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Date In: 17 /11/18 13:54	Jeb description		Date & Time	Completed	Done	př.
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TP Particulars: Veh No: SI	(H 4704 D.	. INC()/Non-INC	2().		
Owner/Driver: (Tek)	
Policy No: () Perio	d: ()	Cover Type:	()	
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Insured/Driver Liability: (%) [No	tc-Est. Status (WO): N: 0-20°	%; P: 21-79%	%. Р: 30-1	00%]	
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2) QC Check / Post Repair Inspection	(-)					
3) Upload Resurvey Photo [Repair Cost > \$300	0] ()					
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
 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

	ACCIDENT STATEMENT
Date Of Report	17/11/2018 13:54
Date Of Accident	17/11/2018 09:50
Exact Location Of Accident	CIRCUIT RD
Country/State of Loss	SINGAPORE
有意识的 的一种。	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GW5320P
Insured/Policyholder	
Name Of Registered Owner	JIN SOON LEE SERVICES
Co Reg No	53248686B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96818842
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LITEACE 5DR
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5088918731-01
Cover Note Number	•
Driver	
Name of Driver	VINCENT TAN YI TANG (CHEN YITANG)
NRIC No	S8240186E
Date Of Birth	25/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	09/10/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96818842
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 22 BALAM RD #06-130

Postcode 370022

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - WIFE COMPANY

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface WET

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? YES

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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? Was there any audio recorded?

YES

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKH4704D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Name

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Approximate Age

VINCENT TAN YI TANG (CHEN YITANG)

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & SHOULDER

GW5320P

YES

NO

IMPORTANT NOTICE

- 1. 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.
- Information provided must be as truthful and accurate as dossible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 ("GLA") 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 Wonetary 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:
 - 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.

NI SEA

Policyholder's Signature Date & Time: Driver's Signature

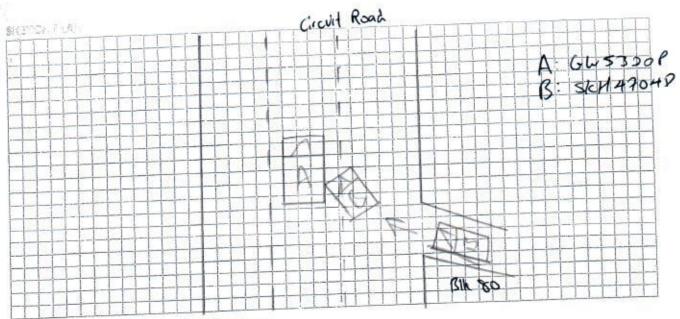
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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_					NAME OF TAXABLE PARTY.						- A-FHEE
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DECLARATION LEGING particulars are true in every respect.

|/We declare foregoing particulars are true in every respect.
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Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: And

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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CHEATCHEACTER TETATEMENT

INTERTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.

 This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

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Date of scaident	17/11/18	(DE/RAM/YY (RM:MM)
Time of accident	0950	2
Exact location of accident	Circut Rd	

	DETERMINE OF VEHICLE
Vehicle registration number	GN 5320 P Toyota Litore
Vehide make and model	COV- Van d
Type of vehicle	Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

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Type of policy	Comprehensive □	Inira party ine & there	

经验证的	INSURED / POLICY HOLDER	Male Female I
Name	Jin soon Lee Services	Ividie 12 Tellique 1
NRIC / Fin / Passport number	9181 8842	
Contact	AN 175	(/ 72. 21)
Address	BIK 22 Balam Road \$06-130	S(370022)

DRIVER	SAME AS INSURED ABOVE (SKIP TO	Male 🗷	Female
Name	Tan Y. Tany	Maic	1 Ciliate L
NRIC / Fin / Passport number	58240186E		
	96818842		
Contact	BIK 22 Balum Road \$06-130		638.0
Address	5(370022)		
Email address	25/11/1982		
Date of birth	23111		
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Was anybody Injured?	Yes	No 🗆		
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Injuries sustained		
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More seat helts Worn?		
Were seat belts worn? Was injured conveyed to	Yes 🗆	No □

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8240186E





VINCENT TAN YI TANG (CHEN YITANG)

陈 义堂

CHINESE

25-11-1982 M

392401864

Country of birth SINGAPORE



WIIC No. S8240186E

17-12-2012

APT BLK 22 BALAM ROAD #06-130 SINGAPORE 370022

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

Class 3 Richar core =< 3460 kg mith << 7 passengers, exclusive of the driver, and motor fraction/weblicles =< 2560 kg
Class +A Omethuses

PASS DATE

21 Aug 2012

58240186E

S/No.9000169018

NP 428A



eBao Tech	General						alClaim				
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	Vehicle	No.(For Motor)	GW532	10P		Certif	icate Numbe	r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5088918731- 01		JIN SOON LEE SERVICES	53248686B	GCV	Third Party, Fire & Theft	GW5320P	GW5320P	31/07/2018	30/07/2019
						Continue					

11/17/2018 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1020204 Policy No. 5088918731-01 Vehicle No. GW5320P GST Registration No. Certificate No. Policyholder Name JIN SOON LEE SERVICES Policyholder NRIC 532481 Product Code COMMERCIAL VEHICLE INSURAR Cover Type Third Party, Fire & Theft Loading 0 Contact No.(Mobile) 96818842 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No * = No Yes TCA + No Yes eCode Reason NCD Protection NCD Entitlement(%) 20 Private Hire No Accident Details Report Date 17/11/2018 17:15 Accident Report Within 24 hrs. Yes Accident Type Collisio Date of Accident 17/11/2018 Time of Accident hh:mm 09:50 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location CIRCUIT RD Excess Own damage Excess Additional Excess 0.00 Windscreen Excess 0.00 Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 0.00 Outside Singapore TP Excess > Benefits GST Registered Information GST Registered GST Registration Date GST Registration No. GST Status Verified Modification History Policyholder Mailing Address Address 1 BLK 22 #06-130 Address 2 BALAM ROAD Address 3 BALAM Address 4 51NGAPORE 370022 Address Type Singapore address Post Code 37002; Unit No. 06-130 Related Policy Number 5088918731-01 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name VINCENT TAN YI TANG (CHEN Y) Driver NRIC S8240186E Driver DOB 25/11/ Register Date of Driver License 09/10/2006 Driver Age 35 Driving Experience 12 Contact No.(Mobile) 95818842 Contact No.(Office) Contact No.(Home) Address 1 BLK 22 #06-130 Address 2 BALAM ROAD Address 3 BALAM Address 4 SINGAPORE 370022 Address Type Singapore address Post Code 370023 Unit No. 05-130 Does he own a Singapore Registered car? Yes - No Driver Insurer Company Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? + Yes No Modification History Claim 001 New Insured JIN SOON LEE SERVICES Claim Type * OD-MX Contact No. (Home) Contact No (Mobile) 82691409 01 Email Address Vehicle GW5320P Claim Description GW5320P / SKH4704D ON 17 Nov 2018 Preferred

Claim No.

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MT/1020204

Accident No.

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