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	Ass't Report by Fax / Hand	to Owner/Wksp	
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TP Particulars: Veh No: SVC	JSZVX INC	(,)/Non-INC().	6
Owner / Driver: (Tel:)
Policy No: () F	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
The second secon	[Note-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]
Year of Registration: ()	Warranty: YES ()/NO()	
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General Remarks;-			Sain St. Land
() Walk-In Customer: Customer's inf	formation strictly Confidential & S	Strictly NO refer of repairer.	Massacratic and a second
() Total Loss Case : to e-mail Insu	rer URGENTLY.	27 - 11 - 1	2
Drive-In ()/ Towed-In (); Invoice	ce: YES() / NO();	Towing Co: (.)
Remarks: (INC hotline: 6788 6616)	Sharpa and same and same and same		SHESHARA PORT
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	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

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

I AND CHARLEST AND CONTRACT OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	26/11/2019 17:10
Date Of Accident	23/11/2019 18:00
Exact Location Of Accident	JLN TOA PAYOH
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY9690J
Insured/Policyholder	
Name Of Registered Owner	NU WEAR
Co Reg No	52976207B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96989948
Alternative Phone No	OFFICE-96989948
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE AUTO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5016694317-13
Cover Note Number	
Driver	
Name of Driver	SOH BOO ENG
NRIC No	S6846708Z
Date Of Birth	07/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1991
Driving Experience	27 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87773237

OFFICE-87773237

NOEMAIL

Address 11C MATTAR ROAD

Postcode 387720

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 Registration Number of Driver's Own

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 NO

Was any body injured in the Accident?

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.

NO

1

NO

NO

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?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK3572X

Vehicle Make/Model/Colour TOYOTA PRIUS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LOH TIONG LIP STEPHEN

NRIC/Passport Number \$1689798A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Page 2 of 14

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 <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- S. 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:
 - (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)

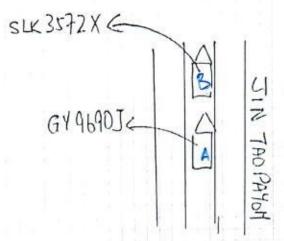
Date & Time:

ach

Reporting Centre Personnel's

Name:

NRIC/FIN No.:



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DECLARATION

Policyholder's Signature

to ARAC Short efficient Story VIII

Date & Time:

rs are true in every respect.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B JAMMED BRAKE, I COULDN'T BRAKE IN TIME AND HIT ONTO VEHICLE B REAR PORTION.

		ACCIDENT STATE	^	
	11. 85	, 2019 100/MM/YY	1800)(HH:MM)
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LOCA	ATION: JLN TO	rayon		
6.5 538653			e de la companya de l	
1	. DETAILS OF VEHICLE	GYALANT		
	a) VEHICLE NUMBER:	01 90903		
	DJINSURANCE COMP	ANY: NIUC	-13	
	C)POLICY NUMBER:	5016094317.		
	d)POLICY TYPE: (COM	PREHENSIVE / THIRD PA	RTY THIRD PARTY FIR	E &THEFT)
	e)MAKE & MODEL: 7	0407A HIDLE		
	f)TYPE:(SALOON / CO	UPE / MPV (VAIL) LORI	RY / MOTORCYCLE / C	THERS)
	g) VEHICLE CATEGOR	Y: (PRIVATE / COMMERC	CIAL/ MOJORCYCLE)	1/1
	h) PURPOSE OF USING	AT ACCIDENT TIME:	Working	
	I) ARE YOU CLAIMING	UNDER YOUR OWN INSI	URANCE SYES NO	
	IF NO, PLEASE STATE	(THIRD PARTY CLAIM / R	REPORTING ONLY)	
2.				
	A)NAME: NU W	EAK	(MALE / FE	MALE)
	b)NRIC/FIN/PASSPORT	: 200514073C	CONTACT: 9695	19770
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0.3	b)NRIC/FIN/PASSPORT	10000 POOL	CONTACT: 877	1 323 /
ct.	C)ADDRESS: 11C 1	187720		
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(2)	e)OCCUPATION: (INDO		CONTRACTOR OF STATE O	
	f) YEARS OF DRIVING E		N	
4.		LOYEE OF THE INSUR	ED'S COMPANY? (YES	S //NO)
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5.		N: (CLEAR) RAINING / (OTHERS)
	b)ROAD SURFACE: OR)
6.	WAS ANYBODY INJURE			
7.	a)REPORTED TO POLIC		(e)	
		WHICH POLICE STATION:		
8.	THIRD PARTY VEHICLE a) VEHICLE NUMBER:	51 K 2577. X	MODEL: TOYOTA	PIRUS
the of passenger	a) VEHICLE NUMBER:	OH TIONG LIP STO	EPHEN)	
(Including driver)	CL NRIC/FIN/PASSPOR	T: 5/689798A	CONTACT:	
(T)	THIRD PARTY VEHICLE			
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(Induding driver)	d) VEHICLE NUMBER;e) DRIVER'S NAME;f) NRIC/FIN/PASSPOR	T:	CONTACT:	
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