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TP Insurer:	Assessment	Survey Report		-	_
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Preferred Wksp / INC Assign Wksp / QW:	(		Tel:	Fax:	
TP Particulars: Veh No: 5	149267M	. INC(			
Owner / Driver: (		(	)/Non-INC( ) Tel:	· · · ·	100000
Policy No: ( )	Period: (	)	Cover Type: (		
Confirmed by: (		Date:	Time:		
Insured/Driver Liability: ( %	Note-Est Status		%; P: 21-79%. P: 8	0.1009/1	-
Year of Registration: ( )	Warranty: YES (	)/NO( )	70, 1.21-7570. 1.3	0-10076]	
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2) QC Check / Post Repair Inspection	(	,	*		
3) Upload Resurvey Photo [Repair Cost>		)			Secretary
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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.

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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	04/06/2019 13:06
Date Of Accident	04/06/2019 12:00
Exact Location Of Accident	SLIP RD YIO CHU KANG RD TWDS BUANGKOK GREEN
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN4203P
Insured/Policyholder	
Name Of Registered Owner	DOUGLASLWQ TRANSPORT
Co Reg No	53361217M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91138590
Alternative Phone No	OFFICE-91138590
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	POLO GTI 1.4 A
Exact Purpose for which vehicle was being used at ime of accident	COMMERCIAL USE
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104205008
Cover Note Number	
Driver	
Name of Driver	LIM WEN QIANG, DOUGLAS
NRIC No	S9108302G
Date Of Birth	15/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	07/08/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91138590
ax Number	
Contact Number	OFFICE-91138590
Mail Address	NOEMAIL

BLK 504 ANG MO KIO AVENUE 8 Address

#03-2638 560504

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

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)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

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)

NAME:

Passenger 1

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED BEFORE THE STOPPING LINE TO CHECK ONCOMING VEHICLES ON THE MAIN RD. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

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

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY9267M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LEE ZHEN XIONG, MOSES (LI ZHENXIONG, MOSES)

NRIC/Passport Number S8200051H

Contact Number

Address Postcode

Page 2 of 15

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER:

BODY

YES

NO

SLN4203P

**DETAILS OF INJURED PERSON 1** 

Name

LIM WEN QIANG, DOUGLAS

Approximate Age

Injuries Sustain

Injured person in which vehicle? Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### 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.
- 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.
- 5. 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) of:
  - (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 "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
- 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.
- 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:

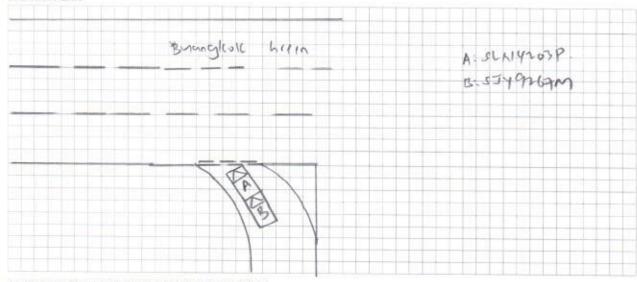
Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

Reporting Centre Person

nel's Signature

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

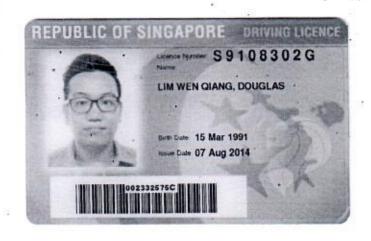
I/We declare the foregoing particulars are true in every respect.

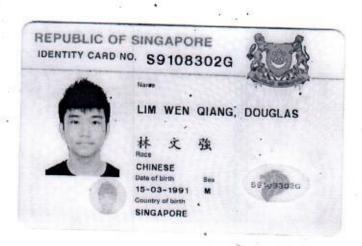
Policyholder's Signature Date & Time:

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

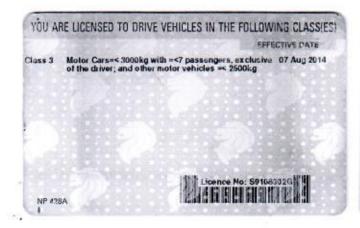
NRIC/FIN No.:

GraRMC SkotchPlanForm V





# For LKK/NAC Use Only





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Commence Expiry Date
11/10/2018 10/10/2019

