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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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 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.

- 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.

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The East Married and the Constitution of the Section Section 2	ACCIDENT STATEMENT
Date Of Report	07/09/2020 18:34
Date Of Accident	05/09/2020 15:40
Exact Location Of Accident	ALONG CTE TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE
District Control of the Control of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ8297G
Insured/Policyholder	
Name Of Registered Owner	ZHUANG ENGINEERING PTE, LTD.
Co Reg No	2XXXXX103W
Email Address	GIYUAN4321@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90903039
Alternative Phone No	OFFICE-90903039
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5112458200
Cover Note Number	
Driver	
Name of Driver	ZHUANG KAI
NRIC No	SXXXX250D
Date Of Birth	21/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	01/10/1998
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-90903039
Fax Number	
	TO CONTROL OF THE PROPERTY OF

OTHERS-90903039

GIYUAN4321@GMAIL.COM

Address

13 PASIR RIS RISE

#10-26

Postcode

518086

Was driver an employee of the Insured's Company NO

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

CHAIN COLLISION

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

3

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: WORKER

GENDER:

: MALE

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

PLEASE REFER TO SKETCH PLAN

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

SKU9517B

Vehicle Make/Model/Colour

PEUGEOT

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

GOH MAY WAN

NRIC/Passport Number

SXXXX639C

Contact Number

91381000

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLW5684E

Vehicle Make/Model/Colour

KIA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YEO JUN REN JERRY JAY

NRIC/Passport Number

SXXXX325A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful 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.
- 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:
 - (i) 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.

ZHUANG ENGINEERING PTE, LTD. (UEN: 201907 203W) 1085 EUNOS AVENUE 7A

#O Policyholder's Signature TRIAL ESTATE
Date & Time APORE 409535

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sign

∡ivame:

NRIC/FIN No.:

COURSE CONTRACT OF THE CONTRACT OF

SKETCH PLAN	A) GBJ 82976 C) SLN 5684E
NET CITTE AN	B)SCU 95/7B
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TIL SOM	y claim hourance.
CLARATION Ve declare the fore	going particulars are true in every respect.
/	ERING PTE. LTD. 67/09/2070
icyholderi Niegatur te & Timen GAPOR	SUSTRIAL ESTAT Driver's Signature Reporting Centre Personnel's Signature E 409535 (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

MPORTANT NOTICE

- 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
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- 5. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Gingapt, e (GIA) for urchiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 8. By the lacgement 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 mere available

ACCIDENT STATEMENT

Date Of Report. 67 SEPT 20
Date Of Accident 65 SEPT 20 1540hrs
Exact Location Of Accident CTE TO ANG MO KID

Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ 8297 G

insured/Policyholder

Name Of Registered Owner EMUANG ENGR P/L.

Small Address

Mobile Phone No.

Alternative Phone No.

Vehicle Particulars

Vianufacturer

MIACE.

Exact Purpose for which vehicle was being used at lime of accident

WORK

Are you distinling under your own insurance policy

or repair to your vehicle?

If No. Please state action to be taken

Vehicle Category

CLAIM THIRD PARTY.

insurance Company

Name of Insurance Company

NTUC

Type Of Coverage

COMPREHENSIVE.

Figel Policy

5112458200

Dever Note Number

Driver

Name of Driver

ZHUANG KAI

Date Of Brin

2/03/1961

MANAGER

Date Of Driving Pass

Driving Experience 0/10 /998

MALE.

Mobile Number

AS ABOVE.

Fax Number

EMail Add ass

giyuan 4 3 21 @ g nail com

Adoress

13 PASIR RIS RISE

#10-26

Was driver an employee of the Insured's Company If No. Relationship of the Driver with the Insured Valucle Registration Number of Driver's Own Vehicle.

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

Weather Conditions

DRIZZLE

Y6.5

OZ

NA.

Other Information

Mas any foreign vehicle involved in this accident?

VVBs any body injured in the Accident?

Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Was not be of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1 SK49517B Vehicle Registration Number (3) SLW 5684E Vehicle Wake/Model/Colour PEUGCET BROWN KIA BLUE FRONT 87129839C Name of Driver WRIG/Passport Number YEO JUN REY Contact Number 91381000 Address JERRY JAY Insurance Company Name S9808325A Nature Of Damage No. Of Passenger (Including Driver) FRONT Datails of Witness Phone Number

Page 3 or 20

laim Handling							
ccident MT/1102608		Minute No.	C834303C		GST Registration No.		
olicy No.	5112458200	Vehicle No.	G838297G		dat negotiation res.		
ertificate No.	ZHUANG ENGINEERING PTE, LTD.				Policyholder NRIC	201907103W	
olicyholder Name		Cover Type	Comprehensive		Loading	0	
roduct Code	COMMERCIAL VEHICLE INSURA 90903039	Contact No.(Office)	Saling Changers		Contact No.(Home)		
Contact No.(Mobile) Email Address	40363034	Special Remark			eCode	No w	
OFK	No Yes	TCA	No Yes		eCode Reason		
CD Protection	No	NCD-Entitlement(%)	a a		Private Hire	No	
Report Date	07/09/2020 18:49	Acadent Report Within 24 hrs	Yes		Accident Type	Chain Collision	
Date of Accident	05/09/2020	Time of Accident hh:mm	15:40		Country of Accident	Singapore	
Reporting Centre		Drange Force			ICM No.		
Accident Location	ALONG CTE TOWARDS AND MO KID						
▼ Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess		100.00			
	***	TP Standard Excess		0.00			
DD Standard Excess	600.00	YIED TP Excess		0.00	Driver is Covered?	Covered	
YIED OD Excess Additional Excess	0.00	TIED OF ENCOS		0.00			
Total OD Excess Applicable	600,00	Total TP Excess Applicable		0.00			
♥ Benefits	(0.000000)						
GST Registered Informati	iem :						
GST Registered	No		GST Regist				
GST Registration No.			GST STATUS	Verified	Yes		
Modification History	07/09/2020 18:51:50 Sy	stem changed GST Status Verified from N	io to Yes				
III. Belleyholds H. W C. C.	0000						
→ Policyholder Mailing Addr *** *** *** ** ** ** ** **	***************************************	Address 2	EUNOS AVENUE 74		Address 3	EUNOS INDUSTRI	ALESTATE
Address 1	BLK 1085 #01-22	Address Z Address Type	Singapore address		Past Code	409535	With the state of
Address 4	SINGAPORE 409535		5112458200-01				
Unit No.	01-22	Related Policy Number	3112430500-01				
→ OI Driver Info	Viscos de Britan	Driver Type	Unnamed Driver				
Driver Name	Unnamed Driver	Driver NRIC	527172500		Driver DOB	21/03/1961	
Unnamed driver Name	ZHUANG KAI	Driver Age	59		Oriving Experience	21	
Register Date of Driver License Contact No.(Mobile)	01/10/1998 90903039	Contact No.(Office)			Contact No.(Home)		
Address 1	13 PASIR RIS RISE	Apdress 2	#10-26 SEA HORI	ZON	Address 3	SINGAPORE 5180	9.6
Address 4		Address Type	Foreign address		Post Code	516000	
Unit No.	10-26					I TORRES	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	G838297G		Driver Insurer Company	NTUC	
Reading? Medification History Citelin 901 New							
					Insured (accused fine	Insured	201907103W
Claim Type *				OD-MK	Insured ZHUANG ENG	INEERING PTE. LT NRIC	2013012031
Contact No.(Motrile)					No. NO.	No. (Office)	
100 100 100 100 100 100 100 100 100 100					(Home)	TP.	
Email Address					Vehicle GB38297G Number	Vehicle Number	SKU95178
				Tananan organism s		Name of Preferred	-
Claim Description				GBJ8297G / SKU9517B C	74 9 Sept 2020	Worksho	
Preferred Workshop	Insured Liability Not at	Fault V					
Boituict No. Yes Finalisation	#referred Preferred Workship	op, Name unknown V GIA Receive	ved '		Claim	Date	0.000000000
Date Registered	Option			07/09/2020 19:00	Close Date	Received	07/09/2020
Report Taken By				ROSLI WAHAB			
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6	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SER S (BUKIT MERAH)) on 07 Sep 2020 19:02	IVICE Photos	Normal	Photos 2020-9-7	
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663	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SI S (BURIT MERAH)) on 07 Sep 2020-19:00	ERVICE SAS	Normal	SAS 2020-9-7	
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Display in New Window | Scan and uploading

Notice of Loss

eBaoTech Hello, NAC_BUKIT_MERAH_800676 My Desktop **Policy Query**

Policy No.

Vehicle No.(For Motor)

5112458200

Commence Expiry Date

· Log Out

05/09/2020 18:32

Insured Object

Change Password

Search

Policyholder Name Policyholder NRIC Certificate Vehicle Product Cover Type Select Policy No. No.

ZHUANG GCV Comprehensive GB38297G GB38297G 09/09/2019 08/09/2020 ENGINEERING 201907103W PTE. LTD.

Date of Accident

Certificate Number

· Change Language

GBJ8297G

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GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre

_	with whom you submitted the Original Report.	
	ADDENDUM	_
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MARYDO TYYY Vehicle Registration No: GBJ 8297G	
	Name(as shown in NRIC): Thurus KAI NRIC/FIN/Passport No : SXXXX 250	1)
	("Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate	
	Address :Singapore()
	Contact (Tel) :Mobile No.:	_
	Email Address :	_
	Date of Accident : 05/09/2020 Time of Accident : 15/80	
	Place of Accident : Alone CTE TOWARDS BULL MO KED	
	Insurance Company: M. MMC	_
(B)) ADDITIONALINFORMATION / AMENDMENTS:	
	I have made a report on the above mentioned accident and would like to include additional information of make the following amendments:	or
	SUBMIT SKATCH WITH COLS SHOTUP.	5.05
		2772
		_
	THUANG ENGINEERING PTE, ITD. (UEN: 201907103W) 1085 EUNOS AVENUE 7A #01-22 EUNOS INDUSTRIAL ESTATE SINGAPORE 409535	
	Policyholder / Driver's Signature Date: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:	