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Owner / Driver: (Tel:
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Confirmed by 1 (Dates, Times)
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Year of Registration: () Warranty; YES (Excess: (\$ ') Loading: \$1,000 ()/52,000 ()/NO()
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1) Apply for Transport Allowance ()/ Courtesy Car ()	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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.
- 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.
- 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	17/04/2019 17:00
Date Of Accident	16/04/2019 18:10
Exact Location Of Accident	WILLKIE DRIVEWAY INTO DROP OFF AREA(SHOPPING MALL)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKR559E
Insured/Policyholder	
Name Of Registered Owner	ZHANG GUO ZHI
NRIC No	S8012047H
Email Address	JERMS4U@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97777496
Alternative Phone No	OTHERS-90993734
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	FERRYING PASSANGER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101545014
Cover Note Number	
Driver	
Name of Driver	JEREMY TAN SHENG-LIANG(JEREMY CHEN SHENGLIANG)
NRIC No	S7936342A
Date Of Birth	01/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	02/07/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97777496
au Number	(42) W (37)

OTHERS-90993734

JERMS4U@GMAIL.COM

Address

BLK 706 CLEMENTI WEST STREET 2

#06-379

Postcode

120706

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - OPENING DOOR OF VEHICLE

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

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: PASSENGER

GENDER:

: MALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: FEMALE

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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.
- 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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

1645

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I WOULD LIKE TO MAKE A REPORT OF A MINOR ACCIDENT IN THE EVENT THE
OTHER MOTORIST MAKES A GLOUNDLESS CLAIM AGAINST ME.
And a control of the
I HAD WAPE A LEPT TURN TOWARDS THE DROP- OFF POINT OF WILKIE EDGE,
THERE WAS A QUEVE TO GET W. MY PASSENGER DID NOT WANT TO
WANT AND REQUESTED to ALIGHT WHILST I WAS STILL STATIONARY
ON THE BEND LEADING TO THE DROP- OFF AREA.
MY PASSENGERS CHECKED FOR VEHICLES ON THIS SINGLE LANGE
ROAD BEFORE OFFWING THE DOORS-
A MOTORCYCIE SQUEEZED BOWEN MY CAR & THE KERB AT THAT MOMENT
AND KNOCKED INTO THE EDGE OF MY LEFT REAR PASSENGER DOOR, SCRAP
BY PATTITURIC. THE MUTOP CYCLIST LOSE BALANCE AND FELL TOGETHER
WITH HIS MOTORCYCUE ONTO THE KERB. HE PICKED IT UP, APOLDGISHO
TO ME AND I MOVED OFF.
IN MU HASTE TO NOT OBSTRUG TRAPFIC AND SEGING, THAT THE MOTORCYCL
COUND GET UP ADD GET ON TO HIS BIKE, I MOVED OFF. WE DID NOT EXCHANGE
PARTICULARS - OR LICENCE PLATE NUMBERS -
I HOPE FOR THIS REPORT TO SERVE AS A RECORD OF THE INCIDENT.
· · · · · · · · · · · · · · · · · · ·

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: \$ [704]9 / 1659 Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

NRIC/FIN No .:

Claim Handling Accident MT/1040649						
Policy No. Certificate No.	\$101545014	Vehicle No.	SKR559E	GST Registration No.		
Policyholder Name						
Product Code	ZHANG GUO ZHI			Policyholder NRIC	C004 00 cm c	
	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	SB012047H	
Contact No.(Mobile) Email Address	97777496	Contact No.(Office)		Contact No.(Home)	0	
		Special Remark		eCode	(N)	
KPK	+ No Yes	TCA	- No Yes	cCode Reason	No Y	
NCD Protection	Ne	NCD Entitlement(%)	10	Private Hire	NC.	
▼ Accident Details Report Date				Citatio Mark	No	
Nate of Accident	17/04/2019 17:22	Accident Report Within 24 hrs	Yes	Accident Type	Others	
Reporting Centre	16/04/2019	Time of Accident hh:mm	18:10	Country of Accident	Singapore	
coident Location		Drange Force		ICM No.	angapas.	
♥ Excess	WILLKIE DRIVEWAY INTO DROP OFF AREA	(SHOPPING MALL)				
Own damage Excess	114 4 - 2014					
Annamed Driver Excess	2,000,00	Additional Excess	0	Windscreen Excess	100.00	
hird Party Excess	500.00	Outside Singapore OD Excess	2,000.00		524	
♥ Benefits	1,500.00	Outside Singapore TP Excess	1,500.00			
	ation					
ST Registered						
ST Registration No.	No		GST Registration Date			
odification History			GST Status Verified	Yes		
Policyholder Mailing Add	draws.					
ddress 1	205 JALAN EUNOS	9940004	2000			
ddress 4	*AS TURNI ERINGS	Address 2	#03-05 EUNOS MANSION	Address 3	SINGAPORE 419	505
Anit No.		Address Type Related Policy Number	Singapore address	Post Code	419535	
▽ OI Driver Info		mention rolley number	5101545014			
river Name	Unnamed Driver	Driver Type				
nnamed driver Name	JEREMY TAN SHENG-LIANGUER	Driver NRIC	Unnamed Driver	52000 1000000		
egister Date of Oriver License	02/07/2010	Driver Age	57936342A 39	Driver DOB	01/12/1979	
ontact No.(Mobile)	90993734	Contact No.(Office)	3300	Driving Experience	8	
ddress I	BLK 706 #06-379	Address 2	CLEMENTS WEST STREET 2	Contact No.(Home)		
ddress 4		Address Type	Foreign address	Address 3	SINGAPORE 1207	06
nit No.	06-379			Post Code	120706	
oes he own a Singapore agutered car?	Yes a No	Driver Vehicle No.	SKR\$59E	Driver Insurer Company		
and the second s			633037773	onver meurer company	NTUC	
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Claim Handling(accident reporting Claim Task)

