NATIONAL Assessment Centre Si	ervices. m	1 1 33/10/3] . [7]			ie by
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tili D. Reporting Only	I-Photo Upload	ed	N. C.		
	Assessment/Surv	cy Report			
TP Insurer:	Ass't Report by J	Fax / Hand to	Owner/Wksp		
Proferred Wissp / IHC Assign Wissp / GW: (Commission of the Commission o		Tul:	Fax:	
	6599J.	, INC()/Non-INC(), ,	
Owner / Driver: (02114		Tel:)	
Policy No: () Period:	()	Cover Type: ()	
Confirmed by : (Date:	Tlmer)	
Insured/Driver Liability: (%) [Note	-Est. Status (WO); N: 0-20	%; P: 21-79% P:	30-100%]	8)
Year of Registration: (') Warr	anty: YES ()/NO()			
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Drive-In ()/Towed-In (); Invoice: YI	ES()/NO) () ; To	wing Co: (, , ,)
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3) Upload Resurvey Photo [Repair Cost > \$3000]	1 (-)				
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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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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

	ACCIDENT STATEMENT
Date Of Report	25/07/2020 11:38
Date Of Accident	24/07/2020 19:30
Exact Location Of Accident	CTE TWDS AYE B4 ORCHARD EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW5743T
Insured/Policyholder	
Name Of Registered Owner	ZY ASIA
Co Reg No	5XXXX857K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91778209
Vehicle Particulars	
Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5104429348-01
Cover Note Number	
Driver	
Name of Driver	QUEK JIK GUAN (GUO ZHEYUAN)
NRIC No	SXXXX072D
Date Of Birth	10/07/1977
Occupation	INDOOR
Date Of Driving Pass	11/02/2004
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91778209
Fax Number	
Contact Number	

NOEMAIL

BLK 711 BEDOK RESERVOIR RD #10-3114 Address

470711 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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 - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR WET Road Surface

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? YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

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

YES NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20200724/7025

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

SMG6599J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

THEIN MYINT WIN TUN Name of Driver

SXXXX380Z NRIC/Passport Number 91550619 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name QUEK JIK GUAN (GUO ZHEYUAN) Approximate Age Injuries Sustain BODY SLW5743T Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

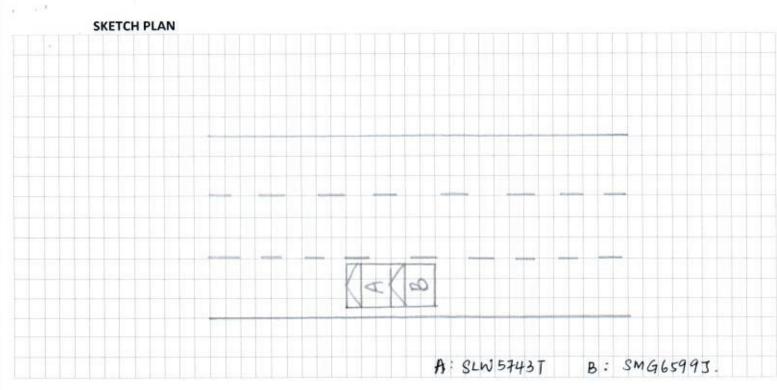
ZY ASIA

Policy holder's signature Date / time: Driver's signature

(if driver is not policy holder)

Date / time:

reporting centre personnel's Signature Date / time:



	TANCES OF THE ACCIDENT	
	Refer to police report	
	Kerer to police report	
/		

DECLARATION

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

ZY ASIA

Policy holder's signature Date & time: Driver's signature

(if driver is not policy holder)
Date & time:

tol

reporting centre personnel's Signature NRIC/FIN No.:





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20200724/7025

REPORT OF A TRAFFIC ACCIDENT

iary No.:
4
ame:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2020 19:30	Type of Location: Straight Road
Weather:	KPRESSWAY	Road Surface:		Road Speed Limit:
Clear		Wet Traffic Control:		Traffic Volume:
Traffic Flow: One Way		Not Controlled		Heavy

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SLW5743T	Car					1		
SMG6599J	Car					0		

Details of Person Involved	
Any Pedestrian Involved: No	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20200724/7025

2 of 3

Report No. T/20200724/7025

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver						
Name	QUEK JIK GUAN			ID No	•0	S7719072D
Related Vehicle	SLW5743T (Car)			Conta	ct No.	91778209
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Main Sava	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	05	Degree o	f Injury	Serio	us

Brief Details.

