018	30/05/2019
					C	ontinue					

Policy No.	5091381337-01	Policyholder Name	THIAN SUN	G CONSTRUCTION P	Policyholder NRIC	198302602K	
Certificate No.		CONTRACT.			5030652		
Address	56 JALAN MALU MALU SINGAPOR	RE 769671					
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	10/05/2018	Effective Date	31/05/2018	00:00	Expiry Date	30/05/2019 23	59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	nexperience Driver Excess
Agent	BIZFOLIO MOTOR TRADING	Agent Tel.	62444464		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy	holder Mailing Address						
		222	2	San Carrier Control of the Control o	NGS ESTATE	Address 3	SINGAPORE 769671
2000	56 JALAN MALU-MALU	Addre	255 2	SEMBAWANG SPRI	100 0011110		7. Section 31. Section 2. Section 4.
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icident MT/1005805 licy No. intificate No. iccyholder Name oduct Code intact No. (Mobile)					
rtificate No. Ecyholder Name oduct Code	5091381337-01	Vehicle No.	GBG770A	GST Registration No.	
licyholder Neme oduct Code				out ingle control	
oduct Code	THIAN SUNG CONSTRUCTION PTE LTD			Paircyholder NRIC	199302602K
	COMMERCIAL VEHICLE INSURA:	Cover Type	Preferred Workshop Plan	Loading	0
	0	Contact No (Office)	62577000	Contact No.(Home)	0
ail Address		Special Remark	42377464	eCode	THE V
	® NG ○ YAE	TCA	® No () Yesi	eCode Reason	(I was a second
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orting Centre		Orange Force		ICM No.	
dent Location	BARTLEY RD EAST BEFORE L/P:V6				
Benefits					
Excess					
damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
amed Driver Excess		Outside Singagore OD Excess			
1 Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform					
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	No	
fication History					
Policyholder Mailing A	56 JALAN MALU-MALU	Address 2	COMPANIANC COMMON PARTY	Address 5	CHARLES THE STATE OF THE STATE
	SA SADAR MACO-MALD		SEMBAWANG SPRINGS ESTATE	Address 3	SINGAPORE 769671
ress 4		Address Type	Singapore address	Post Code	769671
No.		Related Policy Number	5101068159		
OI Driver Info		- Harrison			
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
imes driver Name	ZHAN YANGYING	Driver NR3C	590810823	Driver DOB	08/31/1990
ster Date of Driver Licens		Driver Age	27	Driving Experience	2
act No.(Mobile)	96849093	Contact No.(Office)	0	Contact No. (Home)	0
ess 1	BLK 323C	Address 2	SENGKANG EAST WAY	Address 3	ANCHORVALE GROVE
ress 4	SINGAPORE 543323	Address Type	Singapore address	Post Code	543323
No.	09-585				
s he own a Singapore istered car?	○ Yes ® No	Driver Vehicle No.		Driver Indurer Company	
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athalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
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Species	00-MX 💽	Insured Name	THIAN SUNG CONSTRUCTION P	Insured NRIC	198302602K
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