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Date In: 114/9-19:51	Job description		Date &Time Completed	Do	ne by
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TP Insurer:	Assessment/S	urvey Report			
	Ass't Report l	by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	-
TP Particulars: Veh No: JFN 78	98 U	. INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (\	WO): N: 0-20	%; P: 21-79%. P: 80-	100%1	(0)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT
01/04/2019 19:51
31/03/2019 18:15
SLIP RD REPUBLIC BLVD TWDS ECP
SINGAPORE
DETAILS OF OWN VEHICLE
SLN974Z
G & H CAR LEASING
53359774M
NOEMAIL
OFFICE-89999999
HONDA
VEZEL 1.5RS HYBRID A
COMMERCIAL USE
NO
THIRD PARTY
PRIVATE HIRE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5090167977-01
ONG CHUAN GUAN
S0176613I
04/03/1949
OUTDOOR
10/02/1971
48 YEARS AND 1 MONTH
MALE
(LOCAL) +65-96615073

OFFICE-96615073

NOEMAIL

BLK 880 YISHUN STREET 81 Address

#02-261

Postcode 760880

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

YES

NO

2

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

NAME:

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

YES

Police Station Address ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190401/2029.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFN3878U Vehicle Make/Model/Colour

Details Of Properties

TOYOTA WISH

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)

DETAILS OF INJURED PERSON 1					
Name	ONG CHUAN GUAN				
Approximate Age					
Injuries Sustain	BODY				
Injured person in which vehicle?	SLN974Z				
Were seat belts worn?	YES				
Was this injured conveyed to hospital by ambulance?	YES				
Address					
Postcode					

SKETCH PLAN

IMPORTANT NOTICE

- 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 truthful 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.
- 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.
- 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)
 - 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.

G & H CAR LEASING

Policyholder's Signature Date & Time:

Buildy Stepheloder of

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personge

nature

Name:

NRIC/FIN No.:

SKETCH PLAN	
Junction of Read 1	1 A SLN 974 2
and send 2	B: SFN38781
Republic Routerard:	5. 0F100 The
Enot coast Parting	
A I A	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	The state of the s
Refer to police papert	
*	
	Today Control
an Walington	ý.
CLARATION /e declare the foregoing particulars are true in every respect.	
& H CAR LEASING HE	\sim

Policyholder's Signature Date & Time:

 $(a^{n})^{2^{n}+1}(g)^{2^{n}}(a^{n})^{-1}(g)^{2^{n}}(a^{n})^{-1}(g)^{2^{n}}$

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT 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.
- 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.

Accident details

Date and time of accident	Date:31/0	3/19		(D	D/MM/	YY) Time: 15:15	(HH:MM)
Exact location of accident	Junction	2.0	Load	1		Read 2	(minim)

Details of vehicle

Vehicle registration number	SLN 9742			
Vehicle make and model	HOHOA VESEL			
Type of vehicle	Saloon MPV CRV Van D			
Vehicle category	Private Commercial Motorcycle			
Purpose of using at said time	(commercial			
Are you claiming under your own insurance company?	Yes □ No ☑ if no, please select: Third part claim ☑ Reporting only □			

Insurance information

Insurance company	HTUC		
Policy number			
Type of policy	Comprehensive p	Third party fire & theft	TP only

Insured / Policy holder

Name	G & H CAR LEASING	Male 🗆	Female
NRIC / Fin / Passport number	5335974M	Wide L	remaie u
Contact	8		
Address			

Driver

Same as insured above (skip to D.O.B)

Name	ONG CHUAN GUAN	Male - Female -
NRIC / Fin / Passport number	S0176613I	ividie U reilidie U
Contact	9641 5073	
Address	#02-261 5(260 860)	81
Email address	3(460 446)	
Date of birth	04-03-1949	
Occupation	Indoor D Outdoor D	************
Driving date pass	10 Feb 1971	

General information of the accident

Was driver an employee of the insured's company?	Yes □ If no, rela	No Dationship of the	driver and insure	ed: HIDER
Accident captured by camera?		No 🗹		
Weather condition	Clear	Raining	Others:	
Road surface	Dry's	Wet 🗆		
No of passenger		2_		(Inclusive of driver)

Passenger 1

Name	Linknown	Passanger	arros	
Gender	Male fa Fem	ale 🗆		

Passenger 2

Name		101	
Gender	Male 🗆	Female 🗆	

Passenger 3

Name		
Gender	Male 🗆	Female

Passenger 4

Name			
Gender	Male 🗆	Female	

Passenger 5

Name			
Gender	Male 🗆	Female	

Passenger 6

Name			
Gender	Male 🗆	Female	

Other information

Was anybody injured?	Yes O No D	
Was other vehicle damaged?	Yes V No D	

Details of police action

Reported to police?	Yes	No 🗆	If yes, please state which police station
Police station name	YUhun	South	NPC

