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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 5 44	1782×	. INC ()/Non-INC()		
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) Year of Registration: (%)			0%; P: 21-79%. P: 80-	100%]	
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Apply for Transport Allowance ()/	Courtesy Car ()		2	-2.5
2) QC Check / Post Repair Inspection	()	*	-	
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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.
- 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 ladgement 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.

Date Of Accident 17/04/2019 07:35 Exact Location Of Accident SLE (TPE) BEFORE YIO CHU KANG RD EXIT Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE	STATE SECURE OF THE SECURE OF THE	ACCIDENT STATEMENT
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Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number GBB1524P Insured/Policyholder Name Of Registered Owner Co Reg No 200009785D Email Address NOEMAIL Mobile Phone No Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Vehicle Category Commercial Vehicle Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Cover Note Number Driver Name of Driver SureAsh S/O KUMARAN S8831910B Date Of Birth Cocupation Out DOOR Date Of Birth Cocupation Out Ook Control Separation Out Ook Countrol Separation Out Ook Coupation Out Ook	Date Of Accident	17/04/2019 07:35
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Description	NRIC No	S6831910B
Date Of Driving Pass 17/08/1992 Driving Experience 26 YEARS AND 8 MONTHS Gender MALE Mobile Number (LOCAL) +65-86114646 Fax Number OFFICE-86114646	Date Of Birth	25/08/1968
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Gender MALE Mobile Number (LOCAL) +65-86114646 Fax Number OFFICE-86114646	Date Of Driving Pass	17/08/1992
Mobile Number (LOCAL) +65-86114646 Fax Number OFFICE-86114646	Driving Experience	26 YEARS AND 8 MONTHS
Fax Number Contact Number OFFICE-86114646	Gender	MALE
Contact Number OFFICE-86114646	Mobile Number	(LOCAL) +65-86114646
37102-0714040	Fax Number	
Mail Address NOEMAIL	Contact Number	OFFICE-86114646
	EMail Address	NOEMAIL

BLK 126 ANG MO KIO AVENUE 3 Address

#10-1929

Postcode 560126

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 - HEAD TO REAR

1

NO

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2 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) NO 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

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLW2382X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN SOCK KENG (CHEN SHUQING)

NRIC/Passport Number S7511175D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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 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:
 - (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
- (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.
- 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:

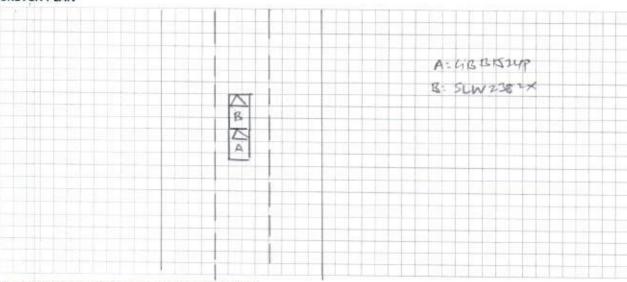
Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No .:

Reporting Centre P.

ignature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer	to statement.	
	7 - Ann 2 - An	
	_	

DECLARATION

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

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

GIARME SentchPlanForm V.

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 17 / 19)(DD/MM/YYYY), TIME: (07 :35)(HH:MM)	
Inches I Elected 1-1	
Charles Ica IX	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: GBB/5WP.	
DINSURANCE COMPANY: HTUC	
C)POLICY NUMBER: 5/37 6631 46	
G)POLICY TYPE: (COMPREHENSIVE / THIPD BARTY	
f) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)	
TAKE TOU CLAIMING INDER YOUR OWN IN 1915	
THE THE STATE OF THE PARTY CLAIM A DEPONENT LA	
- TOLICI HOLDER	
A)NAME: ALI PIC LIU. (MALE / FEMALE)	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
c]ADDRESS:CONTACT:	
* CONTINUE TO 2 d is now	
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
(Including driver) allame: Syreth sp Kumaran (MALE / FEMALE)	
binric/fin/Passport: (MALE / FEMALE)	
(1.) binric/fin/passport: 1683191018 CONTACT: 66114646	
CIADDRESS: Blic 128 106 mg no 100 Avenue 3 \$10-1929 (56016))
*d)DATE OF BIRTH: (_36 / 8 / (DD/MM/YYYY)	
TOUR AND ON THE PARTY OF THE PA	
17 CAKS OF DRIVING EXPREDIENCE.	
4. WAS DRIVER AN EMPLOYEE OF THE INCUES	
TO THE PROPERTY OF THE PROPERT	
THE CONDITION OF THE PARTY OF T	
ONCAD SURFACE: HIRK / WET / OTLIEDO	
O. WAS ANTRODY INJURED IVES I MAY	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:	
PASSINGER OF VEHICLE NUMBER CLI 12300	
Including driver) b) DRIVER'S NAME: Ton Sick King (Chen Inging)	
9. THIRD PARTY VEHICLE CONTACT:	
d) VEHICLE NUMBER	
Industrial data (a) DRIVER'S NAME: MODEL:	
NRIC/FIN/PASSPORT	
CONTACT:	
5 L	

email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6831910B





SUREASH S/O KUMARAN

INDIAN Date of birth

25-08-1968 SINGAPORE



5836061



05-12-2017

APT BLK 126 ANG MO KIO AVENUE 3 #10-1929 SINGAPORE 560126



e-Services (/content/policehubhome/homepage.html)

Status of Driving Licence

Qualified Driving Licence

Qualified Driving Licence Number S6831910B

Status of Qualified Driving

Valid

Licence

Class(es) of Qualified Driving

2,2A,2B,3

Licence

Expiry Date

Lifetime unless revoked, suspended or disqualified

Provisional Driving Licence

You are not a valid Provisional Driving Licence Holder.

