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Veh No: JYK JIGGE	E-mail (with	hin Shrs, AIC 2hrs)			
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TP Insurer:	Assessment/	Survey Report			
17 insurer:	Ass't Report	by Fax / Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	ax:	
TP Particulars: Veh No: JM	BIJAA -	. INC()/Non-INC()	8	
Owner / Driver: (Tel:)	
	Period: ()	Cover Type: ()	
Confirmed by: (Date:	Time:)	William Service
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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

12/11/2020 09:54

Date Of Accident

11/11/2020 08:30

Exact Location Of Accident

CHOA CHU KANG DR

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGK5290E

Insured/Policyholder

Name Of Registered Owner

TONG DA FIRST ENTERPRISE

Co Reg No

5XXXX506J

Email Address

NOEMAIL

Mobile Phone No.

Alternative Phone No.

OFFICE-89999999

Vehicle Particulars

Manufacturer

TOYOTA

Model

ESTIMA 2.4 A

Exact Purpose for which vehicle was being used at

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

PRIVATE HIRE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5089916302-03

Cover Note Number

Driver

Name of Driver

VU THI DUNG

NRIC No

SXXXX577H

Date Of Birth Occupation

09/10/1976 INDOOR

Date Of Driving Pass

10/11/2011

Driving Experience

9 YEARS AND 0 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-94873707

Fax Number

Contact Number

OFFICE-94873707

EMail Address

NOEMAIL

Address

BLK 26 UPPER SERANGOON VIEW

#10-32

Postcode

534206

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

COLLISION - HEAD TO REAR

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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

NO

2

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

Number of Passengers (Including Driver)

Passenger 1

ambulance?

NAME:

. -

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

BISHAN NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5529999 - FAX NO: 65561905

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20201111/2025.

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

SMB1501A

Vehicle Make/Model/Colour

SMRT

Details Of Properties

Vehicle Category

BUS

Name of Driver

WU QIANJIN

NRIC/Passport Number

GXXXX492M

Contact Number

Page 2 of 21

SKETCH PLAN

Choa Chu Kang Drive

A: SAK5790E

B: SMB1501 A

DESCRI	E CIRCUMSTANCES OF THE ACCIDENT	
	/	
	Refer to police report	
/		
/		

DECLARATION

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

Policy holder's signature Date & time: 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	Marian Control of the Control
The second secon	(DD/MM/YY)
	(HH:MM)
Choa Chu Kang Drive	(nn:wiwi)
	O833 Choa Chu Kang Drive

为证的的杂价。在34%的企业的人类等	DETAILS OF VEHICLE
Vehicle registration number	SAK 5290 E
Vehicle make and model	Toyota Estima
Type of vehicle	Saloon MPV CRV Van Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	motorcycle 2
Are you claiming under your own insurance company?	Yes D No if no, please select: Third part claim Reporting only D

Maria Property and Company	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	F*		
Type of policy	Comprehensive	Third party fire & theft	TP only

经 联络数据 1935年 1934年 1932年 1935年	male III	INSL	JRED / I	POLICY HOLDER		
Name	Tong	Da	First	Enterprise	Male 🗆	Female
NRIC / Fin / Passport number	3					,
Contact						
Address						

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Vu Thi Dung Male □ Female □
NRIC / Fin / Passport number	S7684577 H
Contact	9487 3707
Address	Blk 26 Upper Serangoon View # 10-32 S(534 206)
Email address	
Date of birth	09/10/1976
Occupation	Indoor D Outdoor D
Driving date pass	10/11/2011

And the State of t	GENERAL	INFORMATION	OF THE ACCIDENT	
Was driver an employee of	Yes	No 🗆		
the insured's company?	If no, rel	ationship of the	driver and insured:	
Accident captured by camera?	Yes 🗆	Nop		
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet □		
No of passenger	02			(Inclusive of driver
				(metablic of drive)
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Gender	Male 🗆	Female		
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Name				
Gender	Male 🗆	Female		
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Was anybody injured?	Yes 🗹	No 🗆		TOTAL CONTRACT OF A MARKET
Was other vehicle damaged?	Yes 🗷	No 🗆		
8				
	DETAILS	OF DOLLER CTA	TION ACTION	
Reported to police?		OF POLICE STAT		MAN CHI MAN CH
Police station name	Yes	No □ If yes	, please state which poli	ce station.
once station name				
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Name				
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Name				

and the same of th	
	THIRD PARTY VEHICLE 1
Vehicle registration number	SMB 1501 A
Vehicle make model	SMRT BUS
Name	Wu QianJin
NRIC / Fin / Passport number	G2006492M
Contact	
建聚基 加度 1 元 1 元 1 元 1 元 1 元 1 元 1 元 1 元 1 元 1	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
British Control of the Control of th	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
《新教》	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
and the free transport a first that the foreign of	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	
Bergeley (1900) - Para Santa Alberta	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

