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SINGAPORE ACCIDENT STATEMENT

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 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.

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.

By the lodgement of this report to the insurers, yo aforesaid.	tu hereby consent to the archiving of this report at the centre and to copies of the report deling made available
A STATE OF THE RESERVE OF THE RESERV	ACCIDENT STATEMENT
Date Of Report	05/04/2019 11:41
Date Of Accident	04/04/2019 17:05
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE
Marco Stanton State Sign	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ2392U
Insured/Policyholder	
Name Of Registered Owner	CHARLESANG
Co Reg No	53324627W
Email Address	CHARLESANG12@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91912340
Alternative Phone No	OFFICE-91912340

Vehicle Particulars

TOYOTA Manufacturer WISH Model

Exact Purpose for which vehicle was being used at WORKING time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No. Please state action to be taken COMMERCIAL VEHICLE

Vehicle Category

Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5096699647 Policy Number

Cover Note Number

Driver

ANG CHUN CHIAT (HONG DUNJIE) Name of Driver

S7416751I NRIC No 03/06/1974 Date Of Birth OUTDOOR Occupation Date Of Driving Pass 03/06/1992

26 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91912340 Mobile Number

Fax Number

OTHERS-91912340 Contact Number

CHARLESANG12@GMAIL.COM EMail Address

BLK 409A FERNVALE ROAD Address

#13-48

791409 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - ROUNDABOUT Type Of Accident

RAINING Weather Conditions

WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2 involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2

Number of Passengers (Including Driver)

Passenger 1

KEVIN NAME:

: MALE

GENDER:

Details of Police Action

NO Was the accident reported to the police?

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?

YES WITH OWNER

Remarks/ Reasons: Was there any audio recorded?

NO

Details of Witness 1

Name

KEVIN

Phone Number

88098883

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Page 2 of 17

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 companies.
- 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 ladgment 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

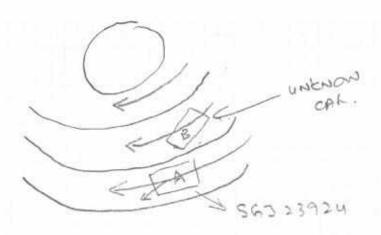
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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)
 - (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.
- (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.

Policyholder's Signature Date & Time:

Driver Signature

(If driver is not the policyholder

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



SCOTTS ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	AVELING ALDAN NEWTON CIKCHS ROUNDAROUT. HIT ON THE REAL RIGHT SIDE OF MY CAR.
CONTO NOS	STOP AS IT WAS RAIMING AND HEAVY TRAFFI
	A ROUND TO LOOK FOR THE VEHICLE B.
	NOT THERE . I CAME TO , DAC ON
05/04/2019	11.45 AM TO MAKE A REPORT.
10	

DECLARATION

I/We declare the foregoing particulars are true in every respect.

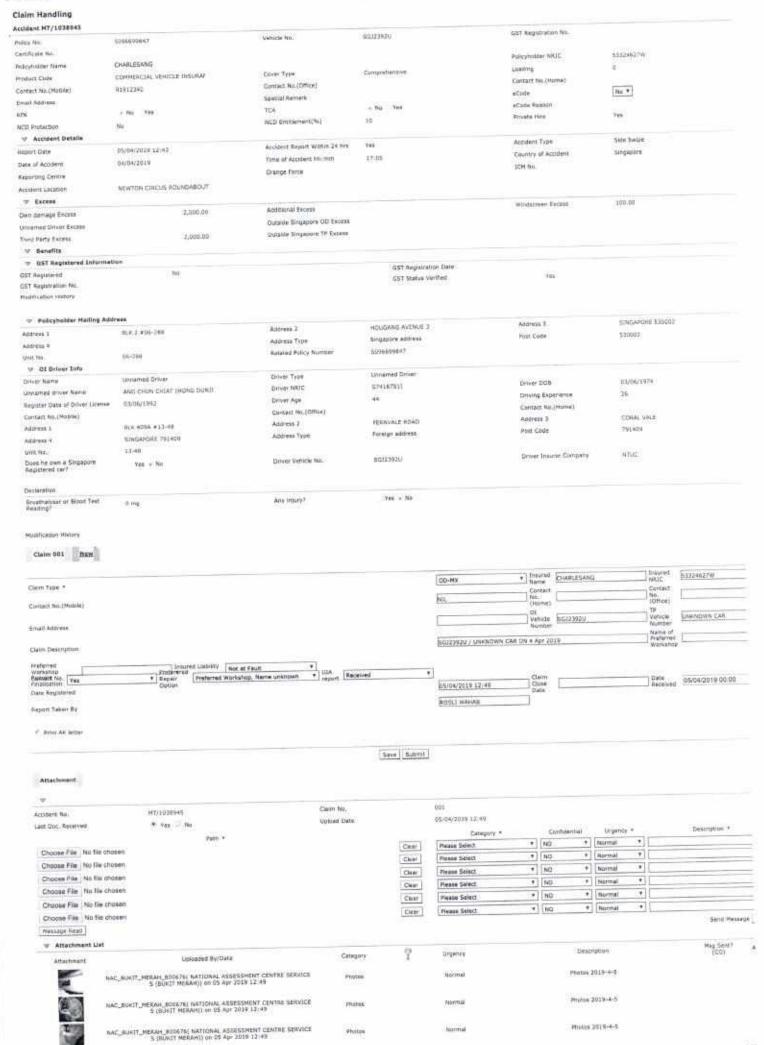
Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 05/04/2019 7