On the 24/07/2020 at around 7.30pm. I was travelling straight In my vehicle along lane 3 on CTE. I slowed down due to the traffic and suddenly I felt an impact on the rear of my vehicle. I realised that vehicle number SMG6599J had collided onto the back of my vehicle. I suffered injuries from the above accident and was granted 5 days of MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200724/7025

CONTINUATION OF REPORT

SI	cet	tch	P	an
-	10			an

Informant is not able to provide sketch plan

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: 24/07/2020 21:28
Officer In Charge Of Case: TP / TPHQ / SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:

Authentication Stamp

NP168

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Notice of Loss	Policy No.				Date	of Accident		24/07/2020	11:36		
Vehicle No.(For	No.(For Motor)	SLW57	43T		Cert	lficate Numbe	er				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104429348- 01		ZY ASIA	53363857K	GPC	CLASSIC	SLW5743T	SLW5743T	06/10/2019	03/11/2020
						Continue	1				

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

ACCIDENT DETAILS							
Date of accident	24/07/2020	(DD/MM/YY)					
Time of accident	1930 -	(HH:MM)					
Exact location of accident	Along CTE towards AYE before Orchard exit						

学生,这种人们是一个人们的	D	ETAILS OF	VEHICLE		如果是海绵 那样与此的
Vehicle registration number	SLW 5743	T			
Vehicle make and model	Honda Cit	ч			
Type of vehicle	Saloon Z Lorry 🗆	MPV =		□ Van orcycle □	Others:
Vehicle category	Private	Comm	ercial 🗆	Motorcy	cle 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes Third part cl	No∕⊡ aim ⊭		ase select:	

INSURANCE INFORMATION					
Insurance company	NTUC				
Policy number					
Type of policy	Comprehensive	Third party fire & theft	TP only		

	INSURED / POLICY HOL	DER	和五人性人类
Name	ZY ASIA	Male □	Female 🗆
NRIC / Fin / Passport number			
Contact			
Address			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Quek Jik Guan Male Female						
NRIC / Fin / Passport number	S 771907>D						
Contact	9177 8209						
Address	BIK 711 Bedok Reservoir Road # 10-3114 S(470711)						
Email address							
Date of birth	10/07/1977						
Occupation	Indoor Outdoor Outdoor						
Driving date pass	11/02/2004						

	GENERAL	INFORMATION	OF THE ACCIDENT	And Services
Was driver an employee of	Yes	No □	OF THE ACCIDENT	E LINE LA SUA SI
the insured's company?	A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		driver and insured:	
Accident captured by camera?	Yes 🗆	No 🗆	dilver and modred.	
Weather condition	Clear	Raining	Others:	
Road surface		Wet	Others.	
No of passenger	Dry ロ のユ	Wet		(Inclusive of driver)
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Name	Mala -	Familia -/		
Gender	Male 🗆	Female		
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Name				/
Gender	Male 🗆	Female		
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Gender	Male 🗆	Female		
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Name				
Gender	Male 🗆	Female	7	
		PASSENGE	R 6	AND PARTY
Name				
Gender	Male 🗆	Female		
7	Tridic E	remare B		
Control of the contro	TRANSPORTER	OTHER INFORM	MATION	
Was anybody injured?	Yes	No 🗆		MANAGEM AT THE BUILDING TO THE
Was other vehicle damaged?	Yes	No 🗆		
trus other remere damagea.	1.05			
THE PARTY OF THE P	DETAIL	S OF POLICE ST	ATION ACTION	
Reported to police?	Yes		es, please state which poli	re station
Police station name	Tes	NO LI II ye	es, piease state willcii poli	ce station.
ronce station name				
	(5.10)	WITNESS		TO PET LANGUAGE MANAGEMENT
Name of the last o		WITNESS	- NAME OF STREET	
Name				
		WITNESS	2 consumer process	Account to the second s
Name				

Manager and the second	
	THIRD PARTY VEHICLE 1
Vehicle registration number	SMG 6599J
Vehicle make model	
Name	Thein Myint Win Tun
NRIC / Fin / Passport number	8 89 30380 Z
Contact	9155 0619
Committee of the state of the s	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD FART FYEIRCE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
美国国际政策的	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Line book of a fall of the fall of	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
According to the control of the cont	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	+/
Contact	
7	/
CONTRACTOR OF THE SECOND	THIRD PARTY VEHICLE 6
Vehicle registration number	THIRD PARTY VEHICLE 0
Vehicle registration number	
Vehicle make model	
Name / I	
NRIC / Fin / Passport number	
Contact	
· · · · · · · · · · · · · · · · · · ·	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	

