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TP Insurer:	Assessment/S	urvey Report			
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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JU 33	40 .	. INC ()/Non-INC()		100
Owner / Driver: (Tel:)	
Policy No: () Period	d: ()	Cover Type: ()	100000
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Not	te-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: () War	rranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000	()/\$2,000)()			-
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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 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. 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	01/11/2018 10:32
Date Of Accident	01/11/2018 08:30
Exact Location Of Accident	GUILLEMARD RD INFRONT KONG HWA SCHOOL
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW5636T
Insured/Policyholder	
Name Of Registered Owner	EDDIE PANG JIAN JONG (EDDIE FENG JIANZHONG)
NRIC No	S8139556Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96218849
Alternative Phone No	OFFICE-96218849
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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
If 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	5091840331-01
Cover Note Number	
Driver	
Name of Driver	EDDIE PANG JIAN JONG (EDDIE FENG JIANZHONG)
NRIC No	S8139556Z
Date Of Birth	28/11/1981
Occupation	INDOOR
Date Of Driving Pass	15/03/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96218849
Fax Number	
Contact Number	OFFICE-96218849
EMail Address	NOEMAIL

BLK 32 EUNOS CRESCENT Address

#17-220

400032

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface DRY

Other Information

Type Of Accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2 Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

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) 4

Passenger 1 NAME: : LEE YUELIAN

> GENDER: : FEMALE

Passenger 2

NAME:

GENDER: : MALE

Passenger 3

NAME:

: -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG GUILLEMARD RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

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

SLJ3895U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM ERN LIH (LIN ENLI)

NRIC/Passport Number

S7531536H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER: :

Passenger 2

NAME:

GENDER:

DETAILS OF INJURED PERSON 1

Name

EDDIE PANG JIAN JONG (EDDIE FENG JIANZHONG)

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

SJW5636T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name

LEE YUELIAN

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

SJW5636T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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)

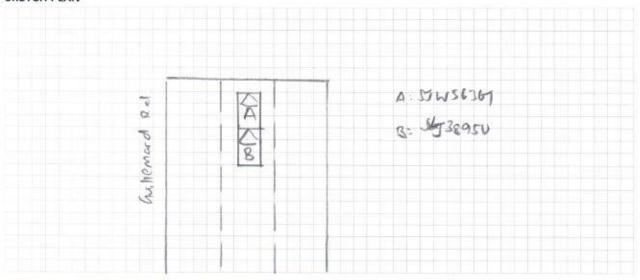
I understand, acknowledge, agree and consent that:

- (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.

olicyholder'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

Refer to statement.	
The state of the s	
	-

DECLARATION

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

Policyholder's Signature

Date & Time:

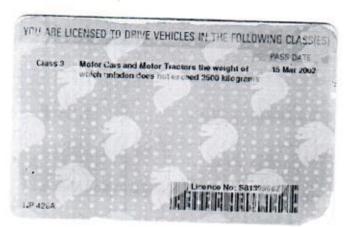
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





SINGAPORE





eBao Tech									相。禮	Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						+ Change	e Language	Chang	e Password	• Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	No.				Date	of Accident		01/11/2018 0	18:30	
	Vehicle	No.(For Motor)	SJW56	36T		Certi	ficate Number	. 1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5091840331- 01		JIAN JONG (EDDIE FENG JIANZHONG)	S8139556Z	GPC	drivo CLASSIC	53W56361	57W5636T	29/07/2018	28/07/2019
						Continue					



ccident MT/1018042 olicy No.					
	5091840331-01	Vehicle No.	SIW5636T	GST Registration No.	
ertificate No.		The same say.	314130301	GS) Registration No.	
olicyholder Name	EDDIE PANG XIAN XONG (EDDIE FENG XIAN	(ZHONG)		Policyholder NR3C	58139556Z
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
intact No (Mobile)	96218849	Contact No.(Office)	0		
mat Address		Special Remark	*	Contact No.(Home) eCode	o For V
FK	® No ○ Yes	TCA	® No ○Yes		1
CD Protection	Yes			eCode Reason	
Accident Details	1959	NCD Entitlement(%)	50	Private Hire	No.
port Date	01/11/2010 12:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
tle of Accident	01/11/2018	Time of Accident his mm	08:30	Country of Academs	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	SUILLEMAND ND INPRONT KONG HWA SC	1006			
Excess					
in damage Excess	600.00	Additional Excuss	0	Windscreen Excess	1,00,00
named Driver Excess	0.00	Outside Singapore DD Excess	600.00		
int Perty Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits					
GST Registered Inform	nation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venfied	Yes	
dification History					
Policyholder Mailing A	ddeses				
Policyholder Malling Ar		*********	District Association		
Idress 4	BLK 32 #17-220	Address Z	BUNDS CRESCENT	Address-1	SINGAPORE 400032
et No.	17-220	Address Type	Singapore address	Post Code	400032
DI Driver Info	17-230	Related Policy Number	5091840331-01		
	EDDIE PANG JIAN JONG (EDDIE PENG				
ver Name	MANZHONG)	Driver Type	Main Driver		
named driver Name		Driver NRIC	S8139556Z	Driver DOB	28/11/1981
pister Date of Driver License	15/03/2002	Driver Age	36	Driving Experience	16
ntact No. (Mobile)	96218849	Contact No.(Office)	0	Contact No.(Home)	0
press 1	BLK 32	Address 2	EUNOS CRESCENT	Address 3	SINGAPORE 400032
Iress 4		Address Type	Singapore address	Post Code	400032
€No.	17-228				
es he own a Singapore	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
sistered car?		H. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Drive Industr Company	
taration					
athalyser or Blood Test iding?	0 mg	Any injury?	® Yes ○ No		
			S 375		
diffication History					
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laim 001 New					
m Tons A	FOO MAN				
im Type *	00-MX V	Insured Name	EDDIE PANG IIAN IONG (EDDIE	Insured NRIC	581395562
react No. (Mobile)	96218849	Contact No.(Home)	64988647	Contact No.(Office)	Control of the Control
ad Address	jianjong81@hotmail.com	OI vehicle Number	\$1W5636T	TP Vehicle Number	\$LJ3895U
	Please Select	Type of Benefit *	Please Select		
imant Name *	22	Claimant NKIC *			
imant Name *		Claimant NKIC *			
mant Name * imant Address im Description	SJW56367 / SU3895U ON 1 Nov 2018	Claimant NKIC +		Name of Preferred Workshop	
mant Name * imant Address im Description		Claimant NRIC * Insured Liability *	Not at Fault	Name of Preferred Workshop	
imant Name * imant Address im Description ferred Workshop Contact			Not at Fault Preferred Workshop, Name unknown	Name of Preferred Workshop GIA report	Received
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imart Name * imart Address im Description ferred Workshop Contact quire Finalisation e Registered out Taken By Point AK letter	SJW5636T / SLJ389SU ON I Nov 2018 Yes	Insured Liability * Preferenced Repair Option Claim Close Date Claim No.	Preferred Workshop, Name unknown Save Submit 001 01/11/2018 12:20	GSA report Date Received Confidential Urgen	01/11/2018 00:00

