

[illegible]

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 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. 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	02/11/2018 10:55
Date Of Accident	02/11/2018 08:30
Exact Location Of Accident	BLK 699A HOUGANG STREET 52
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH8393R
Insured/Policyholder	
Name Of Registered Owner	ZHANG GUANGQING
NRIC No	S8506581E
Email Address	EDMUNDZGQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98368876
Alternative Phone No	OTHERS-98368876

Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 LX CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PICK UP PARENT
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	5104814972
Cover Note Number	

Driver

Name of Driver	ZHANG GUANGQING
NRIC No	S8506581E
Date Of Birth	10/03/1985
Occupation	INDOOR
Date Of Driving Pass	09/05/2007
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98368876
Fax Number	
Contact Number	OTHERS-98368876
Email Address	EDMUNDZGQ@GMAIL.COM

Address	BLK 470B UPPER SERANGOON ROAD #14-320
Postcode	532470
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
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?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM6929S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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
- (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: 2/11/2018
10.45am

Driver's Signature

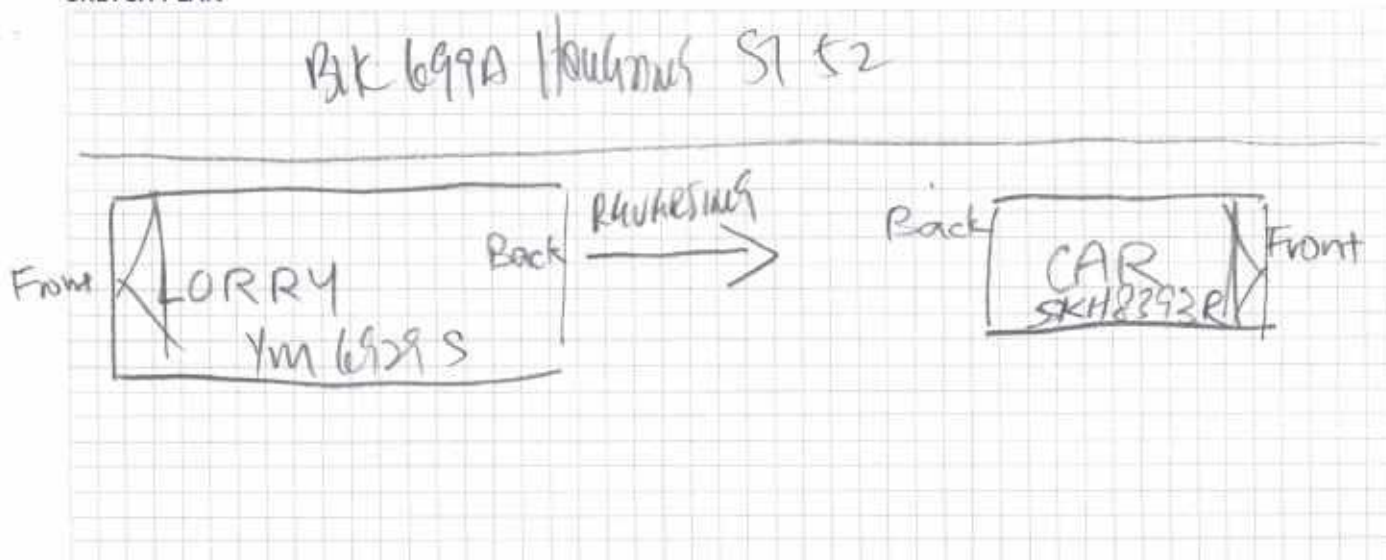
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked and stationary.
 A lorry was behind me, stationary at point of parking.
 A few minutes later the lorry reversed and hit my car from the back.

DECLARATION

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

Policyholder's Signature

Date & Time: 2/11/2018
 10:45am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Claim Handling

Accident MT/1018141

Policy No.	5104814972	Vehicle No.	SKH8393R	GST Registration No.	
Certificate No.					
Policyholder Name	ZHANG GUANGQING	Policyholder NRIC	S8500581E		
Product Code	COMMERCIAL VEHICLE INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98368876	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	Yes

Accident Details

Report Date	02/11/2018 11:13	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked.
Date of Accident	02/11/2018	Time of Accident (h:mm)	08:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 699A HOUGANG STREET 82				

Excess

Own damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	2,000.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 470B #14-320	Address 2	UPPER SERANGOON CRESCENT	Address 3	HOUGANG PARKVIEW
Address 4	SINGAPORE 532470	Address Type	Singapore address	Post Code	532470
Unit No.	14-320	Related Policy Number	5104814972		

