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TP Insurer:	Assessment/St	rvey Report			
IT insurer.	Ass't Report b	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No. 143	32125	INC ()/Non-INC()		
Owner / Driver: (Tel:)	-
Policy No: () Po	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (V	VO): N: 0-2	0%; P: 21-79%. P: 30-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1,	000 ()/\$2,000	()			
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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.

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

	ACCIDENT STATEMENT
Date Of Report	24/03/2020 14:48
Date Of Accident	23/03/2020 16:00
Exact Location Of Accident	TAMPINES ST 62
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SKB9690H
nsured/Policyholder	
Name Of Registered Owner	ZHANG YU MING
NRIC No	FXXXX747L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90140988
Alternative Phone No	OFFICE-90140988
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO EX FORTE 1.6L 6A/T ABS AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089154697-02
Cover Note Number	
Driver	
Name of Driver	XIANG CHENG
Passport No/FIN	GXXXX170T
Date Of Birth	29/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88706029

OFFICE-88706029

NOEMAIL

Address

BLK 16 KIAN TECK AVENUE

#03-05

Postcode

628915

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

Was any body injured in the Accident?

NO

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

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

. -

GENDER:

: MALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBH3213S

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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 fiability.
- 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 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:

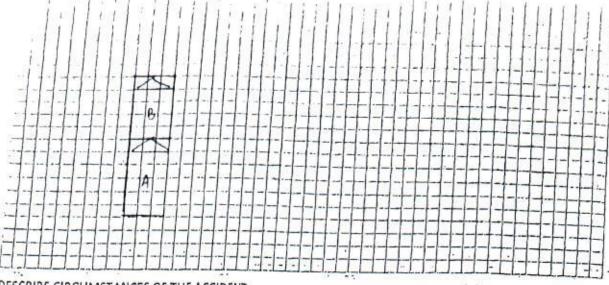
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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: Oriver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel'.
Name:

Signature

HRIC/FIN No :

vehicle A SEB969014 Vuntule B GBH3213S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	on	the	Stat	red	tme	av	ud date		1981			
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und	parke	t a	long	Tai	npine	ে প্ৰ	62.	suddenly		vehrel	C B	bearing
auplat	te mu	nbe	r G-B	5H 3	H3 S	W	no wa	us parked	t ı	nfront	4	ne
evers	ed o	nd	colli	rded	DN	my	vehic	l (.	100			
		1										

DECLARATION

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

folicyholder's Signature Date & Time:

with the distribution by

Driver's Signature (Il driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of Accident	23 03 2000 Accident Time: 16 00 Hrs (24-HR-Format)
Accident Place	: Tampines st 62
Vehicle Reg. No. (Cer Plate No.)	SKB9690H
Vehicle Make/Model	: kia forte
Insurance Company	Policy No.
Owner or Company Name /IC No.	: Zhang the rurng
Owner or Company Contact No.	90140988 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Yrang Cheng G8533170T
DRIVER'S Date Of Birth	: 29-06-1989 DRIVER'S License Pass Date 08-06-2018
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: uncle
DRIVER'S Address	: 16 Kran Teck ave #03-05 5628915 .
DRIVER'S Contact No./ Alt No.	1) 88706029 2) 84356029
DRIVER'S Occupation	; INDOOR \ OUTDOOR (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 Driv	ver): 02 - male passenger (no injury)
Was there any video Captured by card Exact purpose for which vehicle was b	camera: YES NO ceing used at the time of accident: Private use \ Work purpose
Other Par	ty Driver's Particular (if any)
Vehiclo Reg. No: GBH 32135	Vehicle Reg. No:
Vehicle Make Wodel: Toyota Dy	Vehicle Make Wodel:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

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Notice of Loss	Policy t	VO.				Date	of Accident	[23/03/2020 1	6:00	
	Vehicle	No.(Far Motor)	5KB96	90H		Certif	icate Number	1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5089154697- 02		ZHANG YU MING	F7946747L	GPC	drivo CLASSIC	SKB9690H	100135-00-01	14/07/2019	13/07/2020

