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OD / TP / Reporting Only	i-Motor W/O (Within: OD 2h	rs, TP 4brs)	
	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F:	ax:
TP Particulars: Veh No: 60514	INC ()/Non-INC()	Annual State of the Control of the C
Owner / Driver: (Tel:)
Policy No: () Period:	:(Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note	E-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 30-10	00%]
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	sy Car ()	Date & Time Completed	Done by
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SINGAPORE ACCIDENT STATEMENT

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.
- 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 Indoment of this report to the insurers, you hereby consent to the archiving of this report at the

aforesaid.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
A SECTION OF THE PARTY OF THE P	ACCIDENT STATEMENT
Date Of Report	18/03/2020 14:01
Date Of Accident	17/03/2020 10:00
Exact Location Of Accident	BLK 54 TELOK BLANGAH HEIGHTS OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
and the second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY6205Y
Insured/Policyholder	
Name Of Registered Owner	KIM KOON GAS SERVICES
Co Reg No	2XXXX300M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62830298

Vehicle Particulars

Manufacturer NISSAN Model CABSTAR

Exact Purpose for which vehicle was being used at WORKING

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

Fleet Policy NO

Policy Number 5007183294-14

Cover Note Number

Driver

Name of Driver TOH KONG BENG NRIC No SXXXX231H 17/09/1952 Date Of Birth

OUTDOOR Occupation 31/12/1974 Date Of Driving Pass

45 YEARS AND 2 MONTHS **Driving Experience**

Gender MALE

(LOCAL) +65-93822807 Mobile Number

Fax Number

OFFICE-93822807 Contact Number

EMail Address NOEMAIL

BLK 55 CHAI CHEE DRIVE Address

#07-182

460055 Postcode

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

2

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE 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

ambulance?

YES Was any other material or property damaged?

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

1 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?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING SLOWLY ALONG THE STATED VENUE, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B OPENING OF REAR BONNET AND HIT ONTO MY VEHICLE FRONT ROOF AREA.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD5141Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

TAN KIN HENG Name of Driver NRIC/Passport Number SXXXX886B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.

全神煤氣服務社 KIM KOON GAS SERVICES 10 Defu Lane 9, Singapore 539250

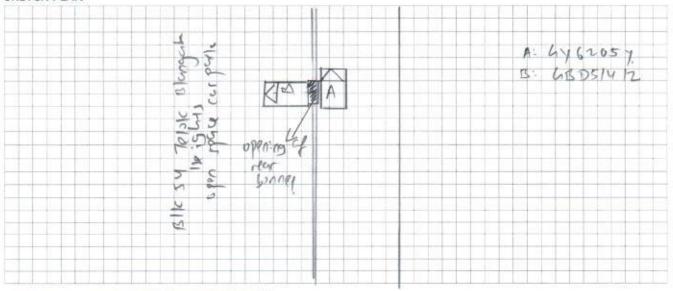
> Policyholder's Signature Date & Time:

BW.

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personne s Signature
Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

2550HB2 GHOGHB/AHCOS GF HIZ AGGBZHV	
Refer to statement.	

DECLARATION

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

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.:

Hello, NAC_PAYA_UBI_80	0601						· Change	Languag	e + Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query					1000,000	N. 1900 S. 192			
Notice of Loss	of Loss Policy No.				Date o	of Accident	9	18/03/2020	13:54		
	Vehicle	No.(For Motor)	GY6205	Y		Certific	cate Number				
					B	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	NO.	Insured Object	Commence Date	Expiry Date
	0	5007183294- 14		KIM KOON GAS SERVICES	20332300M	GCV	Third Party	GY6205Y	GY6205Y	11/06/2019	10/06/2020

Policy No.	5007183294-14	Policyholder Name	KIM KOON	GAS SERVICES	Policyholder NRIC	20332300M	
Certificate No.							
Address	10 DEFU LANE 9 SINGAPORE 53	9252					
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	03/06/2019	Effective Date	11/06/201	9 00:00	Expiry Date	10/06/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	Inexperience Driver Excess
Agent	VICTOR MOTOR CREDIT PTE LTI	Agent Tel.	68582020		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate							
Info	older Mailing Address						
Info Policyh	older Mailing Address 10 DEFU LANE 9	Addre	is 2	SINGAPORE 53925	2	Address 3	TOTAL STREET
Info			is 2 is Type	SINGAPORE 53925 Singapore address		Address 3 Post Code	539252
Info Policyh Address 1		Addre	s Type d Policy				539252
Info Policyh Address 1 Address 4 Unit No.		Addre: Relate	s Type d Policy	Singapore address			539252
Info Policyh Address 1 Address 4 Unit No.	10 DEFU LANE 9 d Object: GY6205Y	Addre: Relate	s Type d Policy	Singapore address			539252

