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TD		Survey Report			
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Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:	
TP Particulars: Veh No:SME	2528B	INC ()/Non-INC()	1	
Owner / Driver: (Tel:)	
Policy No: () F	Period: ()	Cover Type: (· · · · · · · · · · · · · · · · · · ·	
Confirmed by: (Date:	Time:	·	
Insured/Driver Liability: (%)	Note-Est Status		%; P: 21-79%. P: 3	0-100%1	
Year of Registration: ()			70, F. 21-7970. F. 3	0-10076	-
	,000 ()/\$2,00)		
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() Total Loss Case : to e-mail Insur	rer URGENTLY.		-		
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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.

By the lodgement of this report to the insurers, yeaforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available
Affin Spin State - Value State	ACCIDENT STATEMENT
Date Of Report	25/11/2020 14:30
Date Of Accident	24/11/2020 20:00
Exact Location Of Accident	RAFFLES QUAY TWDS BOON TAT ST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB385L
Insured/Policyholder	
Name Of Registered Owner	RUNDA TRADING PTE LTD
Co Reg No	2XXXXX313Z
Email Address	NOEMAIL
Mobile Phone No	

Alternative Phone No Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS 1.6 AUTO

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OFFICE-89999999

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

Vehicle Category

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5080634283-03

Cover Note Number

Driver

Name of Driver SUI XITAO Passport No/FIN GXXXX901Q Date Of Birth 19/11/1971 Occupation INDOOR Date Of Driving Pass 22/07/2010

Driving Experience 10 YEARS AND 4 MONTHS

Gender

(LOCAL) +65-90257195

Fax Number

Mobile Number

Contact Number

OFFICE-90257195

EMail Address

NOEMAIL

MALE

Address

BLK 133 CLARENCE LANE

#02-06

Postcode

140133

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 - MAJOR/MINOR RD

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

NO

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

NO

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)

1

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?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SME2528B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 withholding 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
- 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
- 7. 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:

- 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)
 - (i) 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
- (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
- 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.
- 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. radi

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

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SINGAPORE	ACCIDENT	TIMIFICIENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.

- 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 Information provided must be as truitful and accurate as possible. Any wilful misrepresentation or withholding or material accuming 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 and time of accident	Date: 7411	ms in	/AAAA/VV\ T:	200048	****
Exact location of accident		0.0	D/MM/YY) Time	: LUCUTIO	(HH:MM)
	RAFFLES	SQUAY	TOWARDS	ROWN TAT	TIKELT

Details of vehicle

Vehicle registration number	SIAZSE	7			
Vehicle make and model	ATOYOT	ALTIC			
Type of vehicle	Saloon Z	MPV Bus	CRV 🗆	Van	1000000
Vehicle category	Private g	Commer	Motorcyc		Others:
Purpose of using at said time		ate	CIAI U	lotorcy	cle 🗆
Are you claiming under your own insurance company?	Yes Third part c	Noz	if no, please s Reporting on		

Insurance information

Insurance company	DUTH		
Policy number	5080 GAT 85-	-07	
Type of policy	Comprehensive		1
THE RELEASE DESCRIPTION OF THE PERSON OF THE		mind party fire & thert	TP only

Insured / Policy holder

Name	NIMOA TOADING (TE 170)		
NRIC / Fin / Passport number	PUMDA TRADING PTE LTD 2013 013137	Male 🗆	Female
Contact	2013013132		
Address			

Driver

Same as insured above □ (skip to D.O.B)

Name	CATIV II P		
NRIC / Fin / Passport number	1500 S2010	Male 🗷	Female D
Contact	GODE TIGHT		1907
Address	13 CLAPELKE HAVE HOT-00		
Email address	T		
Date of birth	19/1/1971		
Occupation	Indoor D Outdoor D		
Driving date pass	7/07/2010		

General information of the accident

Was driver an employee of	Yes 🗷 No 🗆
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camer	a? Yes No 🗆
Weather condition	Clear g , Raining a Others:
Road surface	Dry & Wet a
No of passenger	(Inclusive of driver)
Passenger 1	
Name	(SUL YITAC)
Gender	Male D Ferpale D
Passenger 2	
Name	
Gender	Male Feprale
Passenger 3	
Name	
Gender	Male D Female D
Passenger 4	
Name	
Gender	Male Female
Passenger 5	
Name	
Gender	Male D Female D
Passenger 6	
Name	
Gender	Male D Female D
Other information	
Was anybody injured?	Yes No e
Was other vehicle damaged?	Yus No D
9	1232 1100
Details of police action	NO D
Details of police action	Yes No If yes, please state which police station.

Third party vehicle 1 (B)

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	CHENCOCO
Vehicle registration number	SME) 27XP
venicle make model	
Third party vehicle 2	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 3	
Name	
Contact number	
NRIC / Fin / Passport number	
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Third party vehicle 4	
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Witness 1 Name Witness 2 Name Injured person 1 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No o Was injured conveyed to Yes 🗆 No o hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes a No a Was injured conveyed to Yes 🗆 Noo hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes a No a Was injured conveyed to Yes 🗆 No D hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes a No 🗆 Was injured conveyed to Yes D Nog hospital by ambulance?