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	Assessment/Survey	Report		
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Owner / Driver: (-		Te		
	eriod: (er Type: (
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1) Apply for Transport Allowance ()/	Courtesy Car ()	UNIVERSALISMENT, NA. 1491 P.A.	NAME OF STREET OF STREET	
2) QC Check / Post Repair Inspection	(·)			,
3) Upload Resurvey Photo [Repair Cost> 5	() [00083			
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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.
- 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

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Date Of Report 13/01/2020 11:19
Date Of Accident 10/01/2020 18:20

Exact Location Of Accident ALONG YIO CHU KANG RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICL	
	_

Vehicle Registration Number GT8680X

Insured/Policyholder

Name Of Registered Owner TERRY AQUACARE

Co Reg No 5XXXX494L Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-96652645

 Alternative Phone No
 OFFICE-91807312

Vehicle Particulars

Manufacturer TOYOTA
Model HIACE

Exact Purpose for which vehicle was being used at

time of accident

ON THE WAY HOME

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

E444004400

NO

Policy Number

5114321466

Cover Note Number

Driver

Name of Driver CHEW CHOW KUAN

 NRIC No
 SXXXX137F

 Date Of Birth
 26/05/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/11/1984

Driving Experience 35 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96652645

Fax Number

Contact Number OTHERS-91807312

EMail Address NOEMAIL

Address

BLK 790 CHOA CHU KANG NORTH 6

#09-240

Postcode

680790

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

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

YES

Are accident photos available for attachment? Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour **Details Of Properties**

SKF6475L

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

93696877

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.

TERRY AQUACARE

Policyholder's Signature

Date & Time:

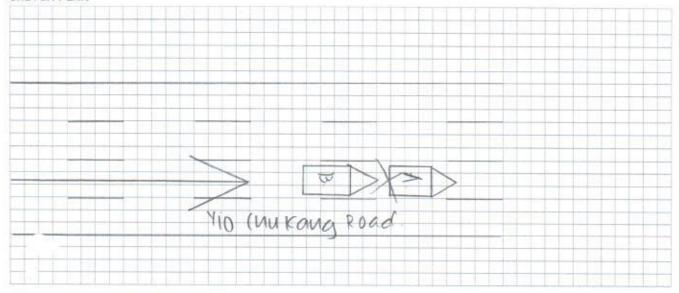
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel

Name:

NRIC/FIN No.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vevila	e B: SKF 64AB L Along Mio Chukang Road.
VEVIIC	C S. SKr 6175 L Mong site charang houg.
Traffic	was heavy at point of accident. My car stopped as
traffic	was not moving Suddenly, venicle B bang onto
my ve	av causes damages on my vear.

DECLARATION

THE REPY THA QUI A CARE are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

cular Of Insured/Driver & Details Of The Acc	cident	e of Accident:	(820
a of active it.	LUL KAYA ROAD		
ident Location. V110VI			
hicle Number: GT 8680 X	* Make & Mo	del: TOYOTO J	1 all - Diesel
vner Name: Terry Agua C	ave	*NRIC: 508	88494L.
Idress: BIK 790 Luga Chu		409-240	
nail: NOEMAIL.	0	* HP: 0	1665 2645.
	ndoor / Outdoor) * Te	I /H /Other:	9180 7312.
.cupation (,,		
ver () same as above			
river Name: New (Now K	cuan	*NRIC:	
ddress: BIK 700 (NOA (NU)	kang North 6	H09-240	(5) 680790-
ate of Birth: 26.00.1960 *Driving	Pass Date: 27.11.1	984_ + HP:_	96692645.
mail: 1 11 NO EMAIL.		*Geno	der: Male / Female
occupation: Water scape of manyth	door Outdoor) * Te	I /H /Other:	1660 2645,
Driver an employee: Yes /No (*If no, what	is relationship with the	policyholder: 0	WHEV.
P/Name:	_(Male/Female) * P/Name _(Male/Female) * P/Name		(Male/Fem (Male/Fem
P/Name: N(C			(Male/Fem
P/Name: N(C . P/Name:	_(Male/Female) * P/Name _ *Coverage: C /TPFT /l		Male/Fem 5114321466
P/Name:N(C P/Name:N(C P/Name:N(C P/Name:N(C P/Name:N(C P/Name:N(C NTUC Petail of other vehicle / Property 1 //ehicle No.: SKF G475	_(Male/Female) * P/Name _ *Coverage: C /TPFT // 	TPO *Policy No:	(Male/Ferr 5114321466 e / Property 2
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P/Name:	(Male/Female) * P/Name *Coverage: C /TPFT // Delta	tail of other vehicle hicle No.: hicle No.: hicle Category: hame of Driver: him of Passengers (In him) VRIC : *Anv *Anv him:	(Male/Fem
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P/Name:	(Male/Female) * P/Name *Coverage: C /TPFT // Delta	etail of other vehicle hicle No.: hake & Model: hicle Category: hame of Driver: him of Passengers (In him.) TP Claims) *Anv. VRIC: tom: helt: Yes / No *C.	(Male/Fem

