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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	x:	
TP Particulars: Veh No: Ju	97614	. INC(,)/Non	-INC ()	****	
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	[Note-Est. Status (WO)	: N: 0-20%; P: 21	-79%. P: 30-10	0%]	
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General Remarks:-				on S	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
 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.

Walnut Williams in the large way	ACCIDENT STATEMENT
Date Of Report	30/04/2019 13:33
Date Of Accident	30/04/2019 07:00
Exact Location Of Accident	ALONG SLE TWDS BKE
Country/State of Loss	SINGAPORE
No. 2015 Control of the Control of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC3185J
Insured/Policyholder	
Name Of Registered Owner	KANG TECK YEONG (JIANG DERONG)
NRIC No	S7421211E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98006927
Alternative Phone No	OFFICE-98006927
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER 2.0XT CVT AWD SR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100868358
Cover Note Number	
Driver	
Name of Driver	KANG TECK YEONG (JIANG DERONG)
NRIC No	S7421211E
Date Of Birth	02/07/1974
Occupation	INDOOR
Date Of Driving Pass	23/04/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98006927
Fax Number	
Contact Number	OFFICE-98006927

NOEMAIL

Address BLK 613D PUNGGOL DRIVE

#03-817

Postcode 824613

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

6

involved in the accident

0000000

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO 1

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?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLJ9761H

Vehicle Make/Model/Colour

Details Of Properties

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SME637H

Vehicle Make/Model/Colour

Details Of Properties

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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SLG7563S

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SGL100Z

Vehicle Make/Model/Colour

Details Of Properties

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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SLZ2293D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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 <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

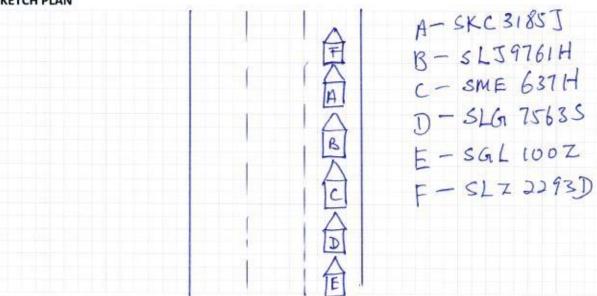
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on t	he	Sta-	ted	date a	nd tiv	ne.	was	driving	m
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course	e ju) cer	to	push	form	and a	nd	hit on	vehicl
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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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

	(65 SV)
Date of Accident	: 30/4/19 Accident Time: 7 am (24-HR-Forms
Accident Place	: Along SLE towards BKE
Vehicle. No. (Car Plate No.)	: SKC 3185] Make/Model: Subard Forester
Insurace Company	: NTUC Policy No:
Owner or Company Name /IC No.	: Kany Teck Yeon/57421211E
Owner or Company Contact No.	:Owner's Hp 98006927 Company Te
DRIVER'S Name / IC No.	: as above
DRIVER'S Date Of Birth	: 2/7/1974 DRIVER'S License Pass Date 23/4/200
Relationship of Owner & Driver	: Spouse Parents Children Sibling Employee Others: 0 W
DRIVER'S Address	- PIV / 17 D A
DRIVER'S Contact No./ Alt No.	:DIR 613 D Punggol Drive #03-817 :1)
DRIVER'S Occupation :	INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	(e.g. working mande or outside office)
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : 1	Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Drive	er): 1 Driver
Was there any video Captured by car ca Exact purpose for which vehicle was be Any Injury (If YES, Pls state):	100 m m m 1 2 2 2 .
Other Part	v Driver's Particular (if any)
Vehicle. No: <u>SLJ 976114</u>	
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Nome Di
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name & gen	Val. 10 D - 5 6 7-126

REPUBLIC OF SINGAPORE .

IDENTITY CARD NO. \$7421211E



KANG TECK YEONG (JIANG DERONG)

江 德 荣

CHINESE Date of birth

02-07-1974 M

Country of birtin SINGAPORE





APT BLK 613D PUNGGOL DRIVE #03-817 SINGAPORE 824613

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 3 Motor Cars=< 3000kg with <<7 passengers, exclusive 23 Apr 2005 of the driver; and other motor vehicles << 2000kg

· NP 428A

Licence No: \$7421211E

eBao Tech									Genera	alClaim
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	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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olicy ssue ate	23/05/2018	Effective Date	23/05/2018	00:00	Expiry Date	22/05/2019	23:59
Excess		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			You	ng/Inexperience Driver Excess
Agent	IMOTOR INSURE	Agent Tel.	68411279		GST Flag	Υ	
Co- insurance Flag	No						
Policy Info Certificate Info							
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Certificate No. Prolityholder Name KANN Product Code PRIV Centads No. (Mobile) 9500 Email Address CFK ® N NCD Protection Yes Accident Details Report Date 30/0 Date of Accident Reporting Centre	0869258 G TECK YEONG (JIANG DERONG) VATE CAR INSURANCE 06927 NO () Yes 04/2019 21:18 04/2019 NO SLE TWDS BKE 600.00 0.00 0.00	Cover Type Cover Type Cover Type Cover Ho.(Office) Special Remark TCA NCD Emittement(%) Accident Report Within 24 hrs Time of Accident Recomm Orange Force Additional Excess Guisside Singapore GD Excess	07:00	GST Registration No. Policyholder NRIC Loading Contect No.(Home) eCode eCode Reason Private Hare Accident Type Country of Accident ICM No.	57421211E 0 0 Nt. ✓ No Chain Collision Singapore
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dification History			GST Status Venfied	Yes	
Policyholder Mailing Address	8				
	6130 #03-817	Address 2	NUMBER AND P	ENGLESCOLY.	
ddress 4	Marine #902-011	Address Type	PUNGGOL DRIVE	Address 3	SINGAPORE 824613
nit No.			Singapore address	Post Code	824613
OI Driver Infe		Related Policy Number	5100868358-01		
	G TECK YEONG	Driver Type	Main Driver		
named driver Name	A-CRITINESSEE	Driver NRIC	57421211E	Driver DOS	02/07/1971
gister Date of Driver License 23/0	04/2009	Driver Age	47	Oriving Experience	10
	06927	Contact No.(Office)	0	Contact No.(Home)	0
idress 1 BLK	6130	Address 2	PUNGGOL DRIVE	Address 3	SINGAPORE 824613
idress 4	100	Address Type			
nt No. 03-8	117	Address Type	Singapore address	Post Code	824613
and the second of the second o		SOUTH AND SOUTH			
egistered car?	res No	Driver Vehicle No.		Driver Insurer Company	
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		Indured Name	KANG TECK YEONG (JIANG DER	Insured NRIC	574212116
	06927	Contact No.(Home)	96219162	Contact No.(Office)	68620771
	nykty@live.com.sg	OI Vehicle Number	SKC31853	TP Vehicle Number	SL)9761H
aimant Type Claimant Type * Plea	1000	Type of Benefit *	Please Select		
simant Name *	22	Claimant NRIC *	Sandy Sandy		
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equire Finalisation Yes	V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
	04/2019 21:19	Claim Close Date	ED THE SHAPE OF	Date Received	30/04/2019 00:00
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