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



Claim Handling(accident reporting Claim Task)

	contracted Wellflere	Forder Date		File Harris	T	2017.08
· Video List				(L)M(n/t-)	0	Source
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INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of CHARLESANG (53324627W)

Date: 11/12/2018

he Following Are The Brief Particu	ulars of:				
lame of Business	:	CHARLESANG			
ormer Name(s) if any					
Date of Change of Name	1				
Registration No.	: [53324627W			
Registration Date	10	09/12/2015			
Commencement Date	: [7	09/12/2015			
Status of Business	1	Live			
Status Date	:	10/12/2018			
Renewal Date	:	10/12/2018			
Expiry Date	1	09/12/2019			
Renewal via GIRO	4	NO			
Constitution of Business	: Î	Sole-Proprietor			
Principal Place of Business	1	409A FERNVALE #13-48 CORAL VALE SINGAPORE (79	1.000-0.00		
Date of Change of Address	- 1	27/06/2018			
Principal Activities				A SALL OF THE	
Activities (I)	3	PASSENGER LA AND TRISHAWS	ND TRANSPORT N.E.C. (EG PI) (49219)	RIVATE CARS FOR HIRE	WITH OPERATOR
Description	1		M-74-3-1		
Activities (II)	:				
Description	1				
Particulars of Authorised Repres	entative(s)				
Name ID		Nationality	Address	Address Source	Date of Appointment

Authentication No.: J18864530A



INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of CHARLESANG (53324627W)

Date: 11/12/2018

Vame	D	Nationality/Place of	Address	Address	Date of Entry
		Incorporation/Origin		Source	Position
ANG CHUN CHIAT(HONG	S74167511	SINGAPORE	409A FERNVALE ROAD	OSCARS	09/12/2015
DUNJIE)		CITIZEN	#13-48 CORAL VALE		Owner

Withdrawn Partner(5)					
Name	ID	Nationality/Place of	Address	Address	Date of Entry	Date of Withdrawal
		incorporation/Origin		Source	Position	Villa State

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note:

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan
 the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO.

: ACRA181210098659 (Free Business Profile by ACRA)

DATE

; 11/12/2018

This is computer generated. Hence no signature required.



Authentication No. ; J18864530A

ACCIDENT'STATEMENT

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	b))	NSURANCE COM	PANY: N	Tuc			
	c)i	POLICY NUMBER:	50968	20966	99647		
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(2)	Ull	RIC/FIN/PASSPO	RT: 57411	TIZEO		919123	+0
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email = charlesang12@gmail.com









eBaoTech								Genera	Claim	
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	10				Search		Vehiclé	Insured	Commence	Expiry Date
	Select Policy No. 5096699647	Number	licyholder Name ARLESANG	Policyholder NRIC 53324627W	Product GCV	Cover Type Comprehensive	No. 5G32392	Object	Date 04/01/2018	
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