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	i-Photo Up	loaded	1			7 F 4 1 R 14
TP Insurer:	Assessment/	Survey Report	İ			
Manager and the second	Ass't Report	by Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	:	
TP Particulars: Veh No: 5357	ברו	INC ()/Non-INC().	0)	
Owner / Driver: (Tel:	-)	
	iod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [N	lote-Est. Status	(WO): N: 0-20	%; P: 21-79%.	P: 80-100	19%]	Library Control
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Remarks:- (INC hotline: 6788 6616)						
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Apply for Transport Allowance ()/Co QC Check / Post Repair Inspection	urtesy Car ()))	Date& Firms Comp	erad V	Don	by
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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,	
in Property or the property and the little in	ACCIDENT STATEMENT
Date Of Report	03/06/2019 19:34
Date Of Accident	02/06/2019 16:00
Exact Location Of Accident	AYE TWDS CITY BEFORE UNIVERSITY FLYOVER
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX9136Z
Insured/Policyholder	
Name Of Registered Owner	TOH HONG LIANG (DU HONGLIANG)
NRIC No	S8470462H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81834868
Alternative Phone No	OFFICE-81834868
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180K
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	5095266340-01

Driver

Cover Note Number

Name of Driver TOH HONG LIANG (DU HONGLIANG)

NRIC No S8470462H Date Of Birth 23/07/1984 Occupation OUTDOOR Date Of Driving Pass 04/12/2003

Driving Experience 15 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81834868

Fax Number

Contact Number OFFICE-81834868

EMail Address NOEMAIL Address BLK 848 JURONG WEST STREET 81

#03-257

Postcode 640848

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)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO

ambulance? Was any other material or property damaged?

19000

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?

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 SJS577J

Vehicle Make/Model/Colour SUBARU

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN KEE THUAN

NRIC/Passport Number S8131351B

Contact Number 90170711

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJG4411R

Vehicle Make/Model/Colour

TOYOTA WISH

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

PRIVATE CAR

ONG YEW LEE

S1152032D

91193343

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TOH HONG LIANG (DU HONGLIANG)

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SGX9136Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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.
- 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 necessary investigations relating to the claims;
 - (II) Investigations 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, statement, 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 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:
 - 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

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

Policy holder's signature Date / time:

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

reporting centre personnel's Signature Date / time: SKETCH PLAN

Pence A = SGX91862

Vehicle B = S18577)

Vehicle C = S144111

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along AYE towards (ity before University Plyover on the second lane. As the vehicles infront of me started to slow down, I followed to slow down my vehicle. Out of sudden, I felt an impact from my rear. When I got down from my vehicle, I realized that I was involved in a chain collision.

DECLARATION

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

IMPORTANT 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 wilful 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.

And the parties of the second	ACCIDENT DETAILS	AND THE PROPERTY OF THE PARTY O
Date of accident	02 June 2019	(DD/MM/YY)
Time of accident	1 : 4om	(HH:MM)
Exact location of accident	AYE City before University	M
	TITE CTY DEIDLE VIIIVE SITY	rlyover

美国的产业中国国际	DETAILS OF VEHICLE
Vehicle registration number	SGX 9136 Z
Vehicle make and model	mercedes CISO
Type of vehicle	Saloon MPV CRV Van CRV O
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	Going to Work
Are you claiming under your own insurance company?	Yes \(\text{No.} \(\text{No.} \) if no, please select: Third part claim \(\text{Reporting only } \(\text{D} \)

And a Commission of the Commis	INSURANCE INF	ORMATION	WEST STREET
Insurance company	NTUC		THE OWNER OF THE OWNER OF THE OWNER
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

INSURED / POLICY HOLDER			
Name	Toh Hung Liana	Male	Female
NRIC / Fin / Passport number	S84 70 462H		Terridic D
	8183 4868		
	BIK 848 Jureny West St 81 #03-257 Singapore (640848)		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Male, Female
NRIC / Fin / Passport number	The same of the sa
Contact	
Address	
Email address	
Date of birth	23/07/1984
Occupation	Indoo et Outdoorg
Driving date pass	04 December 2003