Third party vehicle 1

Name	8
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	S=N 38784
Vehicle make model	Togeth wish

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1

Name	
Witness 2	

Injured person 1

Name	ONG CHUAN GUAN
Injuries sustained	BODY
Which vehicle person in?	S-10 974Z
Were seat belts worn?	Yes-o No o
Was injured conveyed to hospital by ambulance?	Yes-d No a

Injured person 2

Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	

Injured person 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes D No D	
Was injured conveyed to hospital by ambulance?	Yes D No D	

Injured person 4

Name		-11	
Injuries sustained	-11/2		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	





1 of 3

Report No. T/20190401/2029

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

REPORT OF A TRAFFIC ACCIDENT



Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 31/03/2019 18:15	Type of Location:	
Location: Junction of Ro REPUBLIC BO EAST COAST					
Weather: Road		Road Surface:		Road Speed Limit:	
Traffic Flow: Traffic		raffic Control:		Traffic Volume:	
Type of Collis Between Mov	ion: ing Vehicles - Head To Rea	r		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved		Ser Series		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SFN3878U	Car	ТОУОТА	WISH 1.8 AUTO	Black	Slightly Damaged	4
SLN974Z	Car	HONDA	VEZEL 1.5RS HYBRID A	White	Slightly Damaged	1





Police Station Of Origin: Yishun South N.P.C 32 Shun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

Report No. T/20190401/2029

2 of 3

CONTINUATION OF REPORT

Brief Details.

On 31/03/2019 at around 1815hrs, I was driving my vehicle (SLN974Z) along Republic Boulevard at the road filter, turning left towards ECP. My vehicle stopped at the road exit and I was waiting to turn left to join the traffic on ECP when a car (SFN3878N) hit my vehicle in the rear. Myself and the other driver (Zacaria Bin Amza, S7327705A) came out of the car to check the damages. My car suffered a dent in the rear while the other vehicle also suffered a dent in the front. I called for the police and Traffic Police attended to me. Due to the impact, I felt giddy and suffered pain in my neck and someone had called the ambulance for me.

Paramedics came and I was conveyed to Singapore General Hospital where I had also received 3 days MC. I am unable to get the contact number of the other driver as I was being conveyed to the hospital.





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 3 of 3 Report No. T/20190401/2029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recordi L / Sgt 2 CARISSA TENG KE E	1321 13	Signature Of Informant:	
Signature Of Interpreter: Not applicable	18 SS	Date/Time: 01/04/2019 10:47	
Officer In Charge Of Case: TP / GIT /		Classification Of Case:	
Sgt 2 LIM HONG LEE Contact No.: 65476438	Resid	SN 005	326
Authentication Stamp NP168	Singapora (olica Perso	







Date of taxes 09-12-2003

APT BLK 880 YISHUN STREET 81 802-261 SINGAPORE 760880

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Moler Cars and Motor Tractions the weight of 10 Feb 1971 which unleden does not exceed 2500 kilograms



Policy No.	5090167977-01	Policyholder Name	G & H CAR	LEASING	Policyholder NRIC	53359774M	
Certificate No.		NAME OF STREET			Mine.		
Address	BLK 690A #10-152 WOODLAND	S DRIVE 75 S	INGAPORE 7:	31690			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	16/04/2018	Effective Date	21/04/2018	00:00	Expiry Date	20/04/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	IVAN INSURANCE AGENCY PTE.	Agent Tel.	64400220		GST Flag	Y	
Co- insurance Flag Open Policy	No						
Info Certificate Info							
Policy	holder Mailing Address						
Address 1	BLK 690A #10-152	Addre	ess 2	WOODLANDS DRI	VE 75	Address 3	SINGAPORE 731690
Address 4		Addre	ess Type	Singapore address		Post Code	731690
	10-152	Relati	ed Policy per	5090167977-01			
Unit No.							
	ed Object: SLN974Z						
Unit No. D Insure □ Endors	0.007						

