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TP Insurer:	-	by Fax / Hand t	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (o) Inc. Italia		Fax:)
TP Particulars: Veh No: Veh	Mair	INC ()/Non-INC()		
Owner / Driver: (107 177		Tel:)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	A-1
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1	,000 ()/\$2,000)()			
General Remarks			and the same of th	Scott Service	
() Walk-In Customer : Customer's in	formation strictly Co	onfidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Insu	rer URGENTLY.	t	* - a - 1 g		
Drive-In ()/ Towed-In (); Invoi	ce: YES() / 1	NO (); To	owing Co: ()
Remarks: (INC hotling: 6788 6616)	Same and the		Date & Time Completed		8C17
	electric action discussion across to become and	<u> </u>	Datescrime Compacts	NEW CADONE	by
1) Apply for Transfort Allowance (1/	Courtesy Car ()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 aforesaid.

aforesaid.		
March Survivations, Societal and Commercial	ACCIDENT STATEMENT	at walls
Date Of Report	22/10/2019 16:24	
Date Of Accident	21/10/2019 17:05	
Exact Location Of Accident	JUNC CHOA CHU KANG RD & TECK WHYE AVE	
Country/State of Loss	SINGAPORE	
Entra Section 1989 Control of the Co	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGZ6143L	
Insured/Policyholder		33351
Name Of Registered Owner	FAST CAR RENTAL PTE LTD	
Co Reg No	201627918G	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-81383333	
Alternative Phone No	OFFICE-81383333	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	COROLLA AXIO 1.5X A	
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	PRIVATE HIRE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	THIRD PARTY	
Fleet Policy	NO	
Policy Number	5108966940	
Cover Note Number		
Driver		
Name of Driver	LIU GUANGSHENG	
NRIC No	S8442202I	
Date Of Birth	22/03/1984	
Occupation	OUTDOOR	
Date Of Driving Pass	27/02/2006	
Driving Experience	13 YEARS AND 7 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-92229586	
Fax Number		

OFFICE-92229586

NOEMAIL

BLK 175A PUNGGOL FIELD Address

#14-579

Postcode 821175

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

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 WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

NO

3

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

Passenger 2

NAME:

.

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191022/7010.

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

YM6593B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

COMMERCIAL VEHICLE

Page 2 of 22

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIU GUANGSHENG

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SGZ6143L

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

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.
- 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.
- 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 wehicle(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) 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:
 - (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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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ARGTIDA GO JOTE THE TOPE GOING PAI	ticulars are true in every respect.		
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George the taregoing par	ticulars are true in every respect.		
General Favegoing par	ticulars are true in every respect.		
Separe the taregoing par	ticulars are true in every respect. Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signatu	re

actions standard our Ma

Date of Accident	: 31 oct 2019 Accident Time: 505pm (24-HR-Format)
Accident Place	: Chua chu bang Rd (T) Teck Whye Leve
Vehicle Reg. No. (Car Plate No) : 5676143L
Vehicle Make/Model	Toyota Axio
Issurance Company	NTUC Policy No.
Owner or Company Name /IC)	No. : Fact Car Pental Pte Utol
Owner or Company Contact No	0.000000
DRIVER'S Name / IC No.	: Lin Guang Sheng S844>202I
DRIVER'S Date Of Birth	: 22-03-1984 DRIVER'S License Pass Date 27-02-2006
Relationship of Owner & Drive	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: <u>Pendal</u>
DRIVER'S Address	: 175A Punggol Field #14-579 5 (821175).
DRIVER'S Contact No./ Alt No.	0. :1) 9229586 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admine Mycarsg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including	ng Driver): 3 both female
	e was being used at the time of accident: Private use \ Work purpose
2000 CONTROL (\$1,000 CONTROL (her Party Driver's Particular (if anv)
Vehicle Reg. No: YM 6593	Vehicle Reg. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:





1 of 3

Report No. T/20191022/7010

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Tin 22/10/20	ne Report M 119 12:33	lade:	Station Diary No.:			
Informa	nt's Particu	ulars				
LIU GUA	Informant: NGSHENC	3	Address: APT BLK 175A PUNGGOL FI 821175	ELD #14-579 SINGAPORE		
ID Type / ID No.: NRIC NO / S84422021			Contact No.: Home/Office: Mobile: 92229586			
National SINGAP	ity: ORE CITIZ	EN	Email: 43354251@qq.com	I@qq.com		
Sex: Male	Age: 35	Date of Birth: 22/03/1984	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Tour guide			Driving Licence Information: Class:	Date of Expiry:		

General Infor	mation of the Acci	dent	LOURIS HOUND IN	
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/10/2019 17:0	Type of Location: T-Junction
CHOA CHU H	KANG ROAD	Road Surface:		Road Speed Limit:
Clear		Wet		50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate
Type of Collis Between Mov	sion: ving Vehicles - Head	d To Rear		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
	Car				Slightly Damaged	2
YM6593B	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20191022/7010

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver	THE RESERVE	principal s			(1-14, 14 <u>1)</u>	发展的数据图
Name	LIU GUANGSHENG			ID No		S8442202I
Related Vehicle	SGZ6143L (Car)			Conta	ct No.	92229586
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	03	Degree o	fInjury	Sligh	

Brief Details.

