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OD / TP / Reporting Only	i-Photo Uploadeo				
	Assessment/Survey	i			
TP Insurer:	Ass't Report by Fa		lumer/Wksn		
			Tol:	Fax:	
Preferred Wksp / INC Assign Wksp / QW:)/Non-INC().		
TP Particulars: Veh No:St	14/1961	. INC(Tel:)	
Owner / Driver: (Desired: () (over Type: (
Policy No: (Period: (Time:	1	
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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 aforesaid.

国际中国共享	ACCIDENT STATEMENT
Date Of Report	23/06/2020 09:27
Date Of Accident	22/06/2020 09:40
Exact Location Of Accident	JUNC PATERSON HILL & GRANGE RD
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM8001Y
Insured/Policyholder	
Name Of Registered Owner	BOOY CHAN CHUNG
NRIC No	SXXXX824D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90068206
Alternative Phone No	OFFICE-90068206
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110828802
Cover Note Number	
Driver	
Name of Driver	BOOY CHAN CHUNG (BEL HANZHONG)

Name of Driver BOOY CHAN CHUNG (BEI JIANZHONG)

 NRIC No
 SXXXX824D

 Date Of Birth
 03/04/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 05/07/1993

Driving Experience 26 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90068206

Fax Number

Contact Number OFFICE-90068206

EMail Address NOEMAIL

BLK 201B PUNGGOL FIELD Address

#09-212

822201 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

DRIZZLING Weather Conditions WET

Other Information

Road Surface

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? YES

Was any injured conveyed to hospital by

ambulance?

YES

YES Was any other material or property damaged?

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

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200622/7018.

Attachment(s)

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

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLN7176P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

TAN CHIN KOK, JIM Name of Driver

NRIC/Passport Number

Contact Number 96722490

Address Postcode Postcode

No. Of Passenger (Including Driver)

no. of faccorder (more and prints)	
基础和设计的公司的基础的	DETAILS OF INJURED PERSON 1
Name	BOOY CHAN CHUNG (BEI JIANZHONG)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMM8001Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	

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.

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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (smm80014)
traveling along Paterson Hill twds Host Komm Ruad on 5th Lane of a
5-tones, road. Somewhere at the junction of everinge Ruad, the traffic
light was in my flavor so I keep moving forward to cross the Junction
Out of sudden, vehicle B (SLN7176P) came from opposite direction
and wanted to turn right. As a result, the front portion of vehicle B
collided onto the right portion of my vehicle. My vehicle was turned
180° and mounted on the kerb caused by the impact.

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 Signature Name:

NRIC/FIN No.:

Vehicle No.	SMM80014 Model/Make Honda Shuttle		
Date of Accident	22 6 2020		
ime of Accident	0940 HRS		
ocation of Accident	Along Paterson Hill / Grange Road		
exact purpose use during accid			
Name of Owner	Body Chan Chung		
Telephone No.	H/P: 9006 8206 Home: Office:		
NRIC	S7110824D		
Address	BLK 2018 Punggol Field #09-212 3(822201)		
Claim type	OD THIRD PARTY REPORTING ONLY		
Insurance Company	NTUC		
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft		
Policy No.	5110828802		
Name of Driver	As Above If No,		
NRIC	Any Passengers : ~		
Date of birth	3 4 1971		
Occupation	Outdoor / Indoor		
Driving License Pass Date	5 71 1993		
Gender	Male / Female		
Contact No.	H/P: Home: Office:		
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state Owner		
Weather condition	Clear Raining Other Drizzling		
Road Surface	Dry Wet Other		
Any Injuries	No, If (es, Who?		
Name And Contact No.	Booy Chan Chung 90068206		
Name And Contact No.			
Police Report	(No.) If Yes, Where? T 20200622 7018		
Vehicle B No.	SLN 71.76P Any Passengers: -		
Name of Driver	Tan Chin tok, Jim Contact No.: 9672 2490		
Vehicle C No.	Any Passengers :		
Vehicle D No.	Any Passengers :		
Vehicle E no.	Any Passengers :		
Vehicle F No.	Any Passengers :		
Vehicle G No.	Any Passengers :		
Witness Name	Witness Contact :		
Accident Portion	Right portion		
Camera Recorder	Yes / No		
Email Address	ebooy@yahoo.com		
PARTICULAR WORKSHOP	Twincar Automotive Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Brandon		
FAX NO	6741 0510		