olicy No.					
	5090167977-01	Vehicle No.	5LN974Z	GST Registration No.	
rificate No.					
icynoider Name	G & H CAR LEASING			Policyholder NR3C	53359774M
oduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
stact No. (Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	0
eil Address		Special Remark		eCode	THE V
(® No ○Yes	TCA	® No ⊜Yes	eCode Reason	1000
D Protection	No		10		Chr. V
Accident Details	10	NCD Entitlement(%)	10	Private Hire	Yes
ort Date	01/04/2019 20:05	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
e of Accident	31/03/2019	Time of Accident hh:mm.	18:15	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
ident Location	SLIP RD REPUBLIC BLVD TWDS ECP				
Excess					
n damage Excess	2,000,00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess	2,000.00		
rd Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits			2,000.00		
GST Registered Informa	ries.				
Registered			A STATE OF THE STA		
Registration No.	No		GST Registration Date GST Status Verified	Yes	
diffication History	01/04/2019 20:07:13:54	stem changed GST Status Verified fro		743	
		and the same of th			
Policyholder Mailing Ad	dress				
vess 1	BLK 690A #10-152	Address 2	WOODLANDS DRIVE 75	Address 3	SINGAPORE 731690
Cress 4		Address Type	Singapore address	Post Code	
n No.	10-152			Pust Spide	731690
	10-152	Related Policy Number	5090167977-01		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	ONG CHUAN SUAN	Driver NR)C	501766131	Driver DOB	04/03/1949
pister Date of Driver License	10/02/1971	Driver Age	70	Driving Experience	48
nlact No.(Mobile)	96615077	Contact No.(Office)	0	Contact No. (Home)	0
dress 1	BLK 880	Address 2	YISHUN STREET 81	Address 3	SINGAPORE 750880
dress 4		Address Type	Singapore address	Post Code	760880
s No.	02-261				
es he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
gistered car?	× 100 × 100	Control Control		Driver trisurer Company	
iaration athelyser or Blood Test	0 mp	Any insury?	® Yes ○ No		
daration eathalyser or Blood Test	0 mg	Any Injury?	® Yes ○ No		
claration eathalyser or Blood Test ading?	0 mg	Any injury?	® Yes ○ No		
claration cathalyser or Blood Test	O mp	Any injury?	® Yes ○ No		
aration athalyser or Blood Test ding?	0 mg	Any injury?	® Yes ○ No		
aration ethalyser or Blood Test ding?	⊙ mg	Any injury?	® Yes ○ No		
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daration athlyser or Blood Test office) stration History salm 001 New m Type *	GD-MX 💌	Insured Name	® Yes ○ No S & H CAR LEASING	Insured NR3C	52159774M
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aration sthalyser or Blood Test ong? fication History salm 001	GD-MX	Insured Name Contact No.(Home) Of Vehicle Number	G & H CAR LEASING SLN974Z	Contact No.(Office)	
aration sthalyser or Blood Test ong? fication History salm 001 Next n Type * tect No.(Mobile) iii Address mant Type Claimant Type * mant Name *	GD-MX Select Select	Insured Name Contact No.(Home) GE Vehicle Number Type of Benefit +	G & H CAR LEASING SLN974Z	Contact No.(Office)	
aration sthalyser or Blood Test ding? Ification History laim 001 New Type * tack No.(Mobile) sii Address mant Type Claimant Type * mant Name * mant Address	GD-MX Select Select	Insured Name Contact No.(Home) GE Vehicle Number Type of Benefit +	G & H CAR LEASING SLN974Z	Contact No.(Office)	
aration athalyser or Blood Test ding? ification History talm 003 New m Type * tact No.(Mobile) sil Address mant Type Claimant Type * mant Name * mant Address m Description	GD-MX V 90283115 Please Select V	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimant NR3C +	G & H CAR LEASING SLN974Z Please Select	Epitact No. (Office) TP Vehicle Number	
sthalyser or Blood Test striction History stalm 001 New m Type * stact No (Mobile) sil Address mant Type Claimant Type * mant Address m Description ferred Workshop Contact	GD-MX V 90283115 Please Select V 22	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimant NR3C +	S & H CAR LEASING SLN9742 Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	[SPN3878U
sthalyser or Blood Test sting? Infration History Italim 001 New In Type * Itack No (Mobile) Isli Address ment Type Claimant Type * mant Name * mant Name * more Address m Description Island Workshop Contact pure Pinalization	GD-MX V 90283115 Please Select V 2≥	Insured Name Contact No.(Home) GE Vehicle Number Type of Benefit + Claimant NR3C + Insured Lability * Preference Repair Option	G & H CAR LEASING SLN974Z Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GtA report	SFN3878U
stration sthalyser or Blood Test striction History stration OS. New in Type * mact No (Mobile) sil Address imant Type Claimant Type * imant Address im Description ferred Workshop Contact quire Finalisation a Registered	GD-MX V 90283115 Please Select V 22 SLN9742 / SFN3878U ON 31 Mar 2019 Ves V OL/04/2019 20:07	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit + Claimant NR3C +	S & H CAR LEASING SLN9742 Please Select Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	[SPN3878U
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