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Veh No: SFL 7675	E-mail (withi	n Shrs, AIC 2hrs)			
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OB : 11 7 Reporting Only	i-Photo Upl				
TP Insurer:	Assessment/S	urvey Report			
	Ass't Report	by Fax / Hand to	Owner/Wksp		W110 F W 1 W 100 F
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: JHA	77972-	INC ()/Non-INC()	T.	
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	%; P: 21-79%. P: 30	0-100%1	
Year of Registration: ()	Warranty: YES ()		
Excess: (\$) Loading: \$1,	000()/\$2,000	100,000,000,000		-	
General Remarks:-	CHORESTON PAGE	Paragraphy Ceptural	MARKA ANG CATAN	2023 - 17, 77	-
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Remarks;- (INC hotline: 6788 6616)	and the second	Office and the property of the party of			
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	much street and sectionary to be obtained.)	Date&Time Completed	Dor	ie by
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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,

By the ladgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/03/2019 13:17
Date Of Accident	29/03/2019 22:10
Exact Location Of Accident	AIRPORT BLVD BEFORE T3 EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFL765S
Insured/Policyholder	
Name Of Registered Owner	MAN FUT TONG LIN CHEE CHENG SIA TEMPLE
Co Reg No	C004793Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98162822
Alternative Phone No	OFFICE-98162822
Vehicle Particulars	
Manufacturer	TOYOTA
Model	52
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

5050865323-07 Policy Number

Cover Note Number

Driver

Name of Driver LEE TECK SENG NRIC No. S0599339C Date Of Birth 28/05/1949 Occupation OUTDOOR Date Of Driving Pass 18/08/1978

Driving Experience 40 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96652771

Fax Number

Contact Number OFFICE-96652771

EMail Address NOEMAIL

BLK 37 CIRCUIT ROAD Address

#09-405

Postcode 370037

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 - CHANGE/CROSS LANE

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

YES NO

2

GENDER: : MALE

NAME: : -

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

REFER TO 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 SHA7793Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver TOH KOK KUENG (DU GUOQUAN)

NRIC/Passport Number S7714008E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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:
 - 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.

萬佛堂蓮池精舍

Man Fut Tong Lin Chee Cheng Sia Temple 14E/F Richards Ave

> Singapore 546415 Tel: 6282 4966, 6284 1683 Fax: 8282 7191

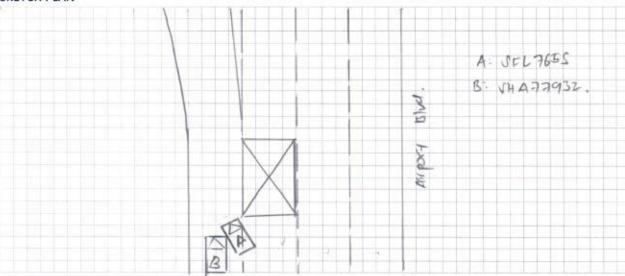
PolicyHolder's fightest @ymail.com Date & Time: GV-

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

NRIC/FIN No.:

GIARME SkirtchPlanForm V3

1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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		50	

DECLARATION 随 池 精 舍

Man If We declare the foregoing particulars are true in every respect.

14E/F Richards Ave Singapore 546415

Tel: 6282 4966, 6284 1683
Policyholder 3 3 0282 7191
Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

ON STATED DATE AND TIME, AS I WANTED TO FILTER FROM LANE 3 FROM LANE 4, I TURN ON MY VEHICLE INDICATOR LIGHT AND CHECK MY BLINDSPOT BEFORE I CAN PROCEED, THERE WAS NO VEHICLE, I FILTER TO LANE 4. WHILE FILTERING TO LANE 4, SUDDENLY VEHICLE B WAS SPEEDING ALONG LANE 4 AND VEHICLE B FRONT RIGHT PORTION HIT ONTO MY VEHICLE LEFT PORTION. VEHICLE B JUST HORN ME, HOWEVER HE DID NOT SLOW DOWN HIS VEHICLE. AFTER I HEARD HIS HORN, I IMMEDIATELLY SWVERVE MY VEHICLE TO THE RIGHT.