HOME (https://www.police.gov.sg/) ABOUT US (https://www.police.gov.sg/about-us) SGSECURE (https://www.police.gov.sg/sgsecure) I-WITNESS (https://www.police.gov.sg/iwitness) COMMUNITY PROGRAMMES (https://www.police.gov.sg/community-programme) RESOURCES (https://www.police.gov.sg/resources) NEWS & PUBLICATIONS (https://www.police.gov.sg/news-and-publications) JOIN US (https://www.police.gov.sg/join-us) FAQS (https://va.ecitizen.gov.sg/cfp/CustomerPages/SPF/explorefaq.aspx) CONTACT US (https://www.police.gov.sg/content/contact-us) E-FEEDBACK (/content/policehubefeedback/efeedback.html) SITEMAP (https://www.police.gov.sg/sitemap)

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eBao Tech							Genera	alClaim
Hello, NAC_PAYA_UBI_8 My Desktop				+ Change	Language	• Chang	e Password	· Log Ou
Notice of Loss	Policy Query							
	Policy No. Vehicle No.(For Motor)	G881524P		Date of Accident 1 Certificate Number		17/04/2019 07:35		
	Select Policy No.	Certificate Policyholder Number Name	Police holder	Search Product Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5107663146	AB) PTE LTD	200009785D	GCV Comprehensive	GBB1524P			25/02/2020
	Select Policy No.	Number Name	NRIC 200009785D		No.	Object	Date	

					2000			choorsement content
Sequen	ce	Date of Endorsement		Endorsemen	t Type	Endorsement	Status	Endorsement Content
■ Endorse	aments							
Insured	Object: GI	3B1524P						
nit No.			Relate	ed Policy	5078853956-03			
ddress 4			Addre	ss Type	Singapore address		Post Code	536203
ddress 1	14 N	EW INDUSTRIAL ROA	AD Addre	ss 2	#02-06 HUDSON I	NDUSTRIAL E	Address 3	SINGAPORE 536203
⇒ Policyh	older Mailir	ng Address						
ertificate nfo								
olicy nfo								
pen								
isurance lag	No							
0-	DIE OLIO P	DINION HOUSING	Agent Tel.	62444464		GST Flag	Y	
gent	BIZEOU IO M	OTOR TRADING	Apont Tol					
xcess			Singapore TP Excess				Young/	Inexperience Driver Excess
utside ingapore			Outside					
dditional xcess			OS Premium	0				
xcess			Excess	600		Excess	100	
hird arty	0		Own damage	600		Windscreen	6220	
ype	Per Accident		All Claims Excess					
ate			Date	03)03/201	9 00.00	Expiry Date	25/02/2020 23	:59
olicy	20/02/2019		Effective	09/03/201	0.00-00			
lame	COMMERCIA	AL VEHICLE INSURAI	Plan			Group Policy Flag	N	
roduct		DUSTRIAL ROAD #02		INDUSTRIA	L BUILDING SINGAPO	DRE 536203		
Certificate No.								
			Name	ABJ PTE LT	U	Policyholder NRIC	200009785D	

