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Preferred Wksp / INC Assign Wksp / QW: (ax:	
TP Particulars: Veh No: (M)	C26265	. INC()/Non-INC()		
Owner / Driver: (*	Tel:)	
Policy No: () F	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-20	%; P: 21-79%. F: 80-1	00%]	
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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.
- 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 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.

	ACCIDENT STATEMENT	
Date Of Report	29/05/2019 17:49	
Date Of Accident	28/05/2019 09:40	
Exact Location Of Accident	TAMPINES AVE 7 BEFORE TAMPINES ST 45	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GY3949D	
Insured/Policyholder		
Name Of Registered Owner	POWER SOLUTION SERVICES PTE LTD	
Co Reg No	201503449W	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-89999999	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	URVAN 5DR	
Exact Purpose for which vehicle was being used at time of accident	WORKING	
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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	5102300251	
Cover Note Number		
Driver		
Name of Driver	WONG WAI LOONG	
Passport No/FIN	G6874407K	
Date Of Birth	19/05/1993	
Occupation	INDOOR	
Date Of Driving Pass	25/07/2018	
Driving Experience	0 YEAR AND 10 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-83766686	
Fax Number		
Contact Number	OFFICE-83766686	
EMail Address	NOEMAIL	

Address

39 WOODLANDS CLOSE #04-61 MEGA@WOPODLANDS

Postcode

737856

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

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) involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: -

GENDER: : MALE

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?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC2626S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME:

GENDER:

Passenger 2

NAME:

GENDER:

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

PC8056G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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 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)
 - (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
- (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. tion S

Policyholder's Signature Date & Time:

201503445W DJ

> Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

DECLARATION

I/We declare the pregoing particulars are true in eyes respect

Policyholder Stersture

201503449W

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 1 05/ 05/ 2019 (DD/MA	MYYYY), TIME: (09: 40 HH:MM)
LOCATION: Along Tampines tve :	1, before Tampines St45
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: AY 3949D b) INSURANCE COMPANY: NT. IC	ž -v
GIPOLICY NUMBER: dIPOLICY TYPE: (COMPREHENSIVE / THIR BIMAKE & MODEL: NISSON TITPE: (SALOON / COUPE / MPV /VAN / BIVEHICLE CATEGORY: (PRIVATE / COMP	LORRY / MOTORCYCLE / OTHERS) MERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME i) ARE YOU CLAIMING UNDER YOUP OWN IF NO, PLEASE STATE (THIRD PARTY CUAI 2. INSURED / POLICY HOLDER	NINSURANCE (YES/NO)
	19W CONTACT: Close #04-61 Mega@ Woodland (737856)
CONTINUE TO 3.d IF DRIVER ALSO POLICE DRIVER Clindiding diver DINAME: WONG Wai LOOM DINAME: TO DO THE DRIVER ALSO POLICE THE DRIVER ALSO POLICE THE DRIVER ALSO POLICE DRIVER DINAME: WONG Wai LOOM DINAME: TO DO THE DRIVER ALSO POLICE DINAME: WONG WAI LOOM DINAME: TO DO THE DRIVER ALSO POLICE DINAME: WONG WAI LOOM DINAME: TO DO THE DRIVER ALSO POLICE DINAME: WONG WAI LOOM DINAME: TO DO THE DRIVER ALSO POLICE DINAME: WONG WAI LOOM DINAME: TO DO THE DRIVER ALSO POLICE DINAME: WONG WAI LOOM DINAME: TO DO THE DRIVER ALSO POLICE DINAME: TO D	9 (MÂLE / FEMALE)
CITY / IIIV	06-14 8(370055)
f)YEARS OF DRIVING EXPRERIENCE:	(DD/MM/YYYY)
4. WAS DRIVER AN EMPLOYEE OF THE IN: IF NO, RELATIONSHIP OF THE DRIVER 5. DIWEATHER CONDITION: (CLEAR / RAININ	WITH INSURED:
b)ROAD SURFACE: (DR) / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATE	
# Ho of passenger of VEHICLE NUMBER: ABC 26365 (Induding driver) b) DRIVER'S NAME:	MODEL:
(03) male THIRD PARTY VEHICLE	CONTACT:
(David of PESSENGER e) DRIVER'S NAME:	MODEL:
(01) male	CONTACT:

email =

fax =



WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer

POWER SOLUTION SERVICES PTE. LTD.



