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6	i-Motor W/	O (Within: OD 2hrs	The second secon	1211/19	10-14
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TP Insurer:	Assessment/S	Survey Report	<u> </u>		
Tr Insurer:	Ass't Report	by Fax / Hand to	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (				ax:	
TP Particulars: Veh No: Stv	15 VOSE	, INC (	)/Non-INC( )		
Owner / Driver: (			Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (	WO): N: 0-20	%; P: 21-79%. F: 80-	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000	)( )			
General Remarks:-				300	
( ) Walk-In Customer: Customer's in	formation strictly Co	onfidential & Stri	ctly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu			3		
			wing Co: (		)
Remarks:- (INC hotline: 6788 6616)				19.00 (VENE AT 12	() () () () () () () () () () () () () (
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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.
- 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.
- 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.

Design to the second	ACCIDENT STATEMENT
Date Of Report	13/11/2019 16:38
Date Of Accident	11/11/2019 15:35
Exact Location Of Accident	JUNC PIONEER RD NORTH & BOON LAY WAY
Country/State of Loss	SINGAPORE
SATISFACIONES SATURDAN DE LA COMPANION DE LA C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG853B
Insured/Policyholder	
Name Of Registered Owner	GLISSADE PTE LTD
Co Reg No	200921176M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83788322
Alternative Phone No	OFFICE-83788322
Vehicle Particulars	
Manufacturer	KIA
Model	CARENS 1.7(A) DIESEL SUNROOF
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5111276633
Cover Note Number	
Driver	
Name of Driver	LEE XU TENG (LI XUTENG)
NRIC No	S8028728C
Data Of Distr	20/20/4000

 NRIC No
 \$8028728C

 Date Of Birth
 20/09/1980

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/12/2007

Driving Experience 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83788322

Fax Number

Contact Number OFFICE-83788322

EMail Address NOEMAIL

Address BLK 726 YISHUN STREET 11

#01-69

Postcode 760726

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

Day was Company of Day and Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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?

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)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE

2

YES

NO

1

Police Station Address ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-8529999 - FAX NO: 68522299

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191112/2181.

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 SLU5295E

Vehicle Make/Model/Colour BMW X1

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Postcode

No. Of Passenger (Including Driver)

Charles in the contract of the con-	DETAILS OF INJURED PERSON 1	
Name	LEE XU TENG (LI XUTENG)	
Approximate Age		
Injuries Sustain	BODY	
Injured person in which vehicle?	SLG853B	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	YES	
Address		

# SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report spready the details of the attident to speed up the claims protest
- 1. This form must be completed by the Pollogisalder and/or the Authorised Orlean
- Information provided must be as prothful and accurate as possible. Any willful misrapresentation or with tolding of material facts may allow theoretice companies to repudiate public liability.
- 4. The leave and exceptance of this Form by incurance companies is not an admission of policy liability on the cort of the insurance companies.
- 3. Any false recoming pay be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GM Records Management Control established by the General Insurance
  Association of Singapore (GM) for architing and that copies of this report will for a fee be made evallable 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.
- I. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and ennient 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 sectout 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers lawyers/jav/firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - processing, hendling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my dolms;
  - (iii) sarrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my tisims (including the mailing of correspondence, statements, involves, reports or notices to me, which could involve disclosure of cortain 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, fixedling and/or dealing with my define (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, may/are parafited to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (i) my Personal Information may/ran be disclosed by any of the insurers and/or GIA to their third party service providers or agasts@refluding their lawyers/aw firms), which may be steed outside of Singaporo, for one or more of the above Purposes.
- (a) my Personal information will also be collected and used to compile delins history for the purpose of freed detection, investigation and management in present and all future delins.
- [e] the information so collected under (d) above may be shared / disclosed:
  - to all inverse and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, faw enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Foreytoleens Stoneture

Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Timid: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN		
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(5)		- Kn
oyah di staportire	Orlect's Signature	Reporting Contre Personnol's Signature

Date of Accident	11/11/2019 Accident Time: 15 35 (24-HR-Format)
Accident Place	PIONEER ROAD NORTH and BOON LAY WAY JUNGTION
Vehicle Reg. No. (Cer Plate No.)	SLG 853 D
Vehicle Make/Model	KIN CAREN
Insurance Company	: NT40 Policy No. 5 1112766 33-000001
Owner or Company Name /IC No.	: GLICSADE PTE LTD
Owner or Company Contact No.	: 8378 8322 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: LEE . XU TENG \$80287280
DRIVER'S Date Of Birth	: 20 9 1 980 DRIVER'S License Pass Date 03/12/2007
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: ONNE
DRIVER'S Address	:_ 726 VISHUN Street 71 701-69 .
DRIVER'S Contact No./ Alt No.	:1)_ 83788322
DRIVER'S Occupation	: INDOOR VOUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	(CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river):
Was there any video Captured by ca Exact purpose for which vehicle was	r camera; YES) NO s being used at the time of accident: Private use \ Work purpose
Other I	arty Driver's Particular (if anv)
Vehicle Reg. No: SLU 5195E	Vehicle Reg. No:
Vehicle Make\Model: &MW X	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:
* Inhariet.	

