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TP Insurer:	Assessment/	Survey Report			
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Preferred Wksp / INC Assign Wksp / QW:			Tol:	Fax:	
	urgaage.	, INC()/Non-INC()	15	
Owner / Driver: (Tel:)	
Policy No: (Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
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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 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	07/08/2019 17:04
Date Of Accident	07/08/2019 15:20
Exact Location Of Accident	AYE (MCE) BEFORE LOWER DELTA RD EXIT
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN1100K
Insured/Policyholder	
Name Of Registered Owner	AUTO SPRITZE LEASING PTE LTD
Co Reg No	201837440K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	тоуота
Model	NOAH HYBRID 1.8X CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE

Fleet Policy YES

Policy Number 5111123824

Cover Note Number

Driver

Name of Driver LIM SONG KIANG NRIC No S6848223B Date Of Birth 29/12/1968 Occupation OUTDOOR Date Of Driving Pass 28/08/1990

Driving Experience 28 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87387334

Fax Number

Contact Number OFFICE-87387334

EMail Address NOEMAIL Address 7 TAMPINES STREET 86

#14-22 Q BAY RESEIDENCES

Postcode 528586

Was driver an employee of the Insured's Company NC

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Company of Behavior Com 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) involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

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

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED. 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
Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR9779R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NG HAN ZHE ROYSTON (HUANG HANZHE)

NRIC/Passport Number S8439349E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

LIM SONG KIANG

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMN1100K

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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.
- 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.
- 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)
 - 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) corrying 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) Tall 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) Inv 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, 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.

Policyholde Policyholde

UEN NO

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

		
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Policyholder's Signatu Date & Time

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S6848223B



LIM SONG KIANG







CHINESE

29-12-1968

SINGAPORE

r LKK/NAC Use Only

LIM SONG KIANG

te. 29 Dec 1968

a 26 Jun 2019

REPUBLIC OF SINGAPORE





VOCATIONAL LICENCE

Licence No : S6848223B Name : LIM SONG KIANG

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

For LKK/NAC Use 6

27-06-2009

7 TAMPINES STREET 88 #14-22 O BAY RESIDENCES SINGAPORE 528586

NRIC No: \$8848223B

Date: 17/09/2018

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

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

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

return to LTA, 10 Sin Ming Drive, Singapore 575701.

Description

PRIVATE HIRE CAR VL

Issue Date

31/10/2018

4429782



NP 428A



Policy No.	5111123824	Policyholder Name	AUTO SPE	RITZE LEASING PTE LT	Policyholder NRIC	201837440	K
Certificate No.	5111123824-000001						
Address	60 JALAN LAM HUAT #05-11 C	ARROS CENTRE	SINGAPO	RE 737869			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	12/07/2019	Effective Date	12/07/20	19 00:00	Expiry Date	11/07/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	ANDRIC AGENCIES PTE LTD	Agent Tel.	62918008	1	GST Flag	Υ	
Flag	No						
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nsurance Flag Open Policy	No						
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Comficate No.	5111123824-000001	Turing an	3.712.000	ast regulation no.	
olicyholder Name	AUTO SPRITZE LEASING PTE LTD			Policyholder NRIC	201837440K
roduct Code	FLEET MASTER INSURANCE	Cover Type	privo CLASSIC	Loading	0
ontact No.(Mobile)	0	Contact No. (Office)	0	Contact No.(Home)	0
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ate of Accident	07/08/2019	Time of Accident hh:mm	15:20	Country of Accident	Singapore
porting Centre		Grange Force		ICM No.	
cident Location	AYE (MCE) BEFORE LOWER DELTA RD EXT				
Total Excess Applicable	and a condition	//www.branchine.org/			
cess Type	Per Accident	Windscreen Excess	100.00		
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T Registration No.	V2.25/4		GST Status Venfied	Yes	
dification History	07/08/2019 17:36:53 Syst	em changed GST Status Verified fro	m No to Yes		
Policyholder Hailing Adv	Iress				
dtress 1	50 JALAN LAM HUAT	Address 2	#05-11 CARROS CENTRE	Address 3	SINGAPORE 737869
ddress. 4		Address Type	Singapore address	Post Code	737869
ng No.	06-11	Related Policy Number	5111230619		
GI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LIM SONG KIANG	Driver NRIC	568482238	Driver DOS	29/12/1968
gister Date of Driver License	28/08/1990	Driver Age	50	Driving Expenence	28
ontact No:(Mobile)	57357334	Contact No.(Office)	0	Contact No.(Home)	0
idress i	7 TAMPINES STREET 86	Address 2	Q BAY RESIDENCES	Address 3	SINGAPORE 528586
Idress 4		Address Type	Singapore address	Post Code	528586
nd No.	14-22				
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ntect No.(Mobile)	00-MX	Contact No.(Home)		Contact No.(Office)	62918008
mail Address		Contact No.(Home) Of Vehicle Number	SMN1100K		
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