Accident MT/1040743					
olicy No.	5107663146	Vehicle No.	G861524P	GST Registration No.	
ortificate No.					
olicyholder Name	AB) PTE LTD	Programme and an		Policyholder NIKIC	2000097850
	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
ontact No. (Mobile)	0	Contact No. (Office)	0	Contact No. (Home)	0
mail Address	® No ○ Yes	Special Remark	CONTRACTOR OF THE PROPERTY OF	eCode	W.V
CD Protection	No.	TCA	® No ○ Yes	eCode Reason	
Accident Details	***	NCD Entitlement(%)	20	Private Hire	No
sport Date	1010217010101010	126016020000000000000000000000000000000			
ate of Accident	10/04/2019 12:32	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
aparting Centre	17/04/2019	Time of Accident hh:mm	07:35	Country of Accident	Singapore
		Orange Force		ICM No.	
ccident Location Total Excess Applicable	SLE (TPE) BEFORE YIO CHU KANG RO EXT	T			
cess Type		r agent account of the control of			
LESS TYPE	Per Accident	Windscreen Excess	100.00		
O Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	(4444)	VIEO TP Excess	0.00	President in Processing	
tditional Excess		Charles Ave. St.		Driver is Covered?	
onal DO Excess Applicable		Total TP Excess Applicable			
♥ Benefits					
GST Registered Informa	etion				
ST Registered	Yes		GST Registration Date	01/12/2007	
ST Registration No.	2000097850		GST Status Verified	Yes	
odification History		em changed GST Registered from No. from changed GST Registration No. from the change of the change o			
Policyholder Mailing Ad	18/04/2019 12:33:32 Syst	em changed GST Registration Date f	rom null to 01/12/2007		
idress 1	14 NEW INDUSTRIAL ROAD	Address 2			
Idress 4	14 NEW INDUSTRIAL ROAD		#02-06 HUDSON INDUSTRIAL E	Address 3	SINGAPORE 536203
né No.		Address Type	Singapore address	Post Code	F36203
OI Driver Info		Related Policy Number	5078853956-03		
Wer Name	Unnamed Driver	Driver Type	Universit Police		
named driver Name	SUREASH S/O KUMARAN	Driver NRIC	Unnamed Driver 568319108	Driver DOB	TE LEGIS DES
igister Date of Driver License		Driver Age	50	Driving Experience	25/08/1968 26
ontact No.(Mobile)	86114646	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 126	Address 2	ANG HO KID AVENUE 3	Address 3	SINGAPORE 560126
ddress 4		Address Type	Singapore address	Post Code	560126
nit No.	10-1929				0.707000
oes he own a Singapore egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
eathalyser or Blood Test lading?	0 mg	Any injury?	○ Yes ® No		
adfication History					
A COLOR OF THE PARTY					
Claim 001 New					
eim Type +	OD-MX	Insured Name		720-76-010023	
rifect No.(Mobile)	MIL	Contact No.(Home)	ASJ PTE LTD	Insured NRIC	2000097850
nail Address	abjpest@starhub.net.sg	Ol Vehicle Number	GBB1524P	Contact No. (Office)	62555333
smant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	TP Vehicle Number	SLW2382x
imant Name *	>>	Oarmant NRIC *			
imant Address					
im Description	G881524P / SLW2382X ON 17 Apr 2019.			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Fully at Fault	and the state of t	
	Yes	Preferered Repair Option		VI GIA	
	18/04/2019 12:34	Claim Close Date	Preferred Workshop, Name unknown	GIA report	Received V
ques Finalisation		(3/0/20/30/20/20/20/20/20/20/20/20/20/20/20/20/20		Date Received	18/04/2019 00:00
ques finalisation ite Registères port Taken By	Jackson				
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ques Pinalisation te Registered port Taken by Pinit AK letter	MT/1040741 ● Yes ○ No	Claim No. Upload Date	Seve Subma 001 18/04/2019 12:37		

	Uploaded By/Date	Folder Date		File Name		9	55	Soun	00		Action
Video List											
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	NAC_PAYA_LIB1_800601(NAT CES) on 18	IONAL ASSESSMENT CENTRE SERVI Apr 2019 12:34	Photos		Normal		Photos 201	9-4-18			Edi
-	NAC_PAYA_UBI_B00601(NAT CES) on LI	IONAL ASSESSMENT CENTRE SERVI Apr 2019 12:34	Photos		Normal		Photos 201	9-4-18			Ed
	NAC_PAYA_UBI_800601[NAT CES) on 16	IONAL ASSESSMENT CENTRE SERVI Apr 2019 12:34	Photos		Normal		Photos 201	9-4-18			Ed
1	NAC_PAYA_URI_800601(NAT CES) on 11	10NAL ASSESSMENT CENTRE SERVI 1 Apr 2019 12:34	Photos		Normal	Photos 2019-4-18					Ec
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	NAC_PAYA_UB1_R00601(NAT CES) on 10	IONAL ASSESSMENT CENTRE SERVI Apr 2019 12:35	Photos		Normal		Photos 2019-4-18			E	
100	NAC_PAYA_UB1_800601(NAT CES) on 10	IONAL ASSESSMENT CENTRE SERVI 8 Apr 2019 12:35	Photos		Normal		Photos 2019-4-18			E	
10	NAC_PAYA_UBI_800601(NAT CES) on 1/	IONAL ASSESSMENT CENTRE SERVI 8 Apr 2019 12:36	SAS		Normal		SAS 2019-4-18				
100 100	NAC_PAYA_UBI_800601(NAT CES) on 1	TONAL ASSESSMENT CENTRE SERVI I Apr 2019 12:37	NR3C/ Oriving License	6	Normal		NRIC/ Driving Lice	nse 2019-4-	18		E
g/-	NAC_PAYA_UBI_800601(NAT CES) on 1	SONAL ASSESSMENT CENTRE SERVI 8 Apr 2019 12:37	NR3C/ Driving License	E	Normal		NRIC/ Driving Lice	nse 2019-4-	18		E
ttachment	Uplay	ded By/Date	Category	9	urgency		Descrip	tion		Mag Sent? (CO)	Ac
Attachment	7									☐ Send Mess	ige U
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