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	SAS e-fili					
Veh No: 5] 17 4956			+			
		thin Shrs, AIC 2hrs)				
D.O.A: 6/1/17, 13:50		Claim Form	m-1/1043765	- 421	8/1/19	17105
OD TP ' Reporting Only		V/O (Within: OD 2hr	s, TP 4brs)			
0	i-Photo U	ploaded				
TP Insurer:		t/Survey Report	i			
Preferred Wksp / INC Assign Wksp / QW		rt by Fax / Hand t	o Owner/Wksp			
		DIE /	Tol:		ax:	
Owner / Driver: (GOEGNENT	, INC (-) [
Policy No: (Period: (2	Tel:	-)	
Confirmed by : (r criod. (D	Cover Type: ()
	%) Diota Pat Circ	Date:	Time:)	
Year of Registration: (%) [Note-Est. Status		0%; P: 21-79%.	P: 80-1	00%]	
) Warranty: YES)			
ANALYSIS OF THE THE THE PROPERTY OF THE PROPER	\$1,000 ()/\$2,0					
() Walk-In Customer: Customers				1277	1.04 .	100 E 1
	The second secon		Date&Time Com	pke sd	(a) D	one by
Apply for Transport Allowance (QC Check / Post Repair Inspection) / Courtesy Car ()	Date&Time Con	a ple ad b	(E) (D)	one by
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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.
- 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 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.

77(1709-4706)	
	ACCIDENT STATEMENT
Date Of Report	08/05/2019 11:24
Date Of Accident	06/05/2019 13:50
Exact Location Of Accident	BENCOOLEN ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV7975G
Insured/Policyholder	COSCORD AND RESIDENCE PROPERTY OF THE PARTY
Name Of Registered Owner	CHENG WEI ANN
NRIC No	S9270954Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97779964
Alternative Phone No	OFFICE-97779964
Vehicle Particulars	
Manufacturer	BMW
Model	318I 2.0L A/T ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being us time of accident	
Are you claiming under your own insurance po for repair to your vehicle?	olicy 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	5104961958
Cover Note Number	
Driver	
Name of Driver	CHENG WEI ANN
NRIC No	S9270954Z
Date Of Birth	19/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	19/10/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97779964
ax Number	12.
Contact Number	OFFICE-97779964
EMail Address	NOEMAIL

BLK 414 ANG MO KIO AVENUE 10 Address

#12-923

Postcode 560414

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 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)

2

involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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? Was there any video captured by Car Camera? NO

Was there any audio recorded?

YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

GBE9482H

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver YUAN JIGUANG

NRIC/Passport Number

G2282768K

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHENG WEI ANN Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK & BACK SJV7975G

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any (1) necessary investigations relating to the claims;
 - (11) Investigations the accident and/or my claims;
 - Carrying out and/or dealing with my instructions or responding to any enquirles by me; (111)
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or (IV) 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
 - (1) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

For complying with requirements under my regulations, laws or court orders. (11)

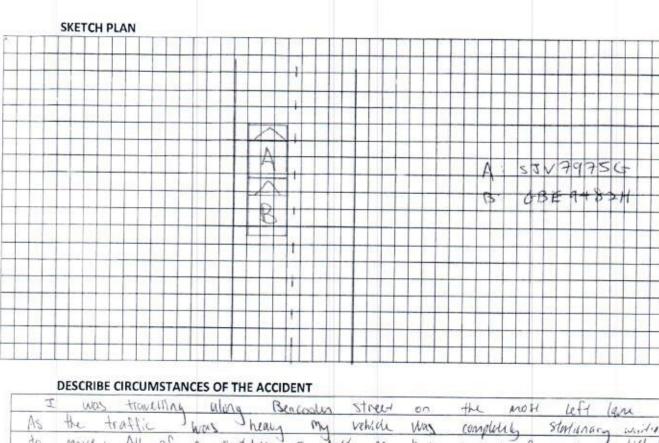
Policy holder's signature

Date / time:

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:

Page 5



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AS	the to	affic	1	LOAS	heavy	my	Vŧ	Wide	Was	comple	uly	Stationar	y winder
10	MOVE .	All :	PC 10	a sc	don,	7	eH	an.	hoge	impac	fro	~ my	I wehille I
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												and the second	
											COV.		
DECLARA													

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

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time:

reporting centre personnel's Signature Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

. FANT 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 willful 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.