ACCIDENT STATEMENT

ACCIDENT DATE: (19/3/19.)(D	D/MM/YYYY), TIME:(22 : 13.)(HH:MM
	re T3 exit.
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: SFL7651	3 16
	4706
CIPOLICY NUMBER: \$ 070863	
dipolicy type: (competition)	vre1.
, and a model.	/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
T) TYPE: (SALOON / COUPE / MPV /	AN / LORRY / MOTORCYCLE / OTHERS)
SI - WEST SITE OF THE PRIVATE I	C)MMERCIAL / MOTORCYCLE
THE ONL OF USING AT ACCIDEN	IT TIME: DESCRIPTION
JAKE YOU CLAIMING UNDER YOUR	OWN INCIDANCE IVEC (A)
" NO, I LEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
- INSURED / FULL THUIDED	
AINAME: Man Fut Bong in	Chee chang Sta TIMPL.
DINRIC/FIN/PASSPORT:(O(M932 CONTACT: 9816282.
c)ADDRESS:	A Company of the Comp
* CONTINUE TO 3.d IF DRIVER ALSO DRIVER	POLICY HOLDER
Children des Driver	
(Including driver) alname: Le Teck Seng binRIC/FIN/PASSPORT: 505	(ME)E / FEMALE)
	793396 CONTACT. GLICZZZI
Imale.	4 99. 421 (370037).
	0.10
eloccupation: (INDOOR / OUIDO	949 (DD/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:	OR)
4. WAS DRIVER AN EMPLOYEE OF THE	18/8/1978.
4. WAS DRIVER AN EMPLOYEE OF THE DRIVER OF T	IE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRI	
b) ROAD SURFACE: (DAY / WET / OTH	AINING / OTHERS
6. WAS ANYBODY INJURED (YES / 10)	ERS)
7. a) REPORTED TO POLICE (YES / NO)	b)
IF YES, PLEASE STATE WHICH POLICE	CTATION
8. THIRD PARTY VEHICLE	STATION:
No of passenger a) VEHICLE NUMBER SHADDATA	
Including driver) b) DRIVER'S NAME: The Kolc ICU	MODEL:
(1.) C) NRIC/FIN/PASSPORT: S7 71400	
9. THIRD PARTY VEHICLE	CONTACT:
No of passanger d) VEHICLE NUMBER:	N N = = 1000
DRIVER'S NAME:	MODEL:
Induding driver) f) DRIVER'S NAME:	
()	CONTACT:
¥3	

email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0599339C



LEE TECK SENG



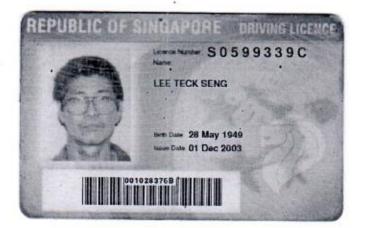
CHINESE Date of birth

SINGAPORE

28-05-1949

M





5685509



Date of issue 05-01-2017

APT BLK 37 CIRCUIT ROAD #09-405 SINGAPORE 370037

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) PASS DATE 12 Feb 1977 12 Feb 1977 Class 2A Motorcycles between 201 CC and 400 CC 12 Feb 1977 Matorcycles > 400 CC Class 2 Motor core == 2000 kg with == 7 passengers, exclusive of the deiver; and motor tractors/vehicles == 2500 kg 18 Aug 1978 S / No. 9000194801 \$0599339C

NP 428A

eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601		Contraction of the Contraction o	Constitution of the last		· Change	Languag	e • Chan	ge Password	· Log Out
My Desktop	Policy Query									
Notice of Loss	Policy No.				Date	of Accident		29/03/2019	22:10	
	Vehicle No.(For Mat	or) SFL76	55		Certif	cate Number				
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 505086532 07		MAN FUT TONG LIN CHEE CHENG SIA TEMPLE	C004793Z	GPC	Third Party, Fire & Theft	SFL7655	SFL765S	23/07/2018	22/07/2019
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Maniform	eim Type * entact No.(Mobile) mail Address aimant Type Claimant Type aimant Name * aimant Name * aimant Address aim Description eferred Workshop Contact books Registered ate Registered aport Taken By d Print AK letter Attachment	Flease Select SFL7655 / SHA7793Z ON 29 Mar 2 Ves SOV03/2019 17/12 Jackson HT/1036128 ● Yes ○ No	Contact No. (Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No. Upload Date	Fully at Pault Fully at Pault Preferred Workshop, Name unknown. Save Submit 001 30/03/2019 17:13 Category *	Contact No. (Office) TP Vehicle Number Name of Preferred Workelt GIA report Date Received	SHA77932 SHA77932 Received 30/03/2019 00:00 Description *
Mary Transcript Mary Transcript Mary M	laim Type * cetact No.(Mobile) mail Address	Flease Select SFL7655 / SHA7793Z ON 29 Mar 2 Ves SOV03/2019 17/12 Jackson HT/1036128 ● Yes ○ No	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date Claim No.	Fully at Pault Fully at Pault Preferred Workshop, Name unknown 5eve Submit 001 30/03/2019 17:13	Concact No. (Office) TP Vehicle Number Name of Preferred Workalt GIA report Date Received	SHA77932 SHA77932 Received 30/03/2019 00:00
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March Total List Ord Cores (A) Total List	claim 001 New int Type * ntact No. (Mobile) had Address imant Type Claimant Type imant Name * imant Address im Description derred Workshop Contact curre Finalization to Registered port Taken By Print AK letter Attachment	Please Select	Contact No.(Home) OI Vehicle Number Type of Benefit * Claimant NRIC * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	SPL7655 Please Select Fully at Fault Preferred Workshop, Name unknown	Contact No. (Office) TP Vehicle Number Name of Preferred Workell GIA report	SHA77932
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