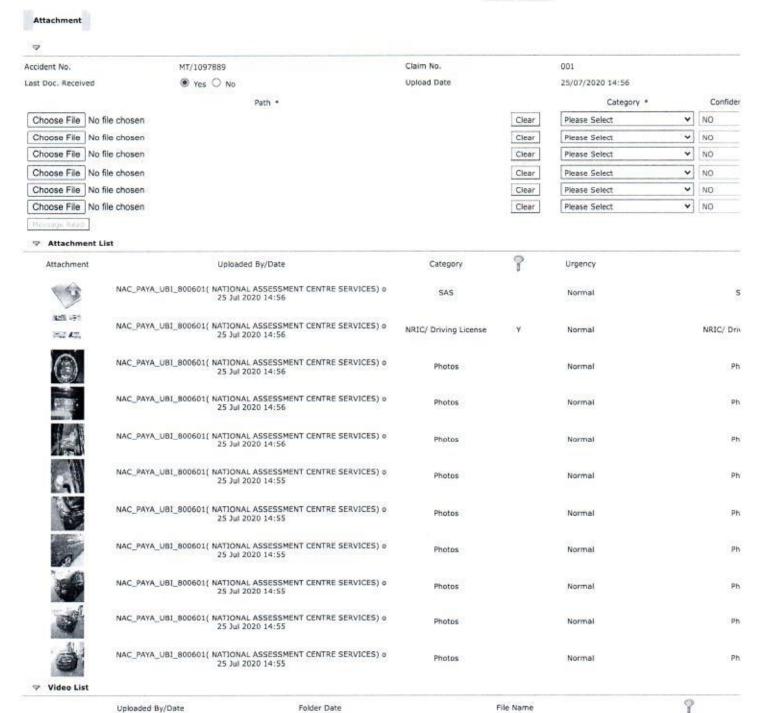
Contact

KARLES AND THE PARTY OF THE PAR		INJURED PERSON 1
Name	Quek J	lik Guan
Injuries sustained	BAN	
Which vehicle person in?	SLW 574	43 T
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	No
hospital by ambulance?		
128 C		
经验性的企业		INJURED PERSON 2
Name		
Injuries sustained		/-
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	100	
经保护的企业的 联系统会员		INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 4
Name	256	INJURED PERSON 4
Name Injuries sustained	23.5	INJURED PERSON 4
1000000	9-11-5	INJURED PERSON 4
Injuries sustained	Yes 🗆	INJURED PERSON 4
Injuries sustained Which vehicle person in?	Yes Yes	
Injuries sustained Which vehicle person in? Were seat belts worn?	-	Nø 🗅
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	-	Nø 🗅
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	-	Nø 🗅
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	-	Nø 🗆 No 🗅
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	-	Nø 🗆 No 🗅
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	-	Nø 🗆 No 🗅
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	-	Nø 🗆 No 🗅
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes Yes	Nø 🗆 No 🗆 INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	Nø 🗆 No 🗆 INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	Nø 🗆 No 🗆 INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes Yes	Nø 🗆 No 🗅 No 🗆 No 🗆 No 🗆
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Claim Handling

Se la		and the second		To be a second or the second o	A 100 Per - 1
5104429348-01	Vehicle No.	SLW5743T		GST Reg	gistrat
ZY ASIA				Policyho	ider i
PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	
91778209	Contact No.(Office)			Contact	No.(h
	Special Remark			eCode	
No Yes	TCA	No Yes		eCode R	leasor
No	NCD Entitlement(%)	50		Private I	Hire
25/07/2020 14:52	Accident Report Within 24 hrs	Yes		Accident	t Type
		19:30			
24/07/2020		13.30			
	Grange Force			1011110.	
CTE TWOS AYE B4 ORCHARD EXTI					
2611745(2890)	AVAING SAMON SECTION				
Per Accident	Windscreen Excess		100.00		
2,000,00	TP Standard Excess		1,500.00		
	YIED TP Excess		533335	Driver is	Cove
	Total TP Excess Applicable		1,500,00		
2000.00	The state of the s				
0.00		GST Pagists	ration Date		-
No					Yes
25/07/2020 14:54:46 Sv	stem changed GST Status Verified from No		remod		14.
ress					
BLK 711 W10-3114	Address 2	BEDOK RESERVOIR	ROAD	Address	3
SINGAPORE 470711	Address Type	Singapore address		Post Cor	de
10-3114	Related Policy Number	5104429348-01			
Unnamed Driver	Driver Type	Unnamed Driver			
QUEK 11K QUAN (GUQ ZHEYUA)		S7719072D		Driver D	оов
				Driving	Exper
	The Paris of the P	10,00		2000000	
		BEDOK BESERVOIR	ROAD		
			NO-S		
	1,420,530,1365	Singapo, e asar ess			100
				2.0	
Yes No	Driver Vehicle No.			Driver I	nsure
0.000	American 2	Var No			
0 mg	Any injury?	Yes No			
				Yearnen	200
			OD-MX	✓ Insure Name	
				Name Contac	ct _
			OD-MX	Name	ct N
				Contac No. (Home	ct N
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				Name Contai No. (Home OI Vehick Numbo	ct N
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Insured Liability Not at F	ault V		NIL	Name Contai No. (Home OI Vehick Numbo	ct N
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Preférered Not at 1	Name unknown GIA Paraised	· •	NIL	Name Contai No. (Home OI Vehicle Numbe OI OX (Home Claim Close	ct N
Preference Preference Workshop	Name unknown GIA Paraised	· •	NIL SLW5743T / SMG6599 25/07/2020 14:55	Name Contac No. (Home OI Vehicle Numbe	ct Ni
Preference Preference Workshop	Name unknown GIA Paraised	· •	NIL SLW5743T / SMG6599	Name Contai No. (Home OI Vehicle Numbe OI OX (Home Claim Close	ct N
	ZY ASIA PRIVATE CAR INSURANCE 91778209 No Yes No 25/07/2020 14:52 24/07/2020 CTE TWDS AYE B4 ORCHARD EXIT Per Accident 2,000.00 0.00 0 2000.00 ion No 25/07/2020 14:54:46 Sy	ZY ASIA	27 ASIA	27 ASIA	2Y ASIA

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