NATIONAL Assessment Centre			MMA 1200486		
Date In. 30/5/20 09:56	Jeb description		Date & Time Complete	d Done by	
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	Assessment/Su	rvey Report			2001 - 500
TP Insurer:	Ass't Report b	y Fax / Hand to	Owner/Wksn		and the same of th
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	3P 1834X	, INC()/Non-INC()		
Owner / Driver: (21	55	Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est. Status (V	VO): N: 0-20	%; P: 21-79%. P: 30	0-100%]	
	arranty: YES ()/NO()		-
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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

CARL SECTION OF BUILDING	ACCIDENT STATEMENT
Date Of Report	30/05/2020 09:56
Date Of Accident	29/05/2020 14:00
Exact Location Of Accident	290 ALLENBY RD CARPARK
Country/State of Loss	SINGAPORE
A SECTION OF THE PROPERTY OF	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF8406E
Insured/Policyholder	
Name Of Registered Owner	KIM KOON GAS SERVICES
Co Reg No	2XXXX300M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62830192
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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	NO
Policy Number	5088706268-03
Cover Note Number	
Driver	
Name of Driver	TIAN ZHAOJUN
NRIC No.	GXXXX855R
Date Of Birth	15/07/1980
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83571081
Fax Number	
Contact Number	

NOEMAIL

Address 240 WESTWOOD AVE #07-46

Postcode 648364

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 Briver's Own

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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

NO

1

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.

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBP1834X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

MOHAMMAD FUAD BIN ADAM

NRIC/Passport Number

SXXXX856H

Contact Number

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.
- 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.

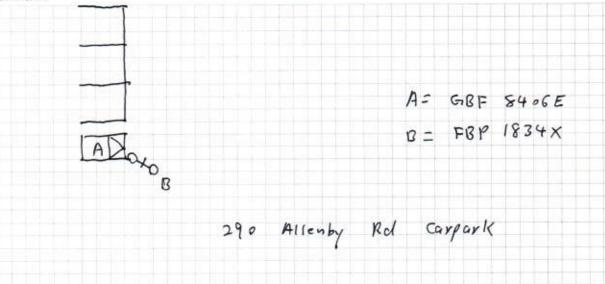
全 坤 煤 氣 服 務 社 KIM KOON GAS SERVICES 10 Defu Lane 9, Singapore 539252 Tel: 6283 0298 / 6283 0199

田北翠

Driver's Signature (If driver is not the policyholder) Date & Time: Jul .

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Policyholder's Signature Date & Time: SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vel	was	parked	at the	290	Allenby	Rol
carpark,	After	unlo	ading my	y good,	. I u	vent
baek	to my	veh	prepare	to u	nove of	F.F.
Before	I S	tart en	gine. Su	ddenly	My ve	h Ro
forward	touch	onto	a park	ed mo	torcy de	froug
portion.						

DECLARATION AT THE WAY OF THE STREET THE STR

10 Defu Lane 9, Singapore 539252 Tel: 6283 0298 / 6283 0197

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Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: H

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GeneralClaim eBaoTech · Change Password Hello, NAC_PAYA_UBI_800601 · Change Language My Desktop **Policy Query** Notice of Loss Date of Accident 29/05/2020 16:07 Policy No. Vehicle No.(For Motor) GBFB406E Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Insured Object Vehicle No. Commence Date Expiry Date Policy No. Product Cover Type Select KIM KOON GAS SERVICES 5088706268-GCV Comprehensive GBF8406E GBF8406E 23/03/2020 22/03/2021 20332300M Continue