Claim Handling

cident MT/1079703								
licy Ns.	5114321486	Vehicle No.	GTMSBOX		GST Registration No.			
rtificate No.								
cynolder Name	TERRY AQUACARE	120/02/07			Palicyholder NRIC	528884	1941	
duct Code	COMMERCIAL VEHICLE INSURAF	Cover Type Contact No.(Office)	Triend Porty		Loading Contact No (Home)	0.		
rtact No.(Mobile) ail Address	96652545/91807312	Special Remark			eCode	No *	į.	
U Augress	- 740 Yes	TCA	No Yes		eCope Reason	10.7550		
D Protection	No	NCD Entitlement(%)	30		Private Hire	No		
Accident Details								
port Date	13/01/2020 11:35	Accident Report Within 24 hrs	Yes.		Accident Type	Collisio	n - Head on F	tear
te of Accident	10/01/2020	Time of Accident hh:mm	18:50		Country of Accident	Singapi	ore	
parting Centre		Grange Force			ICH No.			
cident Location	ALDNG YTO CHU KANG RD							
Total Excess Applicable								
жиз Туре	Per Accident	Windscreen Excess		0.00				
Standard Excess	0.00	TP Standard Excess		0.00				
ED GO Excess	0.00	YIEO TY EXCESS		0.00	Driver is Covered?	Covere	rd	
ditional Excess				110000				
tal OD Exoras Applicable # Benefits	0.00	Total TP Excess Applicable		0.40				
GST Registered Informat	tion							
T Registered	No		GST Regist	ration Date				
T Registration No.	1575)		GST Status		Ven			
dification History	13/01/2020 L1:38:52 Syxtem cha	anged GST Status Verified from No	to Yes					
Policyholder Mailing Add	ress							
dress 1	BLK 790 #09-240	Address 2	DHOA CHU KANG N	ORTH 6	Address 3	SINGA	PORE 65079	0
dness 4		Address Type	Singapore address		Post Code	68079	0	
IR No.	09-240	Related Policy Number	5114321466					
OI Oriver Info								
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		TO-SHOW AND AND ADDRESS OF THE PARTY OF THE		COMPANIE .	
named driver Name	DHEW CHOW KUAN	Driver NRIC	SXIXX137#		Oriver DOB	26/05/	(1995)	
gister Date of Driver Ocense	27/11/1984	Oriver Age .	54		Oriving Experience Contact No.(Home)	35		
ertact No.(Notile)	96652645/91807312 BLK 790 +09-240	Contact No.(Office) Address 3	OHOA OHU KANGA	ORTH 6	Appress 3	Stude	PORE 68079	0
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odrenia 4	09-240.					, , eso(3)		
ses he own a Singapore	Yes - No	Driver Vehicle No.	GYBOROX		Driver Insurer Compan	y NTUC		
egistered car?	10/40/ = 700		927/00					
eclaration interchalpser or Blood Test eading? od/fication History	0 mg	Any Injury?	Yes + No					
resthalyser or Blood Test eading?	0 mg	Any Injury?	Yes + No					
eachalyser or Blood Test leading? addition History Claim 001 New	0 mg	Any Injury?	Yes - No	OD-MX	Insured TERRY AQ. Name	JACARE	Insured NRIC	528884941
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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	enicie
Owner ID Type:	Business
Owner ID:	494L
Vehicle Details	494L
Vehicle No.:	GT8680X
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DIESEL
Primary Colour:	Blue
Manufacturing Year:	2000
Engine No.:	
Chassis No.:	5L5012991
Maximum Power Output:	LH1620013066
Open Market Value:	\$25 440 co
Original Registration Date:	\$25,413.00
First Registration Date:	30 Nov 2000 30 Nov 2000
Transfer Count:	0 0
Actual ARF Paid:	20
Intended PARF Rebate Details	\$1,271.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	\$0.00
COE Expiry Date:	29 Nov 2020
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$22,924.00
COE Rebate Amount:	\$4,024.00
Total Rebate Amount: Message	\$4,024.00
Please note that the 5 years COT (this	2020 CT 2010 C

Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 13 Jan 2020



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

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Original Report No	:1 1000	la Da	Vehicle Registration	1NO: 9/8/6/0 X
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Contact (Tel)	:		Mobile No. :_ 966	52645
Email Address	:			
Date of Accident	: 10:01.20	20	Time of Ascident :	18:20
Place of Accident	:_ Maus	You cake k	Kong Kodo	2
Insurance Compan	v:_XIU(_			
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			An	12/01/2020
Policyholder / Driv			An	201/2020 e Personnel's Signature

Date: