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Preferred Wksp / INC Assign Wksp / QW:			ax:
TP Particulars: Veh No: dl	LLPUK INC(
Owner / Driver: (Tel:	
Policy No: ()	Period: (Cover Type: (
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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	13/11/2018 15:52
Date Of Accident	13/11/2018 11:40
Exact Location Of Accident	CALTEX STATION CHANGI RD
Country/State of Loss	SINGAPORE
是我从后接来到是是一个, 现在了第二个	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA9437K
Insured/Policyholder	
Name Of Registered Owner	KK-AYE TRADING & TRANSPORTATION PTE LTD
Co Reg No	201622534H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Exact Purpose for which vehicle was being used at time of accident	
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	5103980404
Cover Note Number	
Driver	
Name of Driver	KYAW ZIN
NRIC No	S7566525C
Date Of Birth	19/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98501781
Fax Number	+4pu+10010004+0004+004040505050505050505050505050
Contact Number	OFFICE-98501781

NOEMAIL

Address BLK 423 CHOA CHU KANG AVENUE 4

#03-256

Postcode 680423

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 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)

NO

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AS I REVERSED AT THE STATED VENUE TWDS MAIN RD. I DID NOT NOTICED THAT VEHICLE B WAS AT REAR OF MY VEHICLE. AS A RESULT, MY VEHICLE ACCIDENTALLY SLIGHTLY GRAZED ONTO VEHICLE B FRONT 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

SLL8065K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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)

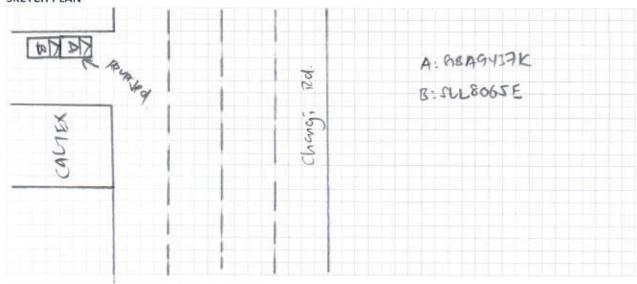
I understand, acknowledge, agree and consent that:

- (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

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refor	for J	statemeny.			

DECLARATION 1840

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

Policyholder's Signature Date & Time:

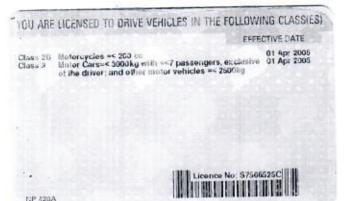
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Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personner's Signature Name:

NRIC/FIN No.:









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My Desktop	Polic	y Query									
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	Vehicle I	No.(For Moto	r) GB	A9437K		Cer	tificate Number				
						Search]				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103980404		KK-AYE TRADING & TRANSPORTATION PTE. LTD.	201622534H	GCV	Comprehensive	GBA9437	K GBA9437K	17/10/2018	16/10/2019

olicy No. eroficate No.	5103960404	Union action							
ertificate: No:		Vehicle No.	GBA9437W		OST Registrati	ion No.			
nicyndider Name	KK-AYE TRADING & TRANSPORTATION PTE. LTD.				Policyholder N	IRIC	201622534H		
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Accident Details									
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Excess									
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named Driver Excess		Outside Singapore OD Excess							
nd Party Excess	0.00	Outside Singapore TP Excess							
GST Registered Informat	tion								
Registered	No.		GST 9W	gistration Date					
T Registration No.	177			rtus Verified	No				
dification History									
Policyholder Mailing Add	tress								
diese 1	BLK 423 #03-256	Address 2	CHOA CHU KANG	G AVENUE 4	Address 3		SINGAPORE (80423	
drose 4		Address Type	Singapore addre	55	Post Code		680423		
CNI.	03-756	Related Policy Number	5103980404						
OI Driver Info	V220000440000		1119505552000						
norred driver Name.	Unnamed Driver	Driver Type Driver NRIC	Unnamed Driver		ggaran, mann		age are consequent		
gater Date of Oriver License	KYAW ZIN 03/04/2008	Driver NRIC Driver Age	97566925C 43		Driver DOB Driving Expen	leave.	19/01/1975		
otact No (Mobile)	98501781	Contact No.(Office)	57566525C		Contact No.(H		10		
dress 1	BLK 423 #03-256	Address 2	CHOA CHU KANO	G AVENUE 4	Address 3		SINGAPORE 5	80423	
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