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TP Insurer:	Assessment	Survey Report			
17 Insurer.	Ass't Repor	t by Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(Tel: F	ax:	
TP Particulars: Veh No:	WGIDP.	INC ()/Non-INC()	10	
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: \$0-1	00%]	
Year of Registration: ())		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

Manager Street, and the second street, and th	ACCIDENT STATEMENT	
Date Of Report	22/11/2019 10:19	
Date Of Accident	12/11/2019 16:20	
Exact Location Of Accident	AMK AVE 5	
Country/State of Loss	SINGAPORE	
MARKET PARSE AND LIGHT ENGINEERING ASSESSMENT	DETAILS OF OWN VEHICLE	11-15-1
Vehicle Registration Number	GBH3985Y	
Insured/Policyholder		
Name Of Registered Owner	ENG CONSTRUCTION 2013 PTE LTD	
Co Reg No	201908436H	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97528588	
Alternative Phone No	OFFICE-97528588	
Vehicle Particulars		
Manufacturer	KIA	
Model	K2500 6MT	
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	REPORTING ONLY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	YES	
Policy Number	5108534582	
Cover Note Number		
Driver		
Name of Driver	BALRAJ SINGH	
Passport No/FIN	G2910016R	
Date Of Birth	12/09/1996	
Occupation	OUTDOOR	
Date Of Driving Pass	03/10/2019	
Driving Experience	0 YEAR AND 1 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-84382061	
Fax Number	PALINCISCHIA (CENTRALINARIA)	
Contact Number	OFFICE-84382061	
	Control of the Contro	

NOEMAIL

BLK 36 MARSILING DRIVE Address

#12-409

Postcode 730036

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 RAINING Road Surface WET

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? Was any injured conveyed to hospital by

ambulance?

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

2

NO

YES

NO

1

NO

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLS9110P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- 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 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 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

Driver's Signature

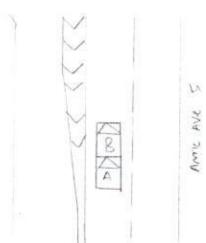
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No

Reg No: DE Surgessell The Surgessell



4 63439854

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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		tally obtain

DECLARATION

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

Policyholder's Symature Date & Time:

Balay Singh Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name

NRIC/FIN No.:



ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE. I BRAKE MY VEHICLE HOWEVER DUE TO ROAD SURFACE WAS WET, MY VEHICLE SKIDDED AND HIT ONTO VEHICLE B REAR PORTION.



ACCIDENT STATEMENT

ACCIDENT DATE:	(HH:A
LOCATION: AM IC	AVE 5.
DETAILS OF VEHI	IBER: ABHY9854.
b)INSURANCE C	
C)POLICY NUMB	
e)MAKE & MODE	COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THE
f)TYPE:(SALOON	/ COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS
9/ VEHICLE CATE	GORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
ULANKAOSE OF A	SING AT ACCIDENT TIME: WILLIAM
IF NO PLEASE ST	AING UNDER YOUR OWN INSURANCE (YESANG)
2. INSURED / POLICE	TATE (THIRD PARTY CLAIM / REPORTING ONLY)
	Construction Drs Pte Ud (MALE/FEMALE)
b)NRIC/FIN/PASS	
c)ADDRESS:	
* CONTINUE TO 3	JIE DENGER
The of passengs. DRIVER	d IF DRIVER ALSO POLICY HOLDER
(Including driver) a)NAME: Ba Ira	Singh (MDE / FEMALE)
(1.) b)NRIC/FIN/PASSE	ORT: GV910016R. CONTACT: 8438 2061
c)ADDRESS:	
*d)DATE OF BIRTH:	1 la 1 A 1 leaf man
	(12/9/1996)(DD/MM/YYYY) INDOOR / OUTDOOR)
f)YEARS OF DRIVIN	G EXPRERIENCE: 3/12/2014
4. WAS DRIVER AN	EMPLOYEE OF THE INSURED'S COMPANY? (VES / NO
IF NO, RELATION	SHIP OF THE DRIVER WITH INSURED.
5. a) WEATHER COND	TION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJ	(DRY / VET / OTHERS_
7. a) REPORTED TO PO	DUCE (YES / NO)
IF YES, PLEASE STA	TE WHICH POLICE STATION:
8. THIRD PARTY VEHIC	LE
we of bessender a) AEHICTE NAME	ER: JUSGIIOP MODEL:
7 IFIRE PRACTY VEHICL	
d) VEHICLE NUMB	EP.
DRIVER'S NAME	MODEL:
Industing deliver) 1) NRIC/FIN/PASSI	ER:MODEL: E:CONTACT:
(_)	OOMACI.
(A)	

email = sinzhou construction pteltd @ gmail com

fax =

VIDEO =

Hello, NAC_PAYA_UBI_8006	501					No. of Concession, Name of Street, or other Persons, Name of Street, or ot	THE RESERVED			The street seeds	alClaim
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Notice of Loss	Policy I		51085	34582		Date	of Accident	12	2/11/2019 16	i:20	
	Vehicle	No.(For Mator)	G8H39	85Y		Certif	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108534582	5108534582- 000003	ENG CONSTRUCTION 2013 PTE. LTD.	201908436H	GFM	Comprehensive		POST NO AND AND AND AND		27/03/2020

Accident MT/1071412							
folicy No.	5108534582	Vehicle No.	CRHINGEY		GST Registration t	No.	201908436H
ortificate No.	5108534582-000003						
akcyholder Name	ENG CONSTRUCTION 2013 PTE, LTD.				Policyholder NRIC		2019084364
oduct Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive		Loading		0
rmact No.(Mobile)	MA	Contact No. (Office)			Cantact No. (Home		
nali Address		Special Remark			eCode	101	14.4
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D Protection	No	NCD Entitlement(%)	0		Private Hire		X.
Accident Details		=20	50		Finale raig		No
port Date	14/11/2019 16:22	Accident Report Within 24 hrs.	Yes		04-1000-00-14-10-11		
ite of Accident	12/11/2019				Accident Type		Collision - Head to Rear
parting Centre	12/10/2019	Time of Accident Milmm	16:05		Country of Acciden	nt.	Singapore
Odere Location		Orange Force			SCM No.		
Total Excess Applicable	ANG MO KIO AVE 3 NEAR NIN ROAD						
cess Type	Per Accident	Windscreen Excess		100.00			
Standard Excess	600.00	TP Standard Excess		2.40			
D OD Excess		VIED TP Excess		0.00			
Stional Excess		FIELD IP EXCESS			Driver is Covered?		Not Applicable
(a) OD Excess Applicable	200.00	N ESTABLISHED TRANSPACTORS SHOULD					
Senefits .	600,00	Total TP Excess Applicable		0.00			
GST Registered Inform	021000						
Registered	Yes		GST Registratio		15/03/20:	19	
T Registration No. Offication History	201908436н		GST Status Ver	rfed	Yes		
ansature restory							
Policyholder Mailing Ad	Idress						
Fress 1	BLK 35 #12-409	793200040					
dress &	BLK 30 #12-#09	Address 2	MARSILING DRIVE		Address 3		SINGAPORE 730036
t No.	52-409	Address Type	Singapore address		Post Code		730036
OI Driver Info	52-409	Related Policy Number	5108534966				
ver Name		20020					
C. Partin		Onver Type					
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