Name WONG WAI LOUNG

Work Permit No. 4 03759333

Sector

CONSTRUCTION



K0759043

REPUBLIC OF SINGAPORE DRIV

Licence Number: G 6 8 7 4 4 0 7 K

Name:

WONG WAI LOONG



Birth Date: 19 May 1993

Issue Date: 23 Jul 2018

Valid Till 24/07/2020



Sex

Name WONG WAI LOONG



FIN G6874407K

Date of Birth 19-05-1993

Nationality MALAYSIAN Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE

Class 2B Class 3 Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg 25 Jul 2015 23 Jul 2018

NP 428A



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Vehicle	No.(For Motor)	GY3949	9D		Certif	icate Number	Ē			
				1	Search					
Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5102300251		SOLUTION SERVICES PTE. LTD.	201503449W	GCV	Third Party, Fire & Theft	GY3949D	GY3949D	14/07/2018	21/09/2019
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Policy No.	5102300251	Policyholder Name	POWER S	OLUTION SERVICES PT	Policyholder NRIC	201503449W	
Certificate No.					NAC.		
Address	39 WOODLANDS CLOSE #04-61	MEGA@WOO	DLANDS SI	NGAPORE 737856			
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy issue Date	14/07/2018	Effective Date	14/07/20	18 00:00	Expiry Date	21/09/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	Inexperience Driver Excess
Agent	THOMSON CREDIT (S) PTE LTD	Agent Tel.	NIL		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	39 WOODLANDS CLOSE	Addre	ss 2	#04-61 MEGA@WOO	DDLANDS	Address 3	SINGAPORE 737856
		Addre	ss Type	Singapore address		Post Code	737856
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ove Registered eport Taken By	29/05/2019 19:32 Jackson	Claim Close Date		Date Received	29/05/2019 00:00
ate Registered	29/05/2019 19:32	Preferend Repair Option	Preferred Workshop, Name unknown	A STANSON OF THE STAN	Received
o. equire Finelisation	yes 🔍		- 110	1	200
eferred Workshop Contact		Insured Liebility *	Not at Fault	Name of Preferred Workshop	
laim Description	GY39490 / GBC26265 ON 28 May 2	2019		Name of Bodeson & Work St.	
laiment Address	22	C. Committee Total			
laimant Name +	Prease select	10	Please Select		
laimant Type Claimant Type *	Please Select V	OI Vehicle Number Type of Benefit *	GY29490	TP Vehicle Number	GBC2626S
Yall Address			CV20400	Contact No.(Office)	62590423
intact No.(Mobile)		Contact No.(Home)	TOTAL SOLUTION SERVICES PI	Insured NRIC	201503449W
aim Type *	00-MX	Insured Name	POWER SOLUTION SERVICES PI	ten and other	Table 1 and
Claim 001 New					
odification History					
STORES OF	5	2 300-21	75. Chickell		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	○ Yes ® No		
Pectaration					
loes he own a Singapore registered cer?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
nit No.	04-61				
ddress 4		Address Type	Singapore address	Post Code	737856
ddress 1	39 WOODLANDS CLOSE	Address 2	MEGA@WOODLANDS	Address 3	SINGAPORE 737856
ontact No.(Mobile)	83765686	Contact No.(Office)	0	Contact No. (Home)	0
egister Date of Driver License	25/07/2018	Oriver Age	26	Driving Experience	0
named driver Name	WONG WAI LOONS	Oriver NRJC	G6874407K	Oriver DOB	19/05/1993
liver Name	Unnamed Driver	Driver Type	Unnamed Driver		
DI Driver Info		and united	The state of the s		
Nt No.	04-61	Related Policy Number	5104562839	Post Code	737856
dreig 4	5-72 (1014/9006/00090	Address Type	Singapore address	Address 3	SINGAPORE 737856
ddress 1	39 WOODLANDS CLOSE	Address 2	#04-61 MEGA@WOODLANDS	Address 3	WHENT SAME SAME SAME SAME SAME SAME SAME SAME
Policyholder Mailing Ad	24/05/2019 19:31	46 System changed GST Registration Date	from null to 26/10/2015		
odification Hetory		46 System changed GST Registered from N 46 System changed GST Registration No. h	to to Yes		
ST Registration No.	201503449W		GST Status verified	Yes	
ST Registered	Yes		GST Registration Date	26/10/2015	
GST Registered Informa	ation				
▽ Benefits					
Third Party Excess	0.00	Outside Singapore TP Excess			
Unnamed Driver Escass		Outside Singapore OD Excess			
Own damage Excess	0.00	Additional Excess		Windscreen Excess	0.00
▽ Excess					
Accident Location	TAMPINES AVE 7 BEFORE TAMPINE	ES ST 45			
Reporting Centre		Orange Force		ICM No.	C1(M600)
Date of Accident	28/05/2019	Time of Accident hh:mm	09:40	Country of Accident	Singapore
Report Date	29/05/2019 19:30	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
GFK.	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	6111705
Email Address		Special Remark		eCode	N. V
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
roduct Code	COMMERCIAL VEHICLE INSURA:	Cover Type	Third Party, Fire & Theft	Loading	0
Policyholder Name	POWER SOLUTION SERVICES PTE.	LYD.		Policyholder NRIC	201503449W
Certificate No.					
Policy No.	5102300251	Vehicle No.	Gr3949D	GST Registration No.	
ccident HT/1046763		2.000	1110200		
Claim Handling					
Claim Handling Accident HT/1046763 Posicy No. Certificate No. Policyholder Name	POWER SOLUTION SERVICES PTE.	LYD.			201503449W