西美国的专业公司	ACCIDENT DETA	AILS	以中国(PPP)(PPP)
Date of accident	06/05	119	(DD/MM/YY)
Time of accident	1350		(HH:MM)
Exact location of accident	Benroden	Street	,

Break of Charles and The	DETAILS OF VEHICLE
Vehicle registration number	52V7975G
Vehicle make and model	BANW 318I
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

RELIGIOUS TO THE	INSURANCE IN	FORMATION	Charles A. A.
Insurance company	NTUC		
Policy number			
Type of policy	Comprehensive 🗹	Third party fire & theft	TP only 🗆

"在一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的	INSURED / POLICY HOLDER		1000
Name	cheng wel Ann	Male 🗆	Female
NRIC / Fin / Passport number	592709542		
Contact	97779964		
Address	BIK 414 ANY MO NO Are 12 #12-923 S(560414)		

DRIVER	SA	ME A	S INSURED	ABOVE (SI	KIP TO D.O.E	3)	
Name				-		Male 🗆	Female
NRIC / Fin / Passport number				CARLESCON STREET			
Contact							
Address							
Email address							
Date of birth		19/1	0/1992				
Occupation	Indoor 🗆	-	utdoor 🗷				
Driving date pass		10		810			

第二届以上共主义等等	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes 🗆	No o	e driver and insured:	Chines
Accident captured by camera?	Yes 🗆	No 🗗		
Weather condition	Clear 2	Raining 🗆	Others:	
Road surface	Dry 🖭	Wet □		
No of passenger	,			(Inclusive of driver
	WATER ST	DACCENIC	50.4	
Name		PASSENG	EK I	THE PERSON NAMED IN
Gender	Male 🗆	Female		
RESERVED TO SERVE TO		PASSENG	ER 2	PARTY L
Name				
Gender	Male □	Female 🗆		
	M. D.	PASSENG	FR 3	
Name				
Gender	Male □	Female 🗆		
	in'			
基格等等的可以做达成也是对	E F	PASSENG	ER 4	2000年1月1日 1月1日
Name				
Gender	Male 🗆	Female		
		PASSENGE	ER 5	
Name	1	4.51		
Gender	Male 🗆	Female 🗆		
		DASSENCE	-0.6	
Name	10000	PASSENGE	IN O	TROUBLE OF STATE OF S
Gender	Male 🗆	Female 🗆		
		7 0111010		
经 基本的基础的	表生	OTHER INFOR	MATION	
Was anybody injured?	Yes 🗹	No 🗆		
Was other vehicle damaged?	Yes 🗹	No 🗆		
Alexandra Maria Control	DETAIL	S OF POLICE ST	ATION ACTION	
Reported to police?	Yes 🗆		es, please state which po	olice station.
Police station name			7, 7	Jing Station.
Name of the Party		WITNESS	1 多数是现在	创企。
Name				
	41-10-24			
Name		WITNESS	2	
Name				

数据的	THIRD PARTY VEHICLE 1
Vehicle registration number	GBE 9482H
Vehicle make model	
Name	Yuan Jiguang
NRIC / Fin / Passport number	(+2282 768K
Contact	72.72.103

THIRD PARTY VEHICLE 2			
Vehicle registration number			
Vehicle make model			
Name			
NRIC / Fin / Passport number			
Contact			

THIRD PARTY VEHICLE 3				
Vehicle registration number				
Vehicle make model				
Name				
NRIC / Fin / Passport number				
Contact				

THIRD PARTY VEHICLE 4						
Vehicle registration number						
Vehicle make model						
Name						
NRIC / Fin / Passport number						
Contact						

(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	THIRD PAR	TY VEHICLE 5	A Maria Control of the Control of th
Vehicle registration number			
Vehicle make model			
Name			
NRIC / Fin / Passport number			
Contact			

THIRD PARTY VEHICLE 6						
Vehicle registration number						
Vehicle make model						
Name						
NRIC / Fin / Passport number						
Contact						

THIRD PARTY VEHICLE 7						
Vehicle registration number						
Vehicle make model						
Name						
NRIC / Fin / Passport number						
Contact						

DELEGATION OF THE SECOND	世生祖德	INJUR	ED PERSON 1	(PO) 主角节题。
Name				
Injuries sustained				
Which vehicle person in?			Neck & Back SJV 7975/-	
Were seat belts worn?	Yes 📮	No □	1	
Was injured conveyed to	Yes 🗆	No 🗷		
hospital by ambulance?				
		INJUR	ED PERSON 2	
Name				
Injuries sustained				
Which vehicle person in?			- CIII	
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
A STATE OF THE PARTY OF THE PAR	SO DE SON	INJUR	ED PERSON 3	A PROPERTY NAMED IN
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes□	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
A STATE OF THE STA		INJURE	D PERSON 4	MATERIAL THE PARTY TO BE
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes □	No 🗆		
hospital by ambulance?				
		INJURE	D PERSON 5	进步地震沙兰地 计公差
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No □		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				
联省共享 第二届第一级中		INJURE	D PERSON 6	
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				