Policy No. Certificate No. Policyholder Name							
ertificate No.			0.00000000				
	5007183294-14		Vehicle No.	GY6205Y		GST Registration No.	
	KIM KOON GAS SERVICE	40				Bodon de adales e halle 1970	20332300M
			Cover Type			Policyholder NRIC	20.
educt Code ritact No.(Mobile)	COMMERCIAL VEHICLE	2MSURA)	A STATE OF THE PARTY OF THE PAR	Third Party		Loading	0
nail Address	0		Contact No.(Office) Special Remark	62830298		Contact No.(Home)	0
K Address	@#- Ov			8 0		eCode	41. 🗸
	® No ○ Yes		TCA	® No ○ Yes		eCode Reason	
CD Protection	No		NCD Entitlement (%)	10		Private Hire	No
Accident Details							
port Date	18/03/2020 14:02		Academ Report Wehin 24 hrs	Yes		Accident Type	Side Swipe
ate of Accident	18/03/2020		Time of Accident hh:mm	10:00		Country of Acodent	Singapore
sporting Centre			Orange Force			ICM No.	
cident Location	BLK 54 TELOK BLANGAR	H HEIGHTS OPEN ST	PACE CARPARK				
Total Excess Applicable							
cess Type	Per Accident		Windscreen Excess		0.00		
D Standard Excess		0.00	TP Standard Excess		0.00		
ED OD Excess		0.00	YIED TP Excess			Driver is Covered?	
stritional Excess							
ital OD Excess Applicable		0.00	Total TP Excess Applicable				
P Benefits			A CONTRACTOR OF THE PARTY OF TH				
7 GST Registered Informa							
T Registered	Yes			GST Registration Dat		01/04/1994	
T Registration No.	MX0509			GST Status Verified		Yes	
diffication History	18/03/2	020 14:29:22 Syste	im changed GST Registered from No im changed GST Registration No. fr	om null to MX0505450P			
		020 14:29:22 Syste	m changed GST Registration Date f	rom null to 01/04/1994			
Policyholder Mailing Ado							
idress 1	10 DEFU LANE 9		Address 2	SINGAPORE 539252		Address 3	
ddress 4			Address Type	Singapore address		Post Code	539252
ne No.			Related Policy Number	5078411378-04			
Of Driver Info							
over Name	Unnamed Driver		Driver Type	Unnamed Driver			
nnamed driver Name	TOH KONG BENG		Driver NRIC	SXXXX231H		Driver DOB	17/09/1952
gister Date of Driver License	31/12/1974		Driver Age	67		Driving Experience	45
ontact No.(Mobile)	93822807		Contact No.(Office)	0		Contact No.(Home)	0
idress 1	BLK 55		Address 2	CHAI CHEE DRIVE		Address 3	SINGAPORE 460055
ndress 4			Address Type	Singapore address		Post Code	460055
nit No.	07-182						
oes he own a Singapore egistered car?	○ Yes ® No		Driver Vehicle No.			Driver Insurer Company	
claration							
	0 mg		Any injury?	○ Yes No			
	0 mg		Any injury?	○ Yes ® No			
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ading? dification History	0 mg		Any injury?	○ Yes No			
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ading ⁵ dification History Claim 001 New Nm Type *	20200	V	Insured Name Contact No.(Home)	KEM KOON GAS SERVICES		Contact No. (Office)	62830192
diffication History Claim 001 New Nm Type * nsact No (Mobile) nal Address	Гор-мк		Insured Name Contact No.(Home) OI Vehicle Number	KIM KOON GAS SERVICES G16205Y			National Control of the Control of t
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ading ³ dification History Claim 001	Ob-MX Please Select GY6205Y / GBD51412 O	≥≥ 0N 18 Mar 2020	Insured Name Contact No.(Home) Of Vehicle Number Type of Benefit * Cleimant NR3C *	KEM KOOM GAS SERVICES G76205Y Please Select	V	Contact No. (Office) TP Vehicle Number Name of Preferred Worksho	62830192 GBD51412
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