PARTY WEST STATE OF THE STATE O	GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of	Yes D No D	The state of the s
the insured's company?	If no, relationship of the driver and insured:	Owner
Accident captured by camera?	Yes D No.2	O VOICE.
Weather condition	Clear Raining Others:	<
Road surface	Dry D Wet a	
No of passenger	I i	(Inclusive of data
		(Inclusive of driver
MANUAL PROPERTY OF THE SAME TO SAME	PASSENGER 1	THE RESERVE OF THE PERSON NAMED IN
Name	PASSENGER I	
Gender	Male D Female D	
	Tentale II	
Manager of the second of the second	PASSENCES	
Name	PASSENGER 2	经工作的 类型
Gender	Mala = Farrat	
Cilder	Male Female	
Name and the state of the same	PASSENGER 3	电影大型影響的
Name Gender		
Gender	Male Female	
財産性を2時には最低地の2年1日を1月20日	PASSENGER 4	
Name		
Gender	Male Female	
对证明是是自己的	PASSENGER 5	
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Gender /	Male Female	
in the state of th	PASSENGER 6	
Name /		THE TOP SHOULD BE THE THE
Gender	Male Female	
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PART TO A CONTRACT OF THE PART	OTHER INFORMATION	NUMBER OF THE OWNER,
Was anybody injured?	Yes No a	NAME OF TAXABLE PARTY.
Was other vehicle damaged?	Yes No D	
terrere dumageu:	les y Nou	
	DETAILS OF BOLLET STATION ASSESSMENT	
Reported to police?	DETAILS OF POLICE STATION ACTION	PARTY STATE OF THE
Police station name	Yes No If yes, please state which pol	ice station.
once station name		
Action of the contract of the		
	WITNESS 1	建筑。中国大型
Vame		
MANUFACTURE SAME SAME SAME SAME SAME SAME SAME SAM	WITNESS 2	A STATE OF THE STA
Name		THE RESIDENCE OF THE PARTY OF T

Market Share Co. To San Appellance	THIRD PARTY VEHICLE 1
Vehicle registration number	STS 577 T
Vehicle make model	Subaru
Name	Tan Kee Thuan
NRIC / Fin / Passport number	S8131351B
	9017 070

THIRD PARTY VEHICLE 2	
Vehicle registration number	SJ6 4411 R
Vehicle make model	Toupty Wish
Name	Ong Yew (pe
NRIC / Fin / Passport number	S115 2032D
Contact	9119 3343

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Vehicle registration number	
Vehicle make model	/
Name	
NRIC / Fin / Passport number	
Contact	

以外的是由于"在"的,	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	/

	THIRD PARTY VEHICLE 5	The Labor of
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	I E DE
Vehicle registration nu	ber	STI BORRES
Vehicle make model		
Name /		
NRIC / Fin / Passport r	nber	
Contact		

建筑		INJURED PERSON 1
Name	Toh	Hong Liana
Injuries sustained	Bac	ck and neck
Which vehicle person in?	SGX	(9136 2
Were seat belts worn?	Yes	
Was injured conveyed to	Yes 🗆	No.a
hospital by ambulance?		Desprisible
美国政治 (1977年)		
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
OLD I STATE OF THE		
ATTENDED TO A CONTROL OF		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	NOTE AND ADDRESS.	
Name	SEATHER STATE	INJURED PERSON 4
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	1/	
	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	/	
Name /	A CHARLES	INJURED PERSON 5
Injuries sustained		
Which vehicle person in?	_	
Were seat belts worn?		
	Yes 🗆	No D
Was injured conveyed to	Yes 🗆	No o
hospital by ambulance?		
CONTRACTOR OF THE PERSON OF	1 10 10 10 10 10 10 10 10 10 10 10 10 10	
Name /		INJURED PERSON 6
njuries sustained		
Which vehicle person in?	-	
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8470462H





TOH HONG LIANG (DU HONGLIANG)

杜鸿亮



CHINESE Dais of birth 23-07-1984

Country/Place of birth MALAYSIA

\$8470#63H

For LKK/NAC Use Only





29-08-2014

APT BLK 848 JURONG WEST STREET 81 #03-257 SINGAPORE 640848

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

NP 428A

eBao Tech									Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					• Change	e Language	Chang	ge Password	Log Out
My Desktop	Policy Query									,
Notice of Loss	Policy No.				Date	of Accident		02/06/2019 1	16:00	
	Vehicle No.(For Motor)	SGX91	36Z		Certi	ficate Number	1			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5095266340- 01		TOH HONG LIANG (DU HONGLIANG)	S8470462H	GPC	drivo CLASSIC	SGX91362	SGX9136Z	24/10/2018	15/09/2019
				1	Continue					

