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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	- 170 1 100 100
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Owner / Driver: (Tel:)	
Policy No: () Pe	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [Note-Est. Status (WQ): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()/NO()		
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Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	())	Date&Time Completed	Done	by
Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	()))	Date&Time Completed	Done	by
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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.

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	07/09/2020 17:36
Date Of Accident	05/09/2020 08:30
Exact Location Of Accident	10 KAKI BUKIT RD 1 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBK633S
Insured/Policyholder	
Name Of Registered Owner	C & D CONSTRUCTION PTE LTD
Co Reg No	2XXXXX438E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 DX 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114438993
AND THE RESIDENCE AND THE PARTY OF THE PARTY	

Driver

Cover Note Number

DING GA WIND Name of Driver FXXXX562Q Passport No/FIN Date Of Birth 01/12/1975 INDOOR Occupation 08/10/2008 Date Of Driving Pass

11 YEARS AND 10 MONTHS Driving Experience

MALE Gender

+65-96489393 Mobile Number

Fax Number

OFFICE-96489393 Contact Number

NOEMAIL EMail Address

Address

10 KAKI BUKIT ROAD 1

#01-12 KB INDUSTRIAL BUILDING

Postcode

416175

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

5

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

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

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

GBH1074P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MR TAN

NRIC/Passport Number

Contact Number

97904629

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 3) 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.
- 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)

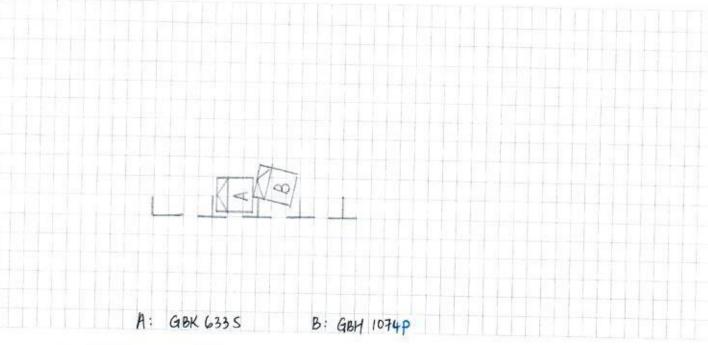
I understand, acknowledge, agree and consent that:

- (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.

SCONSTRUCTION OF THE PARTY OF T

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

		My	vehicle	was	Stati	onary	parke	d a	t open	n sea	space	e car	park
of	10	Kaki	Bukit	Road	1.	When	I	went	back	to i	ny ve	hicle	. 1
			there					Y	ear poi	rtion o	f mu-	vehict	在
Was	Son	neone	told	me +	hat	vehicle	В	had	collia	led	onto	my	
vehic	le	while	exitin	g th	e po	arking	lot.						

DECLARATION

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



Policy holder's signature Date & time: 65

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EQ

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.

Date of accident	ACCIDENT DETAILS	(55/55/55/55/55/55/55/55/55/55/55/55/55/
Time of accident	0880 -	(DD/MM/YY
Exact location of accident	open space car park of 10 Kaki	(HH:MM
and a decident	open space car park of 10 Kaki	i Butit Road 1

其种类的是一种,但是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一	DETAILS OF VEHICLE
Vehicle registration number	GBK 6335
Vehicle make and model	Nissan Nv200
Type of vehicle	Saloon
Vehicle category	Private Commercial Motorcycle Motorcycle
Purpose of using at said time	Motorcycle L
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

Mark the same of the same of	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	***		
Type of policy	Comprehensive	Third party fire & theft	TP only

Name	50 300 300	SURED / POLIC	-	The second second		
Name	C&D	Construction	Pte	Ltd	Male 🗆	Female
NRIC / Fin / Passport number	2009 124	+38E			male D	remale [
Contact						
Address						

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.	O B)	about the case
Name	Ding Ga Wind	Male 🖸	Female
NRIC / Fin / Passport number	F7437562Q	ividie	remaie 🗆
Contact	9648 9393		
Address	10 Kaki Butit Road 1 # 01-12 KB Building S(416175)	Industrial	
Email address	0 20 110115		
Date of birth	01/12/1925		
Occupation	Indoor D Outdoor		
Driving date pass	08/10/2008		

美国第一个	GENERAL.	INFORMATION	OF THE ACCIDENT	Carlo Anna Market Consultation
Was driver an employee of	Yes	No 🗆	THE ASSIDENT	CONTRACTOR OF THE STATE OF THE
the insured's company?	If no, rel		driver and insured:	
Accident captured by camera?	Yes 🗆	No 🗷	diver and modred.	
Weather condition	Clear	Raining 🗆	Others:	
Road surface	Dry	Wet 🗆	Others,	
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Vehicle registration	THIRD PARTY VEHICLE 1
Vehicle registration number Vehicle make model	GBH 1074E
Name	
	Mr Tan
NRIC / Fin / Passport number	
Contact	9790 4629
到这个人的 ,但是是	THIRD PARTY VEHICLE 2
Vehicle registration number	THE VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
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		INJURED	PERSON 1		
Name			T ENSOW 1	2000年1月	TO THE REAL PROPERTY.
Injuries sustained					1
Which vehicle person in?					
Were seat belts worn?	Yes	□ No □			
Was injured conveyed to	Yes	□ No □			
hospital by ambulance?					
And the second second second	Section 2			/	
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Were seat belts worn?	Yes	No 🗆			
Was injured conveyed to	Yes				
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Was injured conveyed to	Yes 🗆	No 🗆			
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Injuries sustained		/			-
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Was injured conveyed to	Yes 🗆	No 🗆			
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name njuries sustained Which vehicle/person in?	Yes 🗆	No 🗆 No 🗆			
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆			



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: \$66880020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THEAMENDMENTS: Original Report No: MNA120077399 Vehicle Registration No: GBK633S Name_(asshownin NRIC): C & D CONSTRUCTION PTE LTD NRIC/FIN/Passport No: 200912438E (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address : 10 KAKI BUKIT ROAD 1 #01-12 KB INDUSTRIAL BUILDING Singapore(416175) Contact (Tel) Mobile No.: : 9648 9393 **Email Address** Date of Accident : 05/09/2020 TimeofAccident: 0830 Place of Accident : 10 KAKI BUKIT ROAD 1 OPEN SPACE CARPARK InsuranceCompany: NTUC (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: THIRD PARTY CARPLATE AMEND TO GBH1074P Policyholder / Briver's Signature Reporting Centre Personnel's Signature

Name:

Date:

NRIC/FIN No .:

GIARMC addendumforar_V3

Date: