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TP Insurer: Asset	sment/Survey Report	
	Report by Fax / Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Yel: Fax:)
TP Particulars: Veh No: SMD 911	/ INC(.)/Non-INC()	
Owner / Driver: (/ Tel:)	
Policy No.: () Period: () Cover Type: ().	
Confirmed by : (· Date: Time:	
Insured/Driver Liability: (%) [Note-Est.		· · · · · · · · ·
Year of Registration: () Warranty:		
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1) Apply for Transport Allowance ()/ Courtesy C	a()	
2) QC Check / Post Repair Inspection	()	
3) Upload Resurvey Photo [Repair Cost>\$3000]		-15 -015
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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.

- 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 ladgement of this report to the insurers, you her

By the ladgement of this report to the insurers, you hereby con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
THE RESERVE ASSESSMENT OF THE PARTY OF THE P	ACCIDENT STATEMENT
Date Of Report	22/11/2018 12:36
Date Of Accident	24/08/2018 08:00
Exact Location Of Accident	JUNCTION AT SEMBAWANG RD TWDS MANDAL ROAD
Country/State of Loss	SINGAPORE
型的多数的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ3025H
Insured/Policyholder	
Name Of Registered Owner	NIAN DING CHAO
NRIC No	S9604135G
Email Address	DINGCHU004@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96414398
Alternative Phone No	OTHERS-96414398
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099384983
Cover Note Number	
Driver	
Name of Driver	NIAN DING CHAO
NRIC No	S9604135G
Date Of Birth	01/02/1996

Occupation INDOOR Date Of Driving Pass 08/03/2018

Driving Experience 0 YEAR AND 5 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96414398

Fax Number

Contact Number OTHERS-96414398

EMail Address DINGCHUO04@HOTMAIL.COM Address

BLK 305 YISHUN CENTRAL

#05-175

Postcode

760305

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

.

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

NO COLLISION

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?

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMD971Y

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)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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. 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.
- 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
- 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.
- 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 Signature
Name:
NRIC/FIN No.: ADAL WHATAB

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 Personale's Signature
Name:
NRIC/FIN No.:

Accident MT/1018761						
DCy No.	5099384983	Vehicle No.	FB13025H	GST Registration No.		
rtificate No.						
iicynokter Name	NEAN DING CHAC			Folloyhobiar NRIC	596041353	
duct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	10	
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Accident Details						
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		N/S	See See		Singapore	
e of Accident	24/08/2018	Time of Accident hin min	08 00	Country of Accident	Singapora	
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nd Party Excess	9.00	Outside Singapure TP Exces				
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GST Registered Inform	mation					
Registered	799		GST Registration Date			
Registration No.			GST Status Verified	Yes		
Effication History						
Policyholder Mailing A	Address					
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dress 4		Address Type :	Singapore address	Post Cope	760305	
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it No.	#08-175	Related Policy Number	5099384983			
OI Oriver Info						
ver Name		Driver Type				
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		Contact No.(Office)		Contact No.(Home)		
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Our Ref: MT/CA/TP/059/1018761-001/SL/VU

07 Nov 2018

NIAN DING CHAO BLK 305 #08-175 YISHUN CENTRAL SINGAPORE 760305

Dear Policyholder

CLAIM NUMBER: MT/1018761-001

ACCIDENT INVOLVING FBJ307.5m / SMID971Y on E4 Aug 2018

We would like to inform you that a claim for \$\$1,565.14 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
 - information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong Manager

Motor Insurance

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Race:

Issue Date: 12/07/2016

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Address:

Blk 305 Yishun Central #08-175 Singapore 760305



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