		ACCID	ENT STATEM		00	
ACC	IDENT DATE: 2	915120	(DD/MM/YYYY), TIME:(### :_)(HH:MM)	
LOCA	ATION:29	10 3h 31m	Besgr	CAllenby	Rd)	camark.
	b)INSURANCE c)POLICY NUM d)POLICY TYP e)MAKE & MC f)TYPE:(SALOC g)VEHICLE CA h)PURPOSE OI i) ARE YOU CLA IF NO, PLEAS INSURED / POL A) NAME:	UMBER: G COMPANY: MBER: COMPREHENS DDEL: DN / COUPE / MP TEGORY: (PRIVATE USING AT ACCIDATION OF A STATE (THIRD PARTICLY HOLDER ASSPORT: COMPANY: COMPANY OF A SSPORT: COMPANY: COMPANY OF A SSPORT: COMPANY OF A SSPORT O	INC IVE / THIRD PAR V /V AN / LORR E / COMMERCI DENT TIME: DUP OWN INSU RTY CLAIM / RE	RTY / THÍRD PART Y / MOTORCYCL IAL / MOTORCYC WOFKING RANCE (YES/NO EPORTING ONLY)	E / OTHERS) CLE)) (/ FEMALE)	2
*Ho of passanger (Including driver)	DRIVER a) NAME: b) NRIC/FIN/PA	O 3.d IF DRIVER A Tian zhao SSPORT: G 2	Jun 457 855 R	(MALE CONTACT: vestwood	Ave # 07	
,		RTH: (/	ITDOOR)	MM/YYYY)	93.	
	WAS DRIVER	AN EMPLOYEE C	F THE INSURE			
5.	a)WEATHER CO	ONDITION; (CLEA CE: (DRY / WET /	R/RAINING/C	OTHERS		_) _)
6.	WAS ANYBODY	INJURED (YES /	10)			100
7.		POLICE (YES / N				
the of passonaer	THIRD PARTY VE		P 1834 X	MODEL:		

b) DRIVER'S NAME: Mohammad Food Fund Bin Ad
c) NRIC/FIN/PASSPORT: 58435856H. CONTACT:

(Including driver)

The of passanger of (Induding driver) f

9. THIRD PARTY VEHICLE

Cimail = Kimk.oongas @ gmaxl.com

Claim Handling

Accident MT/1093435				
Policy No.	5088706268-03	Vehicle No.	GBF8406E	GST Registratii
Certificate No.				
Policyholder Name	KIM KOON GAS SERVICES			Policyholder NI
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	62830192	Contact No.(Office)		Contact No.(He
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	o	Private Hire
	NO		3.	
Accident Details	CONTRACTOR AND		Max	Accident Type
Report Date	30/05/2020 10:21	Accident Report Within 24 hrs	Yes	
Date of Accident	29/05/2020	Time of Accident hh:mm	14:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	290 ALLENBY RD CARPARK			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
			12.70	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	1000.00	YIED TP Excess	0.00	Driver is Cover
Additional Excess				
Total OD Excess Applicable	1600.00	Total TP Excess Applicable	0.00	
♥ Benefits				
GST Registered Informat	tion			
GST Registered	Yes		GST Registration Date	01/0
GST Registration No.	MX0505450P		GST Status Verified	Yes
Modification History	30/05/2020 10:23:34 5	ystem changed GST Registered from No to ystem changed GST Registration No, from t	Yes null to MX0505450P	
	30/05/2020 10:23:34 S	ystem changed GST Registration Date from	null to 01/04/1994	
Policyholder Mailing Add	Iress			
Address 1	10 DEFU LANE 9	Address 2	SINGAPORE 539252	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5078411378-04	
□ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TIAN ZHAOJUN	Driver NRIC	GXXXX855R	Driver DOB
		Driver Age	39	Driving Experi
Register Date of Driver License	19/09/2018	Contact No.(Office)		Contact No.(H
Contact No.(Mobile)	83571081 240 WESTWOOD AVENUE	Address 2	#07-46 THE FLORAVALE	Address 3
Address 1	240 WESTWOOD AVENUE	Address Type	Singapore address	Post Code
Address 4		near east 1/pc		
Unit No.	07-46			Driver Insurer
Does he own a Singapore Registered car?	Yes in No	Driver Vehicle No.		Univer Insurer
Declaration				
Breathalyser or Blood Test	0 mg	Any injury?	Yes No	
Reading?				
Modification History				
Claim 001 New				
Claim 001 New				
Claim Type *			OD-MX	▼ Insured KI
201000000000000000000000000000000000000				Contact
Contact No.(Mobile)			6	No. (Home)
				01
Email Address				Vehicle GI Number
Claim Description			GBF8406E / FBP18	334X ON 29 May 2020
Preferred				
Workshop	EIEEETETCU	ily at Fault GIA Paralle	ed v	
Finalisation Yes	Repair Preferred Worksh Option	op, Name unknown v report Receive		Claim
Date Registered			30/05/2020 10:25	Date
Report Taken By			SHAN HUI	
The second secon				
Print AK letter				

Save Submit



Display in New Window

Scan and uploading