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NRIC/ Driving License 2019-4-17

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ACCIDENT'STATEMENT

a a	ACCIDENT DATE: 16 04, 2019	DD/MM/YYYI TIME! IR	.10
	LOCATION: WILKIE EDGE DE	IVENDAY INTO DEOPOPE	C AREA CSHOPPING M
	1. DETAILS OF VEHICLE		
	a) VEHICLE NUMBER: SKR SE	AE.	20 SE OIL
	DINSURANCE COMPANY: UT		
	CIPOLICY NUMBER:	, , , , , , , , , , , , , , , , , , , 	33500
		TO A THURST OF THE PARTY OF THE	4
	d)POLICY TYPE: (COMPREHENSIVE) B) MAKE & MODEL: HONDA ST	PHONO PARTY / THIRD PAR	RTY FIRE &THEFT)
	TYPE: (SALOON / COUPE MPV	(VANI (LORDY (LICE)	
**	g) VEHICLE CATEGORY: (PRIVATE	COMMERCIAL ANDIORCYC	CLE./ OTHERS)
H .	h) PURPOSE OF USING AT ACCIDE	INT TIME FEODULIS SACRE	VE GR
	I ARE YOU CLAIMING UNDER YOU	IS OMN INCIDANCE WES	22
	IF NO, PLEASE STATE (THIRD PART	Y CLAIM DEBORTING	3
	2. INSURED / POLICY HOLDER	I GENIMA KEPOKTING ONE	₽
	A) NAME: · ZHANG GUD ZH	I. Gu	E DEGLINE
	b) NRIC/FIN/PASSPORT: S80 12 0	THE CONTACT	1E / FEMALE)
	CIADDRESS: 21 LOCONG THYAG	2 #04-02 S 387757	
2 6	100		
Ano of bass	* CONTINUE TO 3.d IF DRIVER ALSO	O POLICY HOLDER	
() I passy	ongos DRIVER JEREMU TAN SHE	17-1 HAVE	
Clincluding d	binRic/FIN/PASSPORT: 57936	TIL do	E FEMALE)
(<u>83</u>)	CIADDRESS: 706 CLEMENT	West of 2 Store 22	70793739
IMALE IFE	MALE	1001312 4100-39	4 \$ 120+00
PASSENG GR		179 HODIMMAYYYI	
(11)50 000	eluccupation: Indoor Palite	OOR) .	
MALC DOLL	1) DATE OF DRIVING PACE	02/04/200	i tre j
THING YOU	WAS DRIVER AN EMPLOYEE OF	THE INSURED'S COMPANY	? (YES (NO)
	IT NO, KELATIONSHIP OF THE D	RIVER WITH INSURED. L	FIRER
	5. a)WEATHER CONDITION: (CLEAR)	RAINING / OTHERS)
(D)	6. WAS ANYBODY INJURED (YES / NO	IHEKS	
2542	7. a REPORTED TO POLICE (YES /NO	3 .	- N
	IF YES, PLEASE STATE WHICH POLI	CE STATION:	¥0
N 11. 0	O. TEIRITEARTY VEHICLE		
* No of passons	ger al VEHICLE NUMBER: UNKNOWN	MOTORCYCLE MODEL:	and the state of t
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(81)	-)	CONTACT:	CHARLES TO
٠, ١	9. THIRD PARTY VEHICLE		**************************************
* No of passe	d) VEHICLE NUMBER:	MODEL:	
(Including di	e) DRIVER'S NAME:		
()	f) DRIVER'S NAME:	CONTACT:	
·	×		
		94	a tr
			# P 00

email = Jerms Hu@gmail.com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7936342A



Name

JEREMY TAN SHENG-LIANG (JEREMY CHEN SHENGLIANG)

陈 绳

CHINESE Date of birth

01-12-1979 Country of birth SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE S7936342A JEREMY TAN SHENG-LIANG (JEREMY CHEN SHENGLIANG) Birth Date: 01 Dec 1979 ue Date: 02 Jul 2010

4601307



IC No. S7936342A

59943



14-07-2010

APT BLK 706 CLEMENTI WEST STREET 2 #06-379 SINGAPORE 120706

NRIC No: \$7936342A

Date: 01/05/2017

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc
Class 2A Motorcycles =< 200 cc
Class 2 Motorcycles > 400 cc
Class 2 Motorcycles > 400 cc
Class 2 Motorcycles > 400 cc
Motor Class > 400 cc
Motor C

NP 428A



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