IDENTITY CARD NO. \$92709542 REPUBLIC OF SINGAPORE





CHENG WEI ANN



Race

19-10-1992 Date of birth

Country of birth





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen 19 Oct 2018 weight < 3000kg with < 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals

NP 428A

Licence No:S92709542



▽ Poli	cy Information						
Policy No. Certificate No.	5104961958	Policyholder Name	CHENG WE	I ANN	Policyholder NRIC	S9270954Z	
Address	BLK 414 #12-923 ANG MO KIO	AVENUE 10 TO	ECK GHEE HI	EARTLANDS SING	APORE 560414		
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	27/10/2018	Effective Date	29/10/201	8 00:00	Expiry Date	28/10/2019 23:5	9
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess Outside	0	OS Premium	0				
Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/In	experience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y	
Co- nsurance Flag Open Policy	No						
info Certificate Info							
Policyh	older Mailing Address						
ddress 1	BLK 414 #12-923	Addre	ess 2	ANG MO KIO AV	ENUE 10	Address 3	TECK GHEE HEARTLANDS
ddress 4	SINGAPORE 560414	Addre	ss Type	Singapore addres	ss	Post Code	560414
Init No.	12-923	Relate	ed Policy er	5104961958			PART SAT S
) Insured	d Object: SJV7975G						
	ements						
Sequen	ce Date of Endorsemen	it	Endorsemen	t Type	Endorsement	Status	Endorsement Content
			C	ontinue Cancel			

Claim Handling					- Exit
Accident MT/1043565 Policy No.	510496195B	Vehicle No.	EL COURS		
Certificate No.		Value No.	51V7975G	GST Registration No.	
Policyholder Name	CHENG WET ANN				
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Policyholder NRJC	S9270954Z
Contact No.(Mobile)	97779964	Contact No.(Office)	0	Loading	0
Email Address		Special Remark		Contact No.(Home) eCode	0
KFK	® No ⊜ Yes	TCA	® No ○Yes	eCode Reason	Tax 2
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No
♥ Accident Details		Waster Book Substitution of the		Trivate mile	No
Report Date	08/05/2019 17:02	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/05/2019	Time of Accident hh:mm	13:50	Country of Accident	
Reporting Centre		Orange Force		1CM No.	Singapore
Accident Location	BENCOOLEN ST	Monorage desired		TON NO.	
⊕ Excess					
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00	Wildelieti Excess	100.00
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
□ Benefits			820		
₩ GST Registered Inform	ation				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
-					
⇒ Policyholder Mailing As Address 1		A A A A A A A A A A A A A A A A A A A		Helmonia Con	
Address 4	BLK 414 #12-923 SINGAPORE 560414	Address 2	ANG MD KIO AVENUE 10	Address 3	TECK GHEE HEARTLANDS
Unit No.	12-923	Address Type	Singapore address	Post Code	560414
♥ OI Driver Info	12-923	Related Policy Number	5104961958		
Driver Name	CHENG WE) ANN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	59270954Z	Dat 140	Proceedings
Register Date of Driver License	19/10/2018	Driver Age	26	Driver DOB	19/10/1992
Contact No (Mobile)	97779964	Contact No.(Office)	0	Driving Experience	0
Address 1	BLK 414	Address 2	ANG NO KID AVENUE 10	Contact No.(Home)	0
Address 4	SINGAPORE 560414	Address Type	Singapore address	Address 3 Post Code	TECK GHEE HEARTLANDS
Unit No.	12-923			Post Code	560414
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Batters Inc. on Commun.	
nagarerea sarr		3499-3300 13823		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes □ No		
Modification History					
Claim 001 New					
Claim Type •	OD-MX	Insured Name	CHENG WEI ANN	Insured NRIC	denous
Contact No.(Mobile)	97779964	Contact No.(Home)	C LTG HEL FOR		S9270954Z
Email Address		OI Vehicle Number	5JV7975G	Contact No. (Office) TP Vehicle Number	G889482H
Claimant Type Claimant Type +	Please Select	Type of Senetic *	Please Select	IF Verifice Municer	GBE9482H
Claimant Name *	22	Claimant NRIC *			
Claimant Address				1	
Claim Description	SJV7975G / GBE9482H ON 6 May 2019			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	The control of the co	
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	08/05/2019 17:05	Claim Close Date		Date Received	08/05/2019 00:00
Report Taken By	Jackson			THE PERSON NAMED IN COMMENTS	
Print AK letter					
Attachment			Save Subme		
Attachment					
9					
Accident No.	MT/1043565	Claim No.			
last Doc. Received	● Yes □ No		001		
		Upload Date	08/05/2019 17:06		
	Path *	9	Category *	Confidential Urgeni	
		Browse		150 ∨ Normai	
		Browse	I mention recommendation	HC V Normal	v .
		Browse	Clear Please Select V	Normal Normal	

