Date In: 24/10/20-10! N	Jeb description		Date & Time Compl	eted	Done	pi.
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TD L	Assessment/St	irvey Report				
TP Insurer:	Ass't Report b	y Fax / Hand	o Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:		48/2 = 50
TP Particulars: Veh No:	8706x	. INC()/Non-INC().	8	
Owner / Driver: (Tel:)	
Policy No: () P	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est Status (WO): N: 0-2	0%; P: 21-79%. P	80-100%	6]	
Year of Registration: ()	Warranty: YES ()/NO()			
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Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 29/10/2020 10:20

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number EMail Address

- Please report <u>correctly</u> 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.	
	ACCIDENT STATEMENT
Date Of Report	29/10/2020 10:12
Date Of Accident	27/10/2020 16:20
Exact Location Of Accident	JLN TOA PAYOH
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GW6780M
Insured/Policyholder	
Name Of Registered Owner	WESTINGENERAL TECHNOLOGIES P/L
Co Reg No	2XXXXX435K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	NISSAN
Model	P/UP D/CAB
Exact Purpose for which vehicle was being used at time of accident	COMMERICAL 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103122788-02
Cover Note Number	
Driver	
Name of Driver	WONG SIEW KIN
NRIC No	SXXXX511D
Date Of Birth	10/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1985
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE

(LOCAL) +65-98626301

OFFICE-98626301

NOEMAIL

Address BLK 623 HOUGANG AVENUE 8

#02-234

Postcode 530623

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE 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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

GENDER: : MALE

Passenger 2 NAME: : -

GENDER: : FEMALE

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

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJT8706X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEE HWEE KENG

NRIC/Passport Number SXXXX552A Contact Number 97722088

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

WONG SIEW KIN

NECK & BACK

GW6780M

YES

NO

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.

Westing a

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

Date / time:

reporting centre personnel's Signature
Date / time:

SKETCH PLAN

A: GWG780M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Was travelling along Jalan Toa Payon towards Bendemeer Road.

The lane that I was travelling is a go straight and turn right lane.

While I was turning right, vehicle is which was at the lane that can only turn right suddenly go straight instead of turning right.

Hence, she collided onto the rear right portion of my vehicle.

DECLARATION

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

Policy holder's signature Date & time:

B: SJT 8706X

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

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	27/10/2020	(DD/MM/YY)		
Time of accident	1620	(HH:MM)		
Exact location of accident	Mong Jalan Toa Payoh			

	DETAILS OF VEHICLE
Vehicle registration number	GW6780 M
Vehicle make and model	Niscan Pickup
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No if no, please select: Third part claim Reporting only D

	INSURANCE IN	FORMATION	
Insurance company	NTUE	ī	
Policy number		5	
Type of policy	Comprehensive	Third party fire & theft \square	TP only

	INSURED /	POLICY HOLDER			
Name	Westingeneral	Technologies	PIL	Male □	Female
NRIC / Fin / Passport number	3	0			
Contact					
Address					

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	Wong Siew Kin	Male	Female 🗆		
NRIC / Fin / Passport number	S 1279511 D				
Contact	9862 6301	270/2			
Address	BIK 623 Hougang Ave 8 #02-234 SL530 623)				
Email address					
Date of birth	10/09/1957				
Occupation	Indoor Outdoor				
Driving date pass	08/09/1985				

	GENERALI	INFORMATION I	OF THE ACCIDENT	
Was driver an employee of	Yes	No 🗆		
the insured's company?	If no, rela	tionship of the	driver and insured: _	
Accident captured by camera?	Yes 🗆	No		
Weather condition	Clear	Raining	Others:	
Road surface	Dry D	Wet □		
No of passenger	03			(Inclusive of driver)
	mit systems	PASSENGE	31	No. 2 and Tomos Delications
Name		/		
Gender	Male	Female 🗆		
Mark Mark Strategy & Market	Mary Arch	PASSENGE	R 2	4年,1年27日 1月27日 1月2日
Name				
Gender	Male □	Female		
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是我们是中国的企业的企业	(April 1971)	PASSENGE	3	chica internativa e privata i vista
Name				
Gender	Male 🗆	Female 🗆		
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	CONTRACTOR OF THE PARTY OF THE	PASSENGE	24	
Name				
Gender	Male 🗆	Female		
AN OFFICE OF CHILDREN	White Co.	PASSENGE	R 5	
Name				
Gender	Male 🗆	Female 🗆		į.
AND DESCRIPTION OF THE PARTY.		PASSENGE	36	
Name /				
Gender	Male 🗆	Female		
Jerus de la companya	SEE SEE	OTHER INFORM	IATION	Charles of the Control of the Contro
Was anybody injured?	Yes 🗸	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
	DETAIL	S OF POLICE STA	ATION ACTION	Commence of the state of the state of
Reported to police?	Yes 🗆	No If ye	s, please state which	police station.
Police station name				
	COLUMN TO SERVICE STATE OF THE	WITNESS	1	participated in the value can
Name				
Name			/	
	Sugar, N	WITNESS	2 10 10 10 10 10 10 10 10 10 10 10 10 10	
Name		THE SE		

Market Andrews and Alberta Andrews	THIRD PARTY VEHICLE 1
Vehicle registration number	SJT 8706 X
Vehicle make model	
Name	Lee Hwee Keng
NRIC / Fin / Passport number	87042552A
Contact	9772 2088
and the second second second second	
THE PARTY OF THE SECOND SECOND	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contract to the second	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A AND DESCRIPTION OF STREET	
And the second of the second of the second	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Alexander (Mineral San Artistal)	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A STATE OF THE STA	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
A Property and the second second second	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	

Injuries sustained	Back o	and neck
Which vehicle person in?	GW 675	80 M
Were seat belts worn?	Yes	No 🗆 🦯
Was injured conveyed to	Yes 🗆	No fi
hospital by ambulance?		<u> </u>
STATE OF THE SAME		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?	100.0	
经验证证证的		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?	35958-2572	
	- L	
		INJURED PERSON 4
Name		INJORED PERSON 4
Injuries sustained		
Which vehicle person in?		No.
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No 🗆
hospital by ambulance?	163 🖯	NO L
nospital by ambalance:		
学教育 在 15 70 6 6 5 70 6		INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆
Were seat belts worn? Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	162 []	NOU
nospital by ambulance:		
AND RESIDENCE OF THE PARTY OF T		THURSD RESCONS
	The second	INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1000	

INJURED PERSON 1

Wong Siew Kin

Name