Sequenc	te Date of Endorsement	E	ndorsemen	t Tyne	Endorsement	Status	Endorsement Content
♥ Endorse	ements						
Insured	Object: SKB9690H						
Init No.	05-01	Related Numbe		5089154697-02			
ddress 4		Addres		Singapore address	9	Post Code	398311
ddress 1	51 LORONG 32 GEYLANG	Addres	s 2	#05-01 CASA EME	RALD	Address 3	SINGAPORE 398311
ALGORIA ALAKTAS	older Mailing Address						
nfo	A446 (1410 121 TO 610 TO						
Policy Info Certificate							
lag Open							
Co- nsurance	No				S. H. Proposition		
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Y	
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/Ir	nexperience Driver Excess
Additional Excess	0	OS Premium	0				
Excess		damage Excess	600		Excess	100	
Third Party	0	Own	500		Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy issue Date	18/06/2019	Effective Date	14/07/201	19 00:00	Expiry Date	13/07/2020 23:	59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	51 LORONG 32 GEYLANG #05-0	1 CASA EMER	ALD SINGA	PORE 398311			
Certificate No.					71.02		
Policy No.	5089154697-02	Policyholder Name	ZHANG Y	J MING	Policyholder	F7946747L	

Continue Cancel

Accident MT/1089410 Policy No.					
CHIEF NO.	makes as a second	W14004000	SSAINTIESS A	100000	
Certificate No.	5089154697-02	Vehicle No.	SKB9690H	GST Registration No.	
	SERVER THE STATE OF THE SERVER STATE OF THE SE				
Policyholder Name Product Code	ZHANG YU MING			Policyholder NR3C	F7946747L
Centact No. (Mobile)	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
E CONTRACTOR OF THE PARTY OF TH	90140988	Contact No.(Office)	ů.	Contact No.(Home)	0
mail Address	10 <u>12</u> 000 (2000)	Special Remark		eCode	ni 🗸
(FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	20	Private Hire	No
♥ Accident Details					
eport Date	24/03/2020 14:57	Acadent Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
ate of Accident	23/03/2020	Time of Accident hh:mm	16:00	Country of Accident	Singapore
eporting Centre		Orange Porce		ICM No.	
coldent Location	TAMPINES ST 62				
○ Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100,00		
D Standard Excess	Teache	2272 P PROTECTION TO			
ED OD Excess	600.00	TP Standard Excess	0.00		
ditional Excess	500.00	YIED TP Excess		Driver is Covered?	
otal OD Excess Applicable ### Benefits	1100.00	Total TP Excess Applicable			
GST Registered Inform	awan				
T Registered Inform	No No				
T Registration No.	red .		GST Registration Date	V22104	
dification History			GST Status Verified	Yes	
Policyholder Mailing Ad	ldress				
dress 1	51 LORONG 32 GEYLANG	Address 2	#05-01 CASA EMERALD	Address 3	SINGAPORE 398311
Idress 4		Address Type	Singapore address	Post Code	
it No.	05-01	Related Policy Number	5009154697-02	core and S	398311
OI Driver Info			- 27605 985 USA		
wer Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	XIANG CHENG	Driver NRJC	GXXXX170T	Driver DOB	70.000.000
gister Date of Driver License	08/06/2018	Driver Age	30	Driving Expenence	29/06/1989 1
ntact No. (Mobile)	88705029	Contact No. (Office)	0	Contact No.(Home)	3
dress 1	16 KIAN TECK AVENUE	Address 2	KIAN TECK DORMITORY	Address I	0
dress 4		Address Type	Singapore address	Post Code	SINGAPORE 628915
t No.	03-05			Post Code	628915
es he own a Singapore gistered car?	○ Yes ® No	Oriver Vehicle No.		Batter Income Comment	
7500170335-10				Driver Insurer Company	
athalyser or Blood Test	0 mg	Any injury?	O Yes ® No		
esthalyser or Blood Test	Omg	Any injury?	O Yes ® No		
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