Policy No.	5095266340-01	Policyholder Name	TOH HON	G LIANG (DU HONGLIA	Policyholder NRIC	S8470462H		
Certificate No		035500033						
Address	BLK 848 #03-257 JURONG W	EST STREET 81	SINGAPORE	640848				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
Policy ssue Date	27/08/2018	Effective Date	24/10/201	8 00:00	Expiry Date	15/09/2019 2	3:59	
Excess Type		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			Young	n/Inexperience Driver Excess	
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288		GST Flag	Υ		
Co- insurance Flag	No							
Open Policy Info								
Certificate Info								
Policy	holder Mailing Address							
Address 1	BLK 848 #03-257	Addre	ss 2	JURONG WEST STR	EET 81	Address 3	SINGAPORE 640848	
Address 4		Addre	ss Type	Singapore address		Post Code	640848	
		Relate	ed Policy er	5095266340-01				
Control Value								
Jnit No.	ed Object: SGX9136Z							
Jnit No.	ADMINISTRATION AND THE STATE OF							

Claim Handling					
Policy No.	5095266340-01	Vehicle No.	SGK9136Z	GST Registration No.	
Certificate No.					
olicyholder Name	TOH HONG LIANG (DU HONGLIANG)			Policyholder NRIC	War dilitera
Vinduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	S8470462H 0
ontact No.(Mobile)	81834966	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark			ALC: NO STATE OF THE PARTY OF T
PIC.	® No ⊜Yes	TCA	® No ○ Yes	eCode	NI V
CD Protection	Yes	NCD Entitlement(%)	50 No () 1es	eCode Reason	
Accident Details		new sinkeriens(39)	. 30	Private Hire	No
eport Date	W100 100 10 10 10	70255523			
	03/06/2019 19:45	Accident Report Within 24 hrs.	Yes	Accident Type	Chain Collision
ate of Accident	02/06/2019	Time of Accident his min	16:00	Country of Accident	Singapore
eporting Centre		Drange Force		ICM No.	
ccident Location	AYE TWOS CITY BEFORE UNIVERSITY FLY	OVER			
₩ Excess					
wn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
named Driver Excess	0.00	Outside Singapore OD Excess	600.00		
nird Party Excess	0.00	Outside Singapore TP Excess	0.00		
3 Benefits					
GST Registered Informa	ation				
FT Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
diffication History					
Policyholder Mailing Ad	dress				
ddress 1	BLK 848 #03-257	Address 2	JURONG WEST STREET \$1	Address 3	SINGAPORE 640848
daress 4		Address Type	Singapore address	Post Code	540848
init No.		Related Policy Number	5095266340-01		
9 OI Driver Info					
river Name	TOH HONG LIANS (DU HONGLIANS)	Driver Type	Main Driver		
nnamed griver Name		Driver NRIC	58470462H	Driver DOB	23/07/1984
egister Date of Driver License	04/12/2003	Driver Age	34	Driving Experience	15
ontact No.(Mobile)	81834868	Contact No. (Office)	0	Contact No.(Home)	0
ddress 1	BLK 848	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640848
ddress 4		Address Type	Singapore address	Post Code	640948
mit No.	03-257		33.60 7 ,756.37390-7333-76		210210
oes he own a Singapore legistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reatheryser or Blood Test eading?	0 mg	Any injury?	® Yes ○ No		
odification History					
Claim 001 New					
alm Type. *	00-Mx	Insured Name	TOH HONG LIANG (DU HONGLIA	Insured NR3C	S8470462H
ontact No.(Mobile)		Contact No.(Home)	67938766	Contact No.(Office)	
mail Address		Ol Vehicle Number	SGK9136Z	TP Vehicle Number	5355771
aimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		Acceptation 1
simant Name *	>>	Claiment NR3C +			
Rimant Address	1-0			18	
sim Description	SGX91362 / 5255771 ON 2 Jun 2019			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liebility •	Not at Fault		
quire Finalisation	Yes 😺				
te Registered		Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
port Taken By	03/06/2019 19:46	Claim Close Date		Date Received	03/06/2019 00:00
iport Taken By	Jackson				
Print AK letter					
Attachment			Save Submit		
,					
cident No.	MT/1047445	22012000	22.5		
	MT/1047445	Claim No.	001		
at Doc. Received	● Yes ○ No	Upload Date	03/06/2019 19:48		
	Path *	149	Category *	Confidential Urger	ncy * Description *
		Browse.	Cear Please Select S	Normal	V
		Browse.	Clear Please Select	NO V Normal	⊽
		Browse	The second secon	Normal	<u> </u>
			I make a	- Invited	