DI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	10/03/1965
Unnamed driver Name	ZHANG GUANGQING	Driver NRIC	S8500581E	Driving Experience	11
Register Date of Driver License	09/05/2007	Driver Age	33	Contact No.(Home)	
Contact No.(Mobile)	98368876	Contact No.(Office)		Address 1	HOUGANG PARKVIEW
Address 1	BLK 470B #14-320	Address 2	UPPER SERANGOON CRESCENT	Address 3	HOUGANG PARKVIEW
Address 4	SINGAPORE 532470	Address Type	Singapore address	Post Code	532470
Unit No.	14-320				
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SKH8393R	Driver Insurer Company	NTUC

Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001

New

Claim Type *	OD-HK	Insured Name	ZHANG GUANGQING	Insured NRIC	S8500581E	
Contact No.(Mobile)	98368876	Contact No.(Home)		Contact No.(Office)	98368876	
Email Address	edmundzgo@gmail.com	DI Vehicle Number	SKH8393R	TP Vehicle Number	YM692	
Claim Description	SKH8393R / YM692GS ON 2 Nov 2018				Name of Preferred Workshop	
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received		
Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	Claim Close Date	02/11/2018 11:16	
Date Registered				Date Received	02/11/2018 11:17	
Report Taken By	RDSL WAH48					

Print AK letter

Save Submit

Attachment

Accident No.	MT/1018141	Claim No.	001
Last Doc. Received	Yes No	Upload Date	02/11/2018 11:17
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 02 Nov 2018 11:17		Photos	Normal	Photos 2018-11-2	

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 11:17	Photos	Normal	Photos 2018-11-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 11:17	Photos	Normal	Photos 2018-11-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 11:17	Photos	Normal	Photos 2018-11-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 11:17	Photos	Normal	Photos 2018-11-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 11:17	Photos	Normal	Photos 2018-11-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 11:17	Photos	Normal	Photos 2018-11-2
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 11:17	Photos	Normal	Photos 2018-11-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 11:17	Photos	Normal	Photos 2018-11-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 11:17	SAS	Normal	SAS 2018-11-2
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 02 Nov 2018 11:17	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-2

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	

ACCIDENT STATEMENT

ACCIDENT DATE: (2/11/2018) (DD/MM/YYYY). TIME: (08:30) (HH:MM)

LOCATION: BLK 699A HOUGANG ST 52

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH8393R
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 5104814972
d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
e) MAKE & MODEL: HR-V HONDA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PICK UP PARENT
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / ~~REPORTING ONLY~~)

2. INSURED / POLICY HOLDER

- A) NAME: ZHANG GUANGQING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8506581E CONTACT: 98368876
c) ADDRESS: BLK 470B UPPER SERANGOON CRESCENT
#14-320

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (10/03/1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 9/5/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YM6929S MODEL: B LORRY
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(Including driver)
(1)

* No of passengers
(Including driver)
(1)

* No of passengers
(Including driver)
()

Email = EDMUNDZGQ@GMAIL.COM
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8506581E



Name

ZHANG GUANGQING

張光慶

Race

CHINESE

Date of birth

10-03-1985

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8506581E

ZHANG GUANGQING

Birth Date: 10 Mar 1985

Issue Date: 09 May 2007



001498237C

5549305



NRIC No. S8506581E



Date of issue

13-01-2016

Address

APT BLK 470B UPPER SERANGOON CRESCENT
#14-320
SINGAPORE 532470

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg 09 May 2007

BLUODIN
ALLERGY
AMICIL SEPTIN
ERYTHROMYCIN
METICLOPRAMIDE

NP 42PA



Licence No: S8506581E

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="02/11/2018 10:39"/>
Vehicle No.(For Motor)	<input type="text" value="SKH8393R"/>	Certificate Number:	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5104814972		ZHANG GUANGQING	S8506581E	GCV	Comprehensive	SKH8393R	SKH8393R	18/10/2018	17/10/2019

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA418142076 Vehicle Registration No: SKH 8393R
Name (as shown in NRIC) : ZHONG GUON GUAN NRIC/FIN/Passport No : S8306581E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98368876
Email Address : _____
Date of Accident : 02/11/2018 Time of Accident : 08:30
Place of Accident : BK 699A Houghmash S7 52
Insurance Company : NMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① CAR MODEL SHOULD BE HONDA HRV
- ② EMAIL ADDRESS SHOULD BE EDUARDIG@GMAIL.COM

Policyholder / Driver's Signature
Date:

An
Reporting Centre Personnel's Signature
Name: Joseph Lim
NRIC/FIN No.: 02/11/2018
Date: