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Preferred Wksp / INC Assign Wksp / QW			Tel:	Fax:	
	SJUTTG8M	INC ()/Non-INC().		
Owner / Driver: (3.0023.001-1		Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	%) [Note-Est. Status (W	O): N: 0-2	0%; P: 21-79%. P: 80	-100%]	-
Year of Registration: () Warranty: YES ()/NO()		
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Drive-In () / Towed-In (); In	nvoice: YES () / N	O();T	owing Co: ()
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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.

	ACCIDENT STATEMENT
Date Of Report	30/07/2020 12:39
Date Of Accident	29/07/2020 08:20
Exact Location Of Accident	PIE TWDS TUAS NEAR EXIT 34
Country/State of Loss	SINGAPORE
La company de la	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFM2171L
Insured/Policyholder	
Name Of Registered Owner	THONG KOK SENG
NRIC No	SXXXX717I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96394943
Alternative Phone No	OFFICE-96394943
Vehicle Particulars	
Manufacturer	тоуота
Model	VIOS E AUTO
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107085553-01
Cover Note Number	
Driver	
Name of Driver	THONG KOK SENG
NRIC No	SXXXX717I
Date Of Birth	16/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1978
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96394943
Fax Number	
Contact Number	OFFICE-96394943
EMail Address	NOEMAIL

BLK 135 SERANGOON NORTH AVENUE 2 Address #12-60 Postcode 550135 Was driver an employee of the Insured's Company If No, Relationship of the Driver with the Insured OWNER Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident COLLISION - HEAD TO REAR Weather Conditions DRIZZLING Road Surface WET Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 3 involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2 Passenger 1 NAME: : THONG ZHIWEI GENDER: : MALE **Details of Police Action** Was the accident reported to the police? YES If Yes, Please state which Police Station Police Station Name ALEXANDRA NEIGHBOURHOOD POLICE POST ROAD: BLK 46-2 COMMONWEALTH DR , POSTCODE: 140462 , Police Station Address **COUNTRY: SINGAPORE** TEL NO: 1800-4739999 - FAX NO: 64713569 Police Station Contact Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER TO POLICE REPORT - T/20200729/2060. 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 SJQ5568M Vehicle Make/Model/Colour **Details Of Properties** PRIVATE CAR Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YL6950J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

DETAILS OF INJURED PERSON 1

THONG KOK SENG Name

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? SFM2171L

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

DETAILS OF INJURED PERSON 2

THONG ZHIWEI Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

SFM2171L

YES

NO

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.
- 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:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

lefer to police	report - 1/22072	1/2060.	
	MA NO	10).	

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 .:

ACCIDENT STATEMENT

	1. D	ETAILS OF VEHICL	LE			7
			ER: SFMZI	עוב		
) INSURANCE CO		TUC .		
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			TE (THIRD PARTY)			
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		NAME: Thona			MALE	/ FEMALE)
	50500	NRIC/FIN/PASSP			CONTACT:	9639494
		ADDRESS:		- Name of the last	5.00-	
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Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

1 of 4 Report No. T/20200729/2060

Tel No: 1800-4739999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 020 14:02	Made:	Vide Report No.: J/20200729/0046	Station Diary No.:	
Informa	nt's Partic	ulars			
	f Informant: KOK SEN		Address: APT BLK 135 SERANGOON SINGAPORE 550135	NORTH AVENUE 2 #12-60	
ID Type / ID No.: NRIC NO / S1366717I Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mobile: 96394943 Email:		
Sex: Age: Date of Birth:			Type of Informant:		
Race: Chinese			Language: Mandarin	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Date/Tin Drive: Accident No 29/07/20		Type of Location Straight Road
	EXPRESSWAY			
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head To R	ear		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SFM2171L	Car	TOYOTA	VIOS E AUTO	Beige	Slightly Damaged	1
SJQ5568M	Car				Slightly Damaged	0
YL6950J	Lorry				Slightly Damaged	0

Details of V	ehicle Insurance	THE RESIDENCE OF		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

Report No. T/20200729/2060

2 of 4

Tel No: 1800-4739999

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFM2171L	NTUC Income Insurance Co-Operative Limited	5107085553-01	17/01/2020	16/01/2021

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Per	destriar	Cross	sing: NA
Passenger		Sixuatar				THE REAL PROPERTY.
Name	Thong Zhiwei			ID No		S8904662I
Related Vehicle	SFM2171L (Car)			Conta	ict No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
	ted Medical Leave	NIL	Degree of			
Driver			ertenitur 2			THE REAL PROPERTY.
Name	THONG KOK SEN	G		ID No		S1366717I
Related Vehicle	SFM2171L (Car)			Contact No.		96394943
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
	ted Medical Leave	NIL		Degree of Injury Slight		8
Driver						THE RESERVE OF THE PERSON NAMED IN
Name	Rameshbau			ID No		S7461456F
Related Vehicle	SJQ5568M (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of		NIL	





Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

3 of 4 Report No. T/20200729/2060

Tel No: 1800-4739999

CONTINUATION OF REPORT

Name	Neo Puay Guan			ID No		S1446316Z
Related Vehicle	YL6950J (Lorry)			Conta	ict No.	96288687
Hospital/Clinic	NIL			Class Drivin Licene Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days granted Medical Leave		NIL	Degree o		NIL	

Brief Details.

On 29/07/2020 at about 0800hrs, I was travelling in my vehicle, SFM2171L along PIE towards Tuas on the right most lane. My son was on board the vehicle with me. I was travelling behind a black vehicle. Near exit 34, the vehicle ahead changed lane and I noticed that there was 3 motorbike together with 3 person stopped at the right most lane. One of the motorbike bearing license plate: FBN5894G. I immediately applied brake and slowly came to a stop about 1 car length away from the motorbikes. Suddenly, I felt a huge impact from the rear and my vehicle surge forward towards the left. While surging forward, we felt another impact on the left side of the vehicle and we ended up on the road shoulder. Me and my son had a headache after the accident. My son then called for police assistance. I managed to take a few photos of the accident scene before ambulance came and conveyed me and my son to Ng Teng Fong Hospital. I was given 3 days Medical leave while my son was given 2 days.





Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462 Tel No: 1800-4739999

Report No. T/20200729/2060

4 of 4

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 3 LEE HAO ZHENG ALVIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/07/2020 14:02
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case:
Authentication Stamp	

eBao Tech							Genera	alClaim		
Hello, NAC_PAYA_UBI_80	0601				TOWN TOWN	• Change	Language	· Chan	ge Password	· Log Out
My Desktop	Policy Query									ÿ.
Notice of Loss	Policy No.				Date o	of Accident	2	9/07/2020 0	08:20	
	Vehicle No.(For Motor)	SFM21	710		Certific	cate Number				
				1	Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5107085553- 01		THONG KOK SENG	S13667171	GPC	drivo CLASSIC	SFM2171L	SFM2171L	17/01/2020	16/01/2021
				C	continue					

Sequer		Date of Endorsemen	yt 5-	ndorsement	Type	Endorsement	Ctatue	Endorsement Content
▽ Endors								
Unit No.	12-60 d Object: SFI		Number		5107085553-01			
Address 4	30000		Address Related		Singapore address		Post Code	550135
Address 1	BLK 1	35 #12-60	Address		SERANGOON NORT			SINGAPORE 550135
000000000000000000000000000000000000000	nolder Mailin	Address	1000190000	Nov.	***************************************	Contract of the	2020 Y. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	Topost seamon constitut
Certificate Info								
Open Policy Info								
Co- Insurance Flag	No							
\gent	INSURE LIN	C PTE LTD	Agent Tel.	64444644		GST Flag	Y	
Dutside Singapore OD Excess	2000		Outside Singapore TP Excess	1500			Young/	/Inexperience Driver Excess
Additional Excess	0		Premium	0				
Third Party Excess	1500		Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident		All Claims Excess					
Policy issue Date	02/01/2020		Effective Date	17/01/2020	00:00	Expiry Date	16/01/2021 23	8:59
Product Name	PRIVATE CA	R INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 135 #1	2-60 SERANGOON I	NORTH AVENUE	2 SINGAPO	RE 550135			
Certificate No.								
olicy No.	5107085553	-01	Policyholder . Name	THONG KO	K SENG	Policyholder NRIC	S1366717I	

Claim Handling						
Accident MT/1098402						
Policy No.	5107085553-01	Vehicle No.	SPM2171L	GST Registration No.		
Certificate No.						
Policyholder Name	THONG KOK SENG			Policyholder NR3C	513667171	
Product Code	PREVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0	
Contact No.(Mobile)	96394943	Contact No.(Office)	0	Contact No.(Home)	0	
Imail Address		Special Remark		eCode	100	
(PK	® No ○Yes	TCA	® No ○ Yes	eCode Reason		
VCO Protection	No	NCD Entitlement(%)	10	Private Hire	Yes	
Accident Details						
Report Date	30/07/2020 12:48	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear	
Date of Accident	29/07/2020	Time of Accident filtimm	08:20	Country of Acadent	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	PIE TWDS TUAS NEAR EXIT 34					
▼ Total Excues Applicable						
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	2,000.00	TP Standard Escase 1,500.00				
(IED DO Excess	0.00	YDED TP Excess	TED TP Excess 0.00		Covered	
Additional Excess	0					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable 1,500.00				
▽ Benefits						
GST Registered Inform.	ation					
ST Registeres	No		GST Registration Date			
SST Registration No.			GST Status Verified	Yes		
Modification History						
	8					
Policyholder Mailing Ad						
Address 1	BUK 135 #12-60	Address 2	SERANGOON NORTH AVENUE 2	Address 3	SINGAPORE 550135	
Address #		Address Type	Singapore address	Post Code	550135	
Jnit No.	12-60	Related Policy Number	5107085553-01			
□ OI Driver Info						
Driver Name	THONG KOK SENG	Driver Type	Hain Oriver			
Innamed driver Name		Driver NRJC	\$17667171	Driver DDB	16/06/1959	
Register Date of Driver License	11/03/1978	Driver Age	61	Driving Experience	42	
Contact No. (Mobile)	96394943	Contact No.(Office)	0	Contact No.(Home)	0	
Address 1	BLK 135	Address 2	SERANGOON NORTH AVENUE 2	Address 1	SINGAPORE \$50135	
Address 4		Address Type	Singapore address	Post Code	550135	
unit No.	12-60					
Does he own a Singapore Registered cur?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
eclaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○No			
Redification History						
rodelcacion restory						
Claim 001 New						
Two Fores	for my	Indiana Maria	THONG KOK SENG	Tenant Mark	\$13667171	
Dam Type *	00-MX. V	Insured Name	- Control of the cont	Indured NRIC	21300/1/4	
Contact No. (Mobile)	98331580	Concact No.(Home)	62813751	Contact No. (Office)	letossess.	
mail Address	slewmeng.ng@income.com.sg	Of Vehicle Number	SFM2171L	TP Vehicle Number	SIQSSERM	
Daimani Type Claimani Type *		Type of Benefit *	Please Select			
Dalmant Name *	22	Claimant NRIC +		1		
Daimant Address	Projection of the second of th			100000000000000000000000000000000000000		
Daim Description Preferred Workshop Contact	SFM2171L / S3Q5568M ON 29 Jul 2020	ASSOCIATION CONTRACTOR OF		Name of Preferred Workshop		
referred Workshop Contact.		Insured Liability *	Not at Fault			
lequire finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	30/07/2020 12:58	Claim Close Date		Date Received	30/07/2020 00:00	
Report Taken By	Jackson					
Print AK letter						
			nandonna disandendala			
			Save Submit			
Attachment						
w						
	EDENOMINE.	20100000	-20			
Accident No.	MT/1098402	Claim No.	001			
ast Doc Received	● Yes ○ No	Upload Date	30/07/2020 13:00			
	Path +	-	Cacegory *	Confidential Urgen		
3		Browse.	Clear Please Select			
		Browse.	Cear Please Select 5	Normal V Normal		
		Browse	Cear Please Select	Normal V Normal		
		Browse.	Cear Please Select	Normal		
		Browse.	Cear Please Select S	Normal	<u> </u>	
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