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200622/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2020 15:24		fade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars	The state of the s		
Name of Informant: BOOY CHAN CHUNG			Address: APT BLK 201B PUNGGOL FIELD #09-212 SINGAPORE 822201		
ID Type / ID No.: NRIC NO / S7110824D			Contact No.: Home/Office: Mobile: 90068206		
			Email: ebooy@yahoo.com		
Sex: Age: Date of Birth: 03/04/1971			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PROPERTY AGENT		Т	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Date/Time of Accident: No 22/06/2020 09:40		Type of Location: X-Junction	
Location: PATERSON	HILL				
Moather		Road Surface:		Road Speed Limit	
		Road Surface: Wet		Road Speed Limit:	
Weather: Drizzling Traffic Flow: Dual Carriage	e Way		rking	Road Speed Limit: Traffic Volume: Moderate	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN7176P	Car	BMW				0
SMM8001Y	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	White	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	NTUC Income Insurance Co-Operative Limited	5110828802	08/07/2019	07/07/2020





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20200622/7018

CONTINUATION OF REPORT

Details of Perso	n Involved		SALE VA	935	S. David	SOUTH RESIDENCE
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver		HEAL MARK		1000		
Name	TAN CHIN KOK, JIM		ID No.		S1519911C	
Related Vehicle	SLN7176P (Car)		Contact No.		96722490	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	narge	NIL	
No. of Days gran	La Carlo Car			Injury	NIL	
Driver					-	
Name	BOOY CHAN CHUNG			ID No		S7110824D
Related Vehicle	SMM8001Y (Car)			Conta	ct No.	90068206
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	22/06/2020	V	Date Disc	narge	22/06	6/2020
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Serio	us

Brief Details.

ON ABOVE DATE & TIME, I WAS DRIVING MY VEHICLE A (SMM8001Y) TRAVELING ALONG PATERSON HILL TWDS HOOT KIAM ROAD ON 5TH LANE OF A 5-LANES, ROAD. SOMEWHERE AT THE JUNCTION OF THE GRANGE ROAD, TRAFFIC LIGHT WAS IN MY FLAVOUR SO I KEEP MOVING FORWARD TO CROSS THE JUNCTION. OUT OF SUDDEN, VEHICLE B (SLN7176P) CAME FROM OPPOSITE DIRECTION AND WANTED TO TURN RIGHT. AS A RESULT, THE FRONT PORTION OF VEHICLE B COLLIDED ONTO THE RIGHT PORTION OF MY VEHICLE. MY VEHICLE WAS TURNED 180 DEGREE AND MOUNTED ON THE KERB CAUSED BY THE IMPACT.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200622/7018

CONTINUATION OF REPORT

Sketch Plan	
Informant is not able to provide sketch	pla

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2020 15:24
Officer In Charge Of Case: TP / TPIB / SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:

Authentication Stamp

NP168



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (Certificate Number: 5110828802	Cover : drivo CLASSIC
L. Index mark and Registration Number of Vehicle	: SMM8001Y
Chassis Number	: GP71216140
2. Name of Policyholder	: BOOY CHAN CHUNG
3. Effective Date of Insurance	: 08 Jul 2019
4. Expiry Date of Insurance	: 07 Jul 2020
 Persons or Classes of Persons entitled to drive# (a) The Policyholder. 	
(b) Any other person who is driving on the Policy	
the Motor Vehicle or has been so permitted a enactment or regulation in that behalf from d 6. Limitations as to Use#	in accordance with the licensing or other laws or regulations to driven in a superior of the s
	or o
This Policy does not cover (a) Use for racing, pace-making, reliability trial or	
This Policy does not cover (a) Use for racing, pace-making, reliability trial or (b) Use for the carriage of goods (other than sam (c) Use for any purpose in connection with the M # Limitations rendered inoperative by Section 8	ples) in connection with any trade or business.
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For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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	Vehicle	No.(For Motor)	SMM8001Y			Certificate Number		1				
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5110828802		BOOY CHAN CHUNG	57110824D	GPC	drivo CLASSIC	SMM8001Y	SMM8001Y	08/07/2019	07/07/2020	
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Policy No.	5110828802	Policyholder Name	BOOY CHAN	CHUNG	Policyholder NRIC	S7110824D	
Certificate		undant o					
Address	BLK 201B #09-212 PUNGGOL FI	ELD SINGAPO	RE 822201				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	06/07/2019	Effective Date	08/07/2019	00:00	Expiry Date	07/07/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/Inexperience Oriver Excess	
Agent	INSMART (INSURANCE) AGENC	Agent Tel.	68420766		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policy!	nolder Mailing Address						
Address 1	BLK 201B #09-212	Addre	ss 2	PUNGGOL FIELD		Address 3	SINGAPORE 822201
Address 4		Addre	ss Type	Singapore address		Post Code	822201
rauress 4		Relate	ed Policy er	5110828802			
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