	5104205008	Policyholder Name	DOUGLASL	WQ TRANSPORT	Policyholder NRIC	53361217M	
Certificate No.		wante			NKIC		
Address	BLK 501 #11-3702 ANG MO KIO	AVENUE 5 CH	HENG SAN C	REST SINGAPORE 5	60501		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy issue Date	26/09/2018	Effective Date	11/10/2018	3 00:00	Expiry Date	10/10/2019 23	:59
Excess Type		All Claims Excess					
Third Party Excess	2000	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				5.50
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/	Inexperience Driver Excess
Agent	GRABCAR PTE, LTD.	Agent Tel.	65703925		GST Flag	Y	
Co- insurance Flag	No				2000 NO.		
Open Policy Info							
Certificate Info							
Info	holder Mailing Address						
Info Policyl	holder Mailing Address BLK 501 #11-3702	Addre	ss 2	ANG MO KIO AVE	NUE 5	Address 3	CHENG SAN CREST
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cy No.	5104205008	Vehicle No.	9LN4203P	GST Registration No.	
tificate No.					
Cyholder Name	DOUGLASLWQ TRANSPORT			Policyholder NRIC	53361217M
duct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ntact No. (Mobile)	91138590	Contact No.(Office)	٥	Contact No.(Home)	0
nail Address		Special Remark			
ĸ	® No ⊜ Yes		8-0-	eCode	ht 🕶
D Protection	September 1	TCA	No ○ Yes	eCode Reason	
	No	NCD Entitlement(%)	30	Private Hire	Yes
Accident Details					
port Date	04/06/2019 14:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	04/06/2019	Time of Accident Norms	12:00	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	- Salaria
ident Location	SLIP RD YIO CHU KANG RD TWDS BUAN			July No.	
Excess		property and a second			
n damage Excess	4444	2020.00 E00 F0			
tamed Driver Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
		Outside Singapore OD Excess			
rd Party Excess	2,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	ation				
Registered	No.		GST Registration Date		
Registration No.			GST Status Venified	Yes	
Offication History	04/06/2019 14:15:27 Sy	stem changed GST Status Verified from		1. 45	
Policyholder Mailing Ad					
Wess 1	BLK 501 #11-3702	Address 2	ANS NO KID AVENUE 5	Address 3	CHENG SAN CREST
íress 4	SINGAPORE 560501	Address Type	Singapore address	Post Code	560501
t No.	11-3702	Related Policy Number	5104205008		
OI Driver Infe					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LIM WEN QUANG, DOUGLAS	Driver NRIC	\$9108302G	Oriver DOB	15/03/1991
inter Date of Driver License	07/08/2014	Driver Age	28		
rtact No.(Mobile)	91138590	\$198407A		Oriving Experience	•
iress 1		Contact No. (Office)	0	Contact No.(Home)	0
	BLK 504	Address 2	ANG MO KIO AVENUE 8	Address 3	CHENG SAN CREST
tress 4	SINGAPORE 560504	Address Type	Singapore address	Post Code	560504
t No.	03-2638				
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em Type + itact No. (Mobile) all Address imant Type Claimant Type + imant Name + imant Address im Description ferred Workshop Comact	91138590  douglas99111 @gmax.com  Please Select  ≥≥  SLN4203P / S3Y9267M ON 4 Jun 2019	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	SLN4203P Please Select  Not at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$379267M
m Type + itact No. [Mobile] all Address mant Type Claimant Type + mant Name + mant Address m Description ferred Workshop Contact sure Pinalisation	91138590  douglas99111 @gmax.com  Please Select  ≥≥  SLN4203P / S3Y9267M ON 4 Jun 2019  Ves	Contact No.(Home) Of Vehicle Number Type of Benefit * Claimant NRIC *  Insured Liability * Preference Repair Option	SLN4203P Please Select  Not at Fault	Contact No. (Office) TP Vehicle Number  Name of Preferred Workshop  G3A report	+
m Type + tact No. [Mobile] sil Address mant Type Claimant Type + mant Address m Description serred Workshop Contact use Pinalisation Registered	91138590 deuglas99111@gmsil.com Please Select  >>  SLN4203P / 53/9267M ON 4 Jun 2019  Ves  Ves  VA/O6/2019 14:16	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC *	SLN4203P Please Select  Not at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop	\$379267M
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