ENGINEERING AND ADDRESS OF THE PARTY OF THE			22222	
Name	1/4 71		D PERSON 1	KONT
Injuries sustained		ni Dung		
Which vehicle person in?		and neck 5290E		
Were seat belts worn?	Yesz	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗷		
hospital by ambulance?		110/2		
SERVICE TO BE AND ASSOCIATION	100 PM	INILIPE	DEDCONIA	MATERIAL SEC
Name	took of the state of the	INJUNEL	PERSON 2	
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		-
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?				/
			-	/
	July 12 William	INILIDED	PERSON 3	
Name		INJUNED	PERSON 3	
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?	163 [NO LI		
			/	
6/18/04/21/21/21/21/21/21	Market Cons	INJURED	PERSON 4	ST- ST-
Name		/		and the control of the
Injuries sustained	11			
Which vehicle person in?				
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Was injured conveyed to	Yes 🗆	No D		
hospital by ambulance?	/	/ 110 1		
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		INILIPED	PERSON 5	
Name	1	INJUNED	PERSON 5	AND THE
Injuries sustained	/			
Which vehicle person in?	/			
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	_			
hospital by ambulance?	Yes 🗆	No 🗆		
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NAME OF THE PARTY OF		INJURED	PERSON 6	VALUE OF STREET
Name /				
njuries sustained				
Which vehicle person in?	V	No.		
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to nospital by ambulance?	Yes 🗆	No 🗆		
iospital by allibulance.				





1 of 3 Report No. T/20201111/2025

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

Details of Person Involved

Any Pedestrian Involved: No No. of Pedestrians Injured: NIL

11/11/202	Report I 0 10:27	Made:	Vide Report No.			Station Diary No.:
Informan	rs Partic	ulars	没有 的情况	en Gera in de al	I Brook H	A CONSIGNATION
Name of I VU THI D	nformant		Address: APT BLK 26 UPP SINGAPORE 534	LR SERANGOON	VIEW#	10-32
ID Type / NRIC NO		77H	Contact No.: Home/Office:		bile: 9487	3707
Nationality VIETNAM			Email:			eta terre in
Sex: Female	Age:	Date of Birth: 09/10/1976	Type of Informant. Driver			*
Race: Vietnames			Language: English		itution / S	chool Name:
Occupatio			Driving Licence Inf		exercis va	
Grab Drive	er		Class: 3	Dat	e of Expir	y:
Type of Accident:	1	n of the Accident njury Others	Drink Drive: No	Date Tine of Accident: 11/1 //2020 08	1511200	
Type of Accident: Location: CHOA CH		njury Others	Drink Drive:	Date: Time of Accident:	:30	Type of Location Bend
Type of Accident: Location: CHOA CH		njury Others	Drink Drive: No	Date: Time of Accident:	:30	Type of Location
Type of Accident: Location: CHOA CH Weather: Clear Traffic Floo	U KANG	njury Others	Drink Drive: No	Date: Time of Accident:	:30	Type of Location Bend
Type of Accident: Location: CHOA CH Weather: Clear Traffic Floo One Way Type of Co	U KANG w:	njury Others	Road Surface: Dry Traffic Control: Not Controlled	Date: Time of Accident:	Road Traffic Light Anyor	Type of Location Bend Speed Limit:
Type of Accident: Location: CHOA CH Weather: Clear Traffic Floo One Way Type of Co Between M	U KANG w: ollision: Moving Ve	DRIVE Phicles - Head To	Road Surface: Dry Traffic Control: Not Controlled	Cato Time of Accident: 11/1 //2020 08	Road Traffic Light Anyor ambu No	Speed Limit: Volume: ne conveyed by lance:
Type of Accident: Location: CHOA CH Weather: Clear Traffic Floo One Way Type of Co Between M	U KANG W: Ollision: Moving Ve	DRIVE Phicles - Head To	Road Surface: Dry Traffic Control: Not Controlled	Cato Time of Accident: 11/1 //2020 08	Road Traffic Light Anyor ambu	Speed Limit: Volume: ne conveyed by lance:

Use of Pedestrian Crossing: NA





Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGA PORE: 579757

Tel No: 1800-5529999

2 of 3

Report No. T/20201111/2025

CONTINUATION OF REPORT

Provincial (Sp.)	The second secon	· · · · · · · · · · · · · · · · · · ·	Land .	4 4 50	
Name	VU THI DUNG		ID No.		S7684577H
Related Vehicle	SGK5290E (Cirr)		Contact No.		94873707
Hospital/Clinic	DR CHUA & LI E FAM L'Y CLINIC		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	11/11/2020				/2020
No. of Days gran	Degree of	ee of Injury Slight			
Driver					A CARLES
Name	WU QIANJIN		ID No.		G2006492M
Related Vehicle	SMB1501A (Bus/Coach/Minibus)		Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL			NIL	
No. of Days grant	ed Medical Lasvis VIII.	Degree of	Iniun	NIL	The second second second second

Brief Details.

On 11/11/2020 at about 0833hrs, I was excling the expressway (KJE at exit 3) towards Choa Chu Kang Drive at the slip road. I stopped my venione (FGK5290E) behind the stop line and waited for the traffic to clear before proceeding. While the king my blink spot (turned to my right), I saw from the side of my eyes that there is a vehicle ravelling at high speed despite having the need to slow down as my vehicle was stationary.

However I suddenly felt a strong inspact coming from the rear of my vehicle. After which I alighted from my vehicle to make a check and ruled that a vehicle bearing SMB1501A had collided into the rear portion of my vehicle (there are dents on the real portion of my vehicle).

I managed to exchange particulars with the said driver. After the accident, I felt pain on my body and went to see the doctor. I was given 3 days medical leave.

I am lodging this report for insurari le claim purposes.





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

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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 E / Sgt 3 LIYANA BINTE MOHD RAZALI	Signature Conformant:
Signature Of Interpreter: Not applicable	10-ite/Times: 11/11/2020 10.27
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG H Contact No.: 65476436	Classification Of Ciso:
Authentication Stamp NP168 SIGNAT	TURE