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Preferred Wksp / INC Assign Wksp / QW: (-	ax:
TP Particulars: Veh No:	5439L	. INC(10mm200	
Owner / Driver: (000000		Tel:	,
	eriod: ()	Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est Status	(WO): N: 0-209	%; P: 21-79%. P: 80-10	00%1
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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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	25/09/2019 14:20
Date Of Accident	25/09/2019 09:05
Exact Location Of Accident	KPE (ECP) AFTER AIRPORT RD EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM5911R
Insured/Policyholder	
Name Of Registered Owner	VOULEZ CARS
Co Reg No	53350846X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
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 5112801747

Cover Note Number

Driver

 Name of Driver
 XIE MINGSHEN

 NRIC No
 \$8306580Z

 Date Of Birth
 24/02/1983

 Occupation
 OUTDOOR

 Date Of Driving Pass
 14/10/2002

Driving Experience 16 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97582628

Fax Number

Contact Number OFFICE-97582628

EMail Address NOEMAIL

BLK 769 BEDOK RESERVOIR VIEW Address

#10-201

Postcode 470769

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 - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

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

ambulance?

NO

NO

2

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)

Passenger 1

NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

YES

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190925/2063.

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJT5439L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver TAN SWEE HOE

NRIC/Passport Number

S1304871A

Contact Number

94479858

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

DETAILS OF INJURED PERSON 1

Name

XIE MINGSHEN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SMM5911R

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode

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.
- 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:
 - 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:

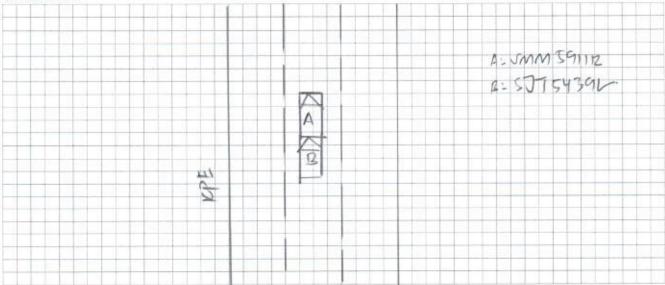
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN



		OF THE ACCIDENT		
refer.	to police	report - 7/2019	0925 2063.	
		20		

DECLARATION

I/We declare the toregoing 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.:



Tel No: 1800-2449999



1 of 3

Report No. T/20190925/2063

:ation Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

DEPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2019 12:44			Vide Report No.:	Station Diary No. 46	
Informa	nt's Particu	lars		京京· · · · · · · · · · · · · · · · · · ·	
	Informant:		Address: APT BLK 769 BEDOK R SINGAPORE 470769	ESERVOIR VIEW #10-201	
ID Type / ID No.: NRIC NO / S8306580Z			Contact No.: Home/Office: Mobile: 97582628		
National		S- 2- 00.	Email:		
Sex: Age: Date of Birth: Male 36 24/02/1983			Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

Seneral Infon	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2019 09:0	Type of Location: Straight Road
after Airport F Weather:	AYA LEBAR EXPRE			Road Speed Limit: 70 Km/h
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collis	sion: ving Vehicles - Head			Anyone conveyed by ambulance:

Details of Vo	Type	Make	Model	Color	Condition	No of Passenge
SJT5439L	Car	THE THE MOST OFFICE AND SECTION AND ADDRESS OF THE PARTY			Slightly Damaged	0
SMM5911R	Car				Slightly Damaged	1

Details of Person Involved	· 化多用的分类量 一种 医水肿 化二甲基苯酚 医水肿 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

2 of 3 Report No. T/20190925/2063

Tel No: 1800-2449999

CONTINUATION OF REPORT

Name	Tan Swee Hoe				
Related Vehicle	SJT5439L (Car)		ID I	NO.	S1304871A
Hospital/Clinic	NIL		Con	tact No.	94479858
	*		Driv	nce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	TD-1 5:	Expi	ry Date	Le contraction de la contracti
No. of Days gran	ted Medical Leave NIL	Date Dis	charge		
Driver	在日本社会市场中的	Degree o	of Injury	NIL	
Name	XIE MINGSHEN	海中水流水 400 000			
Polote d V			ID No	D.	S8306580Z
Related Vehicle	SMM5911R (Car)		Cont		
Hospital/Clinic			Conta	act No.	97582628
iospital/Clinic	ISLAND FAMILY CLINIC (BED	OK)	Class of		01
		() () () () () () () () () ()	Drivin Licen	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	25/09/2019 ed Medical Leave 03	Date Disc	Expiry	Date	1000 Sec. 197
		LUSTE LITER	nargo	25/00/	2010
		Date Disc	harge	25/09/	2010

Brief Details.

On the 25/9/2019 at about 0904hrs, I was driving my car bearing plate number SMM5911R along Kallang -Paya Lebar Expressway (KPE) towards City just after Airport Road on the middle lane (lane 2). There was heavy traffic and the vehicles were all in a standstill and stationary. I stopped my vehicle at a safety distant behind another car when suddenly a car bearing plate number SJT5439L rear ended my car. I wish to add that the weather was clear, the road surface is dry.

Due to the impact, my rear bumper was dented and I could not open my rear boot. I wish to add that there was a passenger in my car as I am a grab driver. No other parties were involved in the accident. No government property was damaged. There was also no conveyance by ambulance. Due to the collision, I went to Island Family Clinic to get my injuries check. I suffered pain and numbness on my neck area and

I have a in car camera installed in my vehicle which had recorded the whole incident.





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

3 of 3 Report No. T/20190925/2063

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Re	eport: Signature Of Informant:
Sgt 3 MUHAMMAD FIKRI BIN MOHD	FADIL
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2019 12:44
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	SINGAPORE POLICE FORCE
Authentication Stamp	SIGNATURE



olicy No. 5112801747		Policyholder Name			Policyholder NRIC 53350846X		
Certificate No.	5112801747-000038						
Address	BLK 102 #09-908 SIMEI STRE	ET 1 SINGAPOR	E 520102				
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	20/09/2019	Effective Date	25/09/201	9 00:00	Expiry Date	24/09/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess	0	OS Premium	10622.90				
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Agent	ANIKA INS BROKERS & CONSU	JL Agent Tel.	66729988		GST Flag	Υ	
Co- insurance Flag	No						
- 11							
Policy Info Certificate							
Policy Info Certificate Info	nolder Mailing Address						
Policy Info Certificate Info Policy	nolder Mailing Address BLK 102 #09-908	Addre	ss 2	SIMEI STREET 1		Address 3	SINGAPORE 520102
Policy Info Certificate Info Policyh Address 1		ACCESSED TO	ss 2 ss Type	SIMEI STREET 1 Singapore address		Address 3 Post Code	SINGAPORE 520102 520102
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Policy Info Certificate Info Policyt Address 1 Address 4 Unit No. Insure	BLK 102 #09-908 09-908 d Object: 5112801747-00003	Addre Relate Numb	ss Type ed Policy er	Singapore address	. Washing		
Policy Info Certificate Info Policy Address 1 Address 4 Unit No. Insure Endors Sequer	BLK 102 #09-908 09-908 d Object: 5112801747-00003	Addre Relate Numb	ss Type ed Policy er	Singapore address 5112801747	. Washing	Post Code	520102

	Claim Handling the premium on this policy has socident MT/1063962	not been collected.				
## 1000 December 1000 Decembe	2000	5117401747				
MOUNTAIN			Venice No.	2MM2811K	GST Registration No.	
Color Colo					11/2/2007/09/09/2015	
Control No. Direct			Court Trans	460 0 4000		
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