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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.
- 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	23/05/2019 11:40
Date Of Accident	21/05/2019 22:00
Exact Location Of Accident	CTE TUNNEL TWDS SLE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT7324X
Insured/Policyholder	
Name Of Registered Owner	AUTODRIFT PTE LTD
Co Reg No	201021326K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96313775
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
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?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108559721
Cover Note Number	5.
Driver	
lame of Driver	CHEONG JUNJIE (ZHANG JUNJIE)
IRIC No	S8125688H
Pate Of Birth	18/08/1981
Occupation	OUTDOOR
Pate Of Driving Pass	30/10/2003
Priving Experience	15 YEARS AND 6 MONTHS
Sender	MALE
lobile Number	(LOCAL) +65-90295379
ax Number	00
ontact Number	
Mail Address	NOEMAIL

Address BLK 160 BUKIT BATOK ST 11 #08-64

Postcode 650160

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 - CHANGE/CROSS LANE

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NO 2

YES

2

NO

NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: Police Station Address

YES

SINGAPORE

Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG CHIN SWEE TUNNEL ON THE THIRD LANE, SUDDENLY VEH B FROM THE EXTREME LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION. AFTER THE IMPACT, VEH B NEVER STOP, I QUICKLY CHASE HER, HIGH BEAM HER AND SOUNDED MY HORN BUT THE DRIVER IGNORE ME, AT LAST I STOP HER NEAR THE MOULMEIN EXIT, THEN WE EXCHANGE PARTICULAR.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: HAVENT RETRIEVE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBF841J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LIM SIAU YIN NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

G6821717U

94872199

SKETCH PLAN

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.
- 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:
 - (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:

SOJOSJ356K

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Please	please	Refer	+•	Statement

DECLARATION

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

Policyholder Signature Date & Time:

SOJOSJSSEK

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMS SketchPlanForm VI

NOTICE OF REPORTING

This is to confirm that Cheong Junjie, S8125688H has reported to the Police a traffic accident which occurred on 21/05/2019 at about 2200hrs along CTE towards SLE, in the Cross Street tunnel. The traffic accident does not consist of the below following criteria:

- i) Involvement with Pedestrian/Cyclist
- ii) At this moment, involving parties did not obtain more than 3 days of Medical Leave.
- iii) No Government property/vehicle damaged
- iv) Hit and Run Accident
- v) No foreign vehicle was involved
- vi) Nobody involved in the accident was conveyed by ambulance

Involving the following vehicles:

V1) SJT7324X, (Driver: Cheong Junjie, S8125688H, HP: 90295379) V2) GBF841J, (Driver: Lim Siau Yin, G6821717U, HP: 94872199)

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt T140397 Tan Wei Kang

Date: 22/05/2019

Time: 1835hrs

S/D Ref: 135

Police Post/Unit: Bukit Batok NPC

201 21 BURT BATOK EAST AVENUENT SINGAPORE 650840

#



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8125688H



CHEONG JUNJIE (ZHANG JUNJIE)

张俊杰



CHINESE 18-08-1981

SINGAPORE

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

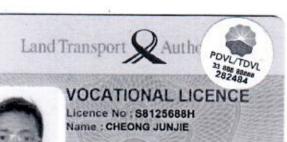
6023762





29-08-2018

APT BLK 160 BUKIT BATOK STREET 11 #08-64 SINGAPORE 650160



Please visit www.ita.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

24/07/2018



eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601) Change	e Languag	e • Chan	ge Password	• Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.	510855	9721		Date	of Accident		21/05/2019	11:35	7
	Vehicle	No.(For Motor)	SJT7324	1X		Certif	icate Number	e i			
					I	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	9	5108559721	5108559721- 000001	AUTODRIFT PTE LTD	201021326K	GFM	drivo CLASSIC	SJT7324X		29/03/2019	28/03/2020
						Continue					

5/23/2019 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1045752 Policy No. 5108559721 Vehicle No. SJT7324X GST Registration No. Certificate No. 5108559721-000001 Policyholder Name AUTODRIFT PTE LTD Policyholder NRIC 20102 Product Code FLEET MASTER INSURANCE Cover Type drivo CLASSIC Loading 0 Contact No.(Mobile) 96313775 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No * + No D Yes TCA No Yes eCode Reason NCD Protection No NCD Entitlement(%) 0 Private Hire Accident Details Report Date 23/05/2019 16:00 Accident Report Within 24 hrs Accident Type Date of Accident 21/05/2019 Time of Accident hh:mm 22:00 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location CTE TUNNEL TWDS SLE ▼ Total Excess Applicable Excess Type Per Accident Windscreen Excess 100.00 **OD Standard Excess** 2,000.00 TP Standard Excess 1,500.00 YIED OD Excess 0.00 YIED TP Excess 0.00 Driver is Covered? Covere Additional Excess 0.00 Total OD Excess Applicable 2,000.00 Total TP Excess Applicable 1,500.00 **▽** Benefits GST Registered Information **GST Registered** No GST Registration Date GST Registration No. **GST Status Verified** Yes Modification History 23/05/2019 16:01:37 System changed GST Status Verified from No to Yes Policyholder Mailing Address 28 SIN MING LANE #08-137 MIDVIEW CITY Address 3 SINGAL Address 4 Address Type Singapore address Post Code 57397. Unit No. Related Policy Number 5108560082 ▽ OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name CHEONG JUNITE (ZHANG JUNITE Driver NRIC S8125688H Driver DOS 18/08/ Register Date of Driver License 30/10/2003 Driver Age Driving Experience 15 Contact No.(Mobile) 90295379 Contact No.(Office) Contact No.(Home) Address 1 BLK 160 #08-64 Address 2 BUKIT BATOK STREET 11 Address 3 SINGA Address 4 Address Type Singapore address Post Code 65016 Unit No. Does he own a Singapore Registered car? Yes + No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test 0 mg Any injury? Reading? Yes No Modification History Claim 001 New

Claim Type *					OD-MX	Insured Name	AUTODRIFT PTE LTD
Contact No.(Mobile)					90667776	Contact No. (Home)	
mail Address						OI Vehicle Number	SJT7324X
Claim Description					SJT7324X / GBF841J ON		
referred Vorkshop Context No. Yes inalisation	Preference	d Liability Not at Fault	▼ GIA				
	▼ Repair Option	Preferred Workshop, Name unknown	report	Received	*	Claim	
ate Registered					23/05/2019 16:03	Close	4
leport Taken By					LIEW SHAN HUT	Date	

Save Submit

Attachment



bear and optionally