On the stated time and date, I was driving my vehicle SGZ6143L at chua chu kang road turning right to teck whye lane.

My car was stationary waiting for traffic to turn green, suddenly I felt a great impact from my rear and realize YM6593B had collided to my rear.

I felt uncomfortable and consult adoctor and got 3 days MC.





3 of 3

Report No. T/20191022/7010

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	nta

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/10/2019 12:33
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp

NP168



Sequen	ce Dat	e of Endorsement	3	Endorsemen	nt Type	Endorsement	Status	Endors	ement Content
♥ Endors	ements								
▶ Insure	d Object: SGZ6:	143L							
Unit No.	02-08		Relate Numb	d Policy er	5112910698				
Address 4				ss Type	Singapore address		Post Code	417896	
Address 1	68 KAKI	BUKIT AVENUE 6	Addre	ss 2	#02-08 ARK@KB		Address 3	SINGAPOR	RE 417896
Augustony.	older Mailing A	motorial catalogue of compa	(1) (2) (30) (0)	20.00	Viningilla supplement		50/d00-020001	AVGIORE AND THE	VVIDE/GL/VID
Info		557							
Policy Info Certificate									
Flag Open									
Co- insurance	No								
Agent	YAN XUDONG N	1AX	Agent Tel.	62221889		GST Flag	Y		
Singapore OD Excess	0		Singapore TP Excess	1500			Young/I	nexperience	Driver Excess
Outside	2		Outside	702220					
Additional Excess			OS Premium	0					
Excess	1500		damage Excess	0		Excess	0		
Third Party			Own			Windscreen			
Excess Type	Per Accident		All Claims Excess						
Policy issue Date	17/04/2019		Effective Date	18/04/201	9 00:00	Expiry Date	17/04/2020 23:	59	
Product Name	PRIVATE CAR II	NSURANCE	Plan			Group Policy Flag	N		
Address	68 KAKI BUKIT	AVENUE 6 #02-0	8 ARK@KB S	INGAPORE 4	417896				
Certificate No.									
Policy No.	5108966940		Policyholder Name	FAST CAR	RENTAL PTE LTD	Policyholder NRIC	201627918G		

ocident MT/1068057						
Hicy No.	51009669+0	17:00	Vehicle No.	5GZ6143L	GST Registration No.	
ortificate No.						
Hcyholder Name	FAST CAR RENTAL PT	E LTD			Policyholder NRIC	201627918G
oduct Code	PRIVATE CAR INSURA	VVCE	Cover Type	Third Party	Loading	0
ntact No.(Mobile)	81383333		Contact No.(Office)	0	Contact No.(Home)	0
neil Address			Special Remark		eCode	No V
K	® No ○ Yes		TCA	® No ○Yes	eCode Reason	
D Protection	No.		NCD Entitlement(%)	0		
P Accident Details			ACD criticalment(%)	9	Private Hire	Yes
port Date	22/10/2019 17:11		Accident Report Within 24 hrs	yes Yes	Accident Type	Collision - Head to Rear
de of Accident	21/10/2019		Time of Accident hhomm	17:05	Country of Accident	Singapore
porting Centre			Orange Force		ICM No.	
dident Location	JUNC CHOA CHU KAN	G RD & TECK WHYE AVE				
7 Total Excess Applicable						
сива Туре	Per Accident		Windscreen Excess	0.00		
Standard Excess		0.00	TP Standard Excess	1,500.00		
D OD Excess		500.00	YIED TP Excess		Driver is Covered?	
ditional Excess						
al OD Excess Applicable		500.00	Total TP Excess Applicable			
Benefits						
GST Registered Informa	rtion					
F Registered	No	No. of Column 2 is		GST Registration Date		44
Registration No.	85%			GST Status Verified	Yes	
ification History	22/10	/2019 17:13:04 System	changed GST Status Ventied fr			
CONTRACTOR STEELS						
Policyholder Hailing Ad	dress					
dress 1	68 KAKI BUKIT AVENI	JE 6	Address 2	#02-08 ARK@KB	Address 3	SINGAPORE 417896
	SO KARL BOKET REEM	JE 0				
dress 4			Address Type	Singapore address	Post Code	417896
t No.	02-08		Related Policy Number	5112910698		
OI Driver Info						
ver Name	Unnamed Driver		Driver Type	Unnamed Driver		
named driver Name	LIU GUANGSHENG		Driver NRIC	584422021	Driver DOB	22/03/1984
jister Date of Driver License	27/02/2006		Driver Age	35	Driving Experience	13
itact No.(Mobile)	92229586		Contact No.(Office)	0	Contact No. (Home)	0
tress 1	BLK 175A		Address 2	PUNGGOL FIELD	Address 3	SINGAPORE 821175
dress 4			Address Tyge	Singapore address	Post Code	871175
	14-570		Address Type	Singapore address	Post Code	821175
it No.	14-579			Singapore address		821175
it No. es he own a Singapore	14-579 ○ Yes ® No		Address Type Driver Vehicle No.	Singapore address	Post Code Driver Insurer Company	821175
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