Scanned by CamScanner





1 of 3

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No. 1800-8529999 1 01 3 Report No. T/20191112/2181

Date/Tir	ne Report I 219 23 27	C ACCIDENT Made:	Vide Report No.: J/20191111/0117	Station Diary No. 139		
Informa	nt's Partic	ulars				
	Informant:		Address: APT BLK 509C YISHUN AVE 763509	ENUE 4 #08-46 SINGAPORE		
ID Type NRIC NO	/ ID No.: D / S80287	28C	Contact No.: Home/Office: Mobile: 83788322			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 20/09/1980	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Injury Attended by Police	e Drink Drive: No	Date/Time of Accident: 11/11/2019 15:55	Type of Location. T-Junction
	AD NORTH			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light
One Way		Traino Eight 110		3

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLG853B	Car				Seriously Damaged	2.75-2.1
SLU5295E	Car				Seriously Damaged	0

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





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 2 of 3 Report No. T/20191112/2181

### CONTINUATION OF REPORT

Driver		- Laborat Co.		12/2		
Name	LEE XU TENG			ID No	1	S8028728C
Related Vehicle	SLG853B (Car)			Conta	ct No.	83788322
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	11/11/2019	charge	11/11	/2019		
No. of Days gran	ted Medical Leave	01	Degree o		Sligh	t e

#### Brief Details.

On 12/11/2019 at about 0000hrs, I lodged a traffic accident report via online vide T/20191112/7000. However, there was mistake in the report for the vehicle. Hence, I am lodging the report again as I would need to submit for my insurance.

On 11/11/2019 at about 1555hrs, I was driving my vehicle bearing registered plate number, SLG853B along Pioneer north road towards pioneer point. While I was at the traffic junction of Pioneer north road and Boon Lay way, the vehicle bearing registered plate number, SLU5295E at the opposite side wanted to turn right. However, the traffic light was green and I was travelling straight. The driver of vehicle, SLU5295E did not check for clear vehicle and continue to turn right. I was unable to stop in time and knocked onto the left side of the vehicle, SLU5295E.

There was traffic police at scene and I was conveyed to Ng Teng Fong Hospital for treatment by the ambulance. I was given one day of medical leave from 11/11/2019 to 11/11/2019. On 12/11/2019 at about 2100hrs, I felt discomfort after the accident, I went to Silver Cross Family clinic to seek for treatment and was given two days of MC from 12/11/2019 to 13/11/2019. I suffered pain on my neck and chest area. The front side my vehicle was seriously damaged. I did not take down the other driver particular. I was informed by the traffic police to traffic accident report and was given a case card vide J/20191111/0117.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 3 of 3 Report No. T/20191112/2181

CONTINUATION OF REPORT

Sketch Plan

NP168

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.

Date/Time: 12/11/2019 23:27
Classification Of Case:

Singapore Police Force

eBaoTech							GeneralClaim				
Hello, NAC_PAYA_UBI_80	0601				The same of the sa	A STATE OF THE PARTY OF THE PAR	• Change	Languag	ge + Cha	nge Password	· Log Out
My Desktop	Poli	cy Query									15
Notice of Loss	Policy 1	40.	511127	6633		Date o	of Accident		11/11/2019	15:35	
	Vehicle	No.(For Motor)	SLG853	В		Certifi	cate Number				
					100	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111276633	5111276633- 000001	GLISSADE PTE. LTD.	200921176M	GFM	drivo CLASSIC	SLG853B	SLG8538	22/07/2019	21/07/2020
					C	ontinue					

Policy No.	5111276633	Policyholder Name	GLISSADE	PTE, LTD.	Policyholder NRIC	200921176M	
Certificate No.	5111276633-000001						
Address	BLK 509C #08-46 YISHUN AVEN	IUE 4 ANGSAN	A BREEZE	YISHUN SINGAPOR	E 763509		
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	18/07/2019	Effective Date	22/07/201	9 00:00	Expiry Date	21/07/2020 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			Young/I	Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592		GST Flag	Υ	
- Igure						100	
Co- Insurance Flag	No					Si	
Co- insurance	No				11.11 A - 10.19 A	Se.	
Co- insurance Flag Open Policy Info Certificate	No				1772 AVE		
Co- nsurance Flag Open Policy Info Certificate Info	No older Mailing Address						
Co- nsurance Flag Open Policy Info Certificate Info Policyh		Addre	55 2	YISHUN AVENUE 4		Address 3	ANGSANA BREEZE @ YISHUN
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address	100	ss 2 ss Type	YISHUN AVENUE 4 Singapore address		Address 3 Post Code	ANGSANA BREEZE @ YISHUN 763509
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Co- nsurance Flag Open Policy Info Certificate info Policyh Address 1 Address 4 Jnit No.	BLK 509C #08-46 SINGAPORE 763509	Addres Relate Numbe	ss Type d Policy	Singapore address			
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Policy No.   5111776037   Venice No.   SL0858   GST Registration No.	200921176M 0 0
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AND	Collision - Cross Junction
the of Accident 13/13/2019 Time of Accident Inhimm 15:35 Country of Accident	Singapore
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> Of Driver Info	
iver Name Unnamed Driver Driver Type Unnamed Driver	
named driver Name LEE XU TENG (LI XUTENG) Driver NRIC 58028728C Driver DDB	20/09/1980
gister Date of Driver License 03/12/2007 Driver Age 39 Driving Experience	11
ntact No. (Mobile) 83788322 Contact No. (Office) 0 Contact No. (Home)	0
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In Type * OO-MX	Received 13/11/2019 00:00  Description
In Type * CO-MX	Received 13/11/2019 00:00  Description
Insured Name   CO-MM   Insured Name   GLISSADE PTE, LTD.   Insured NATIC   Contact No. (Phothie)   91990812   Contact No. (Hormer)   Cont	Received 13/11/2019 00:00  Description

