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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 4	Bh 543614 .	. INC ()/Non-INC()	p 82	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	2001
Confirmed by : (Date:	Time:		
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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 her

	ACCIDENT STATEMENT
Date Of Report	19/03/2019 18:43
Date Of Accident	19/03/2019 12:45
Exact Location Of Accident	TAMPINES RD BESIDE BUS STOP: 64211
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG7535S
Insured/Policyholder	
Name Of Registered Owner	AIR-TECH CONDITIONING & ELECTRICAL SERVICES
Co Reg No	53095120K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82017537
Alternative Phone No	OFFICE-82017537
The state of the s	

Vehicle Particulars

Manufacturer TOYOTA Model **DYNA 3.0 M**

Exact Purpose for which vehicle was being used at

time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

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

WORKING

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5095639978-01

Cover Note Number

Driver

Name of Driver ONG MENG HENG (WANG MINGXING)

NRIC No S7634021H Date Of Birth 06/11/1976 Occupation **INDOOR** Date Of Driving Pass 17/09/1999

Driving Experience 19 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82017537

Fax Number

Contact Number OFFICE-82017537

EMail Address NOEMAIL

BLK 619B PUNGGOL DRIVE Address

#06-765

Postcode 822619

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

Insurance Company of Driver's Own Vehicle

2

NO

1

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? NO

Number of vehicles (including own vehicle)

involved in the accident

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

YES

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG5436H

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

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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, involces, 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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the
- (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 Sign Date & Time:

Driver's Signatu

(If driver is not the policyholder)

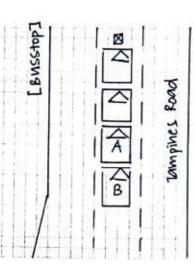
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

vehicle A: 686 76355

Venicle B: GBG5436H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on	the	stated	date	Y ti	me, I	, vihi	cre x.	6B67	535
was	trav	elling	straig	nt	along	tne	stated	venue	. <i>X</i> -s	
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g particulars are true in every respect.

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

ACCIDENT STATEMENT

19	ACCIDENT DATE:(_	19/03/2018	J(DD/MM/YY	YY), TIME:(12	: 45 HH	н:мм)
t	LOCATION: A	ong tampines	Road,	beside bus	stop 64	1211
	1. DETAILS OF	VEHICLE				
	a)VEHICLE		ABG 75355		1.707	
		E COMPANY:	NTUC			
	C)POLICY NU		509563 90			
		4			DDV 5105 . T	ucci
	e)MAKE & M	PE: (COMPREHEN) ODEL:		MAD	RIT FIRE &II	HEFI
		ON / COUPE / MP			CLE / OTHE	RS)
	g) VEHICLE C	ATEGORY: (PRIVAT	E / COMMERC			
		OF USING AT ACC		NONE	_	
	I) ARE YOU CL	AIMING UNDER Y	OUR OWN INS	URANCE (YES/N	(A)	
9	2. INSURED / PO	LICY HOLDER		ro.	10154	
	A)NAME: A	ir-Tech long	ition ing Y	Flechicalma	LE / FEMAL	E)
	b) NRIC/FIN/P	ASSPORT: 530	49170KA	CONTACT:		
54	c)ADDRESS:_	698 Puna	gol Drive	#06-765		
E 3	38		22619)			F1
× 11. 1	* CONTINUE TO	3.d IF DRIVER AL	SO POLICY H	OLDER	š. (38).	
A Ho of besome	3. DRIVER		201200000	^		
Cladeding drive	J GINAME:	ong wieng	Heng		E FEMALE	1
(01)	DINKICIFINIFA		S7634021H			37.
	c) ADDRESS:	619B PU	nggol ba	ve #06-76	5 3 (822)	619)
	*dIDATE OF RIG	тн: _06_11_	May you			-
50	e)OCCUPATIO	N: (INDOOR / OU	TOO OB!	MM/YYYY)		
	flYEARS OF DRI	VING EXPRERIENCE	E MAIR	ave .	#S 703	
- 1 m	4. WAS DRIVER	AN EMPLOYEE OF	THE INCLID	ED'S COMPANY	O NECTA	2
	IF NO, RELATI	ONSHIP OF THE	DRIVER WITH	H INCLIDED	Oww	וע
	5. a) WEATHER CO	NOTION: ICUEAR	/ RAINING /	THERS		
	DIROAD SURFA	CE: (DURY / WET /	OTHERS	Sincko		
6	. WAS ANYBODY	INJURED (YES / N	91	-	-	
7	a)REPORTED TO	POUCE IYES / NO	27,			
		STATE WHICH PO		*		
, 8.	THIRD PARTY VE	HICLE				1
the of passenger	a) VEHICLE NU		5436H	MODEL:		20
(Induding driver)) b) DRIVER'S NA				West State of the	
(DI)	c) NRIC/FIN/P/	ASSPORT:		CONTACT:_		
C <u>U</u>) 9.	THIRD PARTY VEH	HICLE				-37
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Including driver) f) NRIC/FIN/PA	ASSPORT:		_CONTACT:		4
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DRIVING LICENCE



Licence Number: S763402111

ONG MENG HENG (WANG MINGXING)

Birth Date: 06 Nov 1976

Issue Date: 20 / 1g 2003



REPUBLIC OF SINGAPORE





Name

ONG MENG HENG (WANG MINGXING)

王明兴

Race

CHINESE

Date of birth

Sev

06-11-1976

M

Country of birth

SINGAPORE



DEENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

17 Sep 1999

NP 428A



3967364



NRIC No. S7634021H



Date of issue

29-11-2006

APT BLK 619B PUNGGOL DRIVE #06-765 SINGAPORE 822619

NAIC No:

87634021H

Date

04/11/2012

No: 7085496

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				Search	J				
		Certificate Policyholder Number Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5095639978- 01	AIR-TECH CONDITIONING & ELECTRICAL SERVICES	53095120K	GCV	Comprehensive	GBG7535	S GBG7535\$	26/11/2018	25/11/2019

Policy No.	5095639978-01	Policyholder Name	AIR-TECH	CONDITIONING & EL	Policyholder	53095120K	mie mente
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Policy Issue Date	19/10/2018	Effective Date	26/11/201	B 00:00	Expiry Date	25/11/2019 23	3:59
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	92253651	Contact No.(Home)		Contact No.(Office)	53095120K 67861277
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THE PART OF THE PA					
laim 001 New					
dification History					
eathwyser or Blood Test rading?	0 mp	Any injury?	○ Yes ® No		
Saration					
gistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
t No. es he own a Singapore	06-765				
Ireas 4	SINGAPORE 822619	Address Type	Singapore address	Post Code	822619
Iress 1	BLK 6198	Address 2	PUNGGOL DRIVE	Address 3	PUNGGOL BREEZE
stact No.(Mobile)	82017537	Contact No.(Office)	0	Contact No.(Home)	0
poter Date of Driver Ucense		Driver Age	42	Driving Experience	19
named driver Name	ONG MENG HENG (WANG HING	Driver NRIC	57634021H	Driver DOB	06/11/1976
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
OI Driver Info		1/15/755/81/07/07/07/07/07	211101111111111111111111111111111111111		
it No.		Related Policy Number	5095639978-01	Post Code	822619
dream 4		Address Type	Singapore address		SINGAPORE 822619
dress i	BLK 6198 #06-765	Address 2	PUNGGOL DRIVE	Address 3	SINCADOR ANNA
Policyholder Mailing Ad	idress				
dification History					
T Registration No.			GST Status Venified	No	
ST Registered	No		GST Registration Date		
GST Registered Inform	ation				
▽ Benefits					
hird Party Excess	0.00	Outside Singapore TP Excess			
nnamed Driver Excess		Outside Singapore OD Excess		112-21-12-12-12-12-12-12-12-12-12-12-12-	50,000
wn damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
₹ Excess					
Codent Location	TAMPINES RD BESIDE BUS STOP: 64211			ICM No.	
oporting Centre		Orange Force		Country of Accident	Singapore
ite of Accident	19/03/2019	Time of Accident hh:mm	12:45		
port Date	19/03/2019 19:09	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Accident Details				The state of the s	No
	No	NCD Entitlement(%)	10	Private Hire	No.
CD Protection	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	NI V
		Special Remark	DE 18 18 18 18 18 18 18 18 18 18 18 18 18	Contact No.(Home) eCode	0
mail Address FK CD Protection	82017537	Contact No.(Office)	0	Loading	0
FK	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Policyholder NRIC	53095120K
mail Address. Fic	AIR-TECH CONDITIONING & ELECTRICA	SERVICES		1910/1015 2003	
mtact No.(Mobile) nari Address K		Vehicle No.	GBG753SS	GST Registration No.	
oduct Code ntact No. (Mobile) vari Address K	5095639978-01		and the second s	Salary Charas Telephonescopic	

