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Owner / Driver: () Cover Type: ()
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SN0920CQ0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 26/12/2020 09:20 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (26/12/2020 09:20 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT 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 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.
 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 Submission 26/12/2020 09:20 (SGT) Date of Accident 24/12/2020 10:45 (SGT) 23 Serangoon Central, Singapore 556083 Exact Location of Accident Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA4470X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CARWAY LEASING & RENTAL Company Reg No 5XXXX813K Email Address CUIPING@CARWAY.COM.SG Mobile Phone No (Phone) +65-67440777 Alternative Phone No (Office) +65-67440777

VEHICLE PARTICULARS

Manufacturer Model Doblo Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Commercial vehicle Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Type of Coverage ThirdParty Fleet Policy Policy Number 5110754147-01 Cover Note Number

DRIVER

TEO HOCK BENG Name of Driver SXXXX918G NRIC No 26/07/1971 Date Of Birth Occupation Outdoor

and the control and a second of a proper second of	
Date Of Driving Pass	18/03/1996
Driving experience	24 YEARS AND 9 MONTHS
Gender Mobile Number	Male (Channel 105 07678005
Alt. Phone Number	(Phone) +65-97678925
Email Address	CHIRDING GOADINAY COM CC
Address	CUIPING@CARWAY.COM.SG BLK 203 TOA PAYOH NORTH #07-1097
Address complement	BLK 203 TOA PATOH NORTH #07-1097
	210202
Postcode Is the driver the policyholder?	310203 No
If No, Relationship of the Driver with the Insured	
	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	197
Insurance Company of Other Vehicle Owned by Driver	2 = 3
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	Raining
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
DETAILS OF POLICE ACTION	
	(144-2)
Was the accident reported to the police?	No
Was notice of intended Prosecution given? If yes, against whom?	No
ii yes, against whom?	(**
and the second s	
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
The second secon	WELLION E DECREETY 1
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	SHA1966G
Vehicle Manufacturer	\$ 2 \$
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Taxi
Name of Driver	(E)
Contact Number	(1)

Address

Postcode

Address complement

Insurance Company Name

Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease 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.
- 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.
- 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)

Lunderstand, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (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 "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

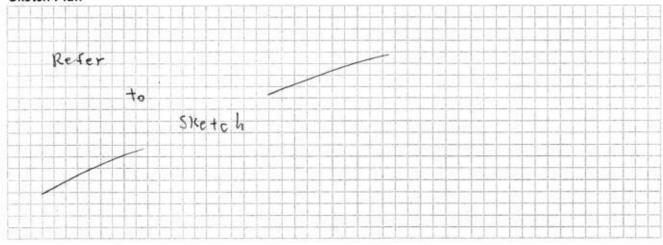
A PAISA 3.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Descri	be Circumstand	ces of the A	ccident		
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	Refer	to	Statement		
	Workship and Training				
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Declaration

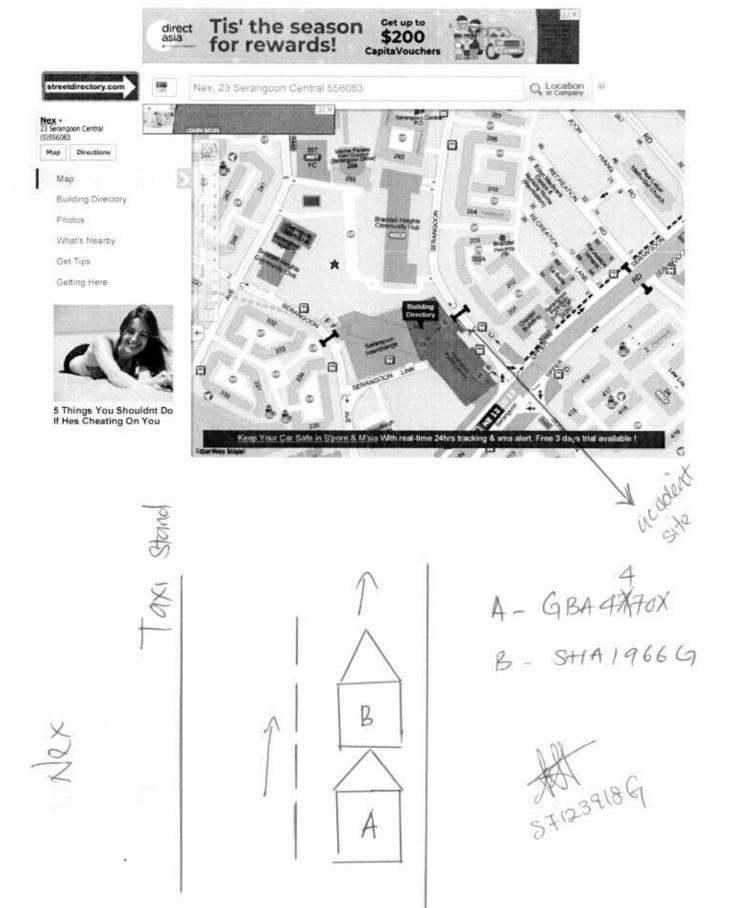
IWe declare the foregoing particulars are true in every respect.



Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel



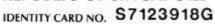
Accident Statement

On 24th of Dec 2020, at around 1045hrs, my vehicle (GBA4470X) was travelling towards Nex Serangoon Central. Traffic was slow and congested due to rain. Vehicle in front of me stopped, I could not stop in time and slight hit onto the rear of front vehicle (SHA1966G). We both alighted from the vehicle to check on the damages and exchanged for particulars. Due to the light contact in the collision, no damages found on both vehicles at all. No one was injured in this accident.

I'm making this report for the purpose of reporting only.

Name: Teo Hock Beng NRIC: S7123918G

REPUBLIC OF SINGAPORE









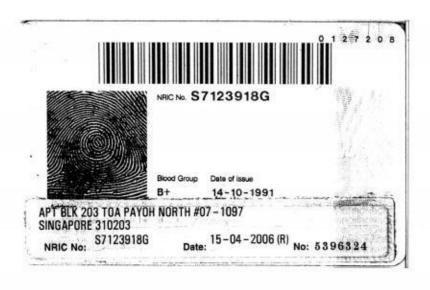
TEO HOCK BENG

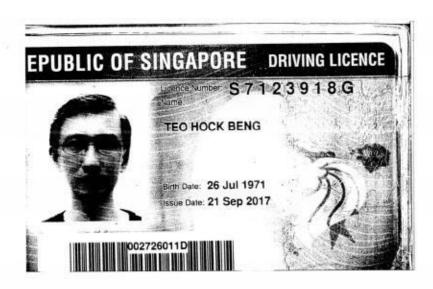
CHINESE

Country of Birth

SINGAPORE







OU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg 18 Mar 1996

Licence No:S7123918G

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

· Change Language

Change Password

Log Out

My Desktop Notice of Loss Policy Query

Policy No. Date of Accident

GBA4470X

24/12/2020 09:14

Certificate Number

Search

Select Policy No. Certificate Number

5110754147- 5110754147- 01-000001

Vehicle No.(For Motor)

Policyholder Policyholder Product
Name NRIC Product

Cover

Vehicle No. Insured Object Commence Expiry Date

CARWAY
LEASING & 53264813K GFM Third Party GBA4470X GBA4470X 27/06/2020 26/06/2021
RENTAL

Continue

ACCIDENT STATEMENT

ACC	IDENT DATE: 24/ 12/	20)(DD/MM/YYYY)	, TIME:(10 : 1	+5)(HH:MM)
LOCA	ATION: Nex Se	rougan ce	1+ral	
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER:		2 X	20
	b)INSURANCE COMPANY			
178				
	c)POLICY NUMBER:			
	d)POLICY TYPE: (COMPRE			
	e)MAKE & MODEL: f)TYPE:(SALOON / COUPE g) VEHICLE CATEGORY: (PI h)PURPOSE OF USING AT A	/ MPV /V AN / LORRY	/ MOTORCYCLI AL / MOTORCYC	E / OTHERS)
	IJARE YOU CLAIMING UND			
	IF NO, PLEASE STATE (THIS			
2	INSURED / POLICY HOLDER		- CITETY	
	A) NAME: Carway		(MALE	/ FEMALE)
	b) NRIC/FIN/PASSPORT:		_CONTACT:_G	
	c)ADDRESS:		_00(((),0)(
	CJADDRESS			
630	* CONTINUE TO 3.d IF DRIV	/ER ALSO POLICY HOL	DEP	- E
Mila of man 3	DRIVER .	EK ALBO I OLIO I IIO	LDCK	5000
And of passangs	Driver Tea U.	ck Rena	(MALE	/ FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT:	, ,	CONTACT:0	
(_1)	c)ADDRESS:			
25(05)0				
V1 10	*d)DATE OF BIRTH: (/_	/)(DD/M	(M/YYYY)	•
X	e)OCCUPATION: (INDOOR			•
	f) YEARS OF DRIVING EXPRI			
4.	WAS DRIVER AN EMPLOY	EE OF THE INSURE	D'S COMPANY?	(YES / NO)
	IF NO, RELATIONSHIP OF			
5.	a) WEATHER CONDITION: (CLEAR / RAINING / O	THERS	
	b)ROAD SURFACE: (DRY /	WET / OTHERS		
	WAS ANYBODY INJURED ()			*
7.	a)REPORTED TO POLICE (Y	ES (NO)	2	19
	IF YES, PLEASE STATE WHIC	CH POLICE STATION:		
1	THIRD PARTY VEHICLE	SUM 19/16		100
	a) VEHICLE NUMBER:	3HH 1166 VI.	_MODEL:	
- Including driver)	b) DRIVER'S NAME:		CONTACT	
(_) 。	c) NRIC/FIN/PASSPORT:_		_CONTACT:	
	THIRD PARTY VEHICLE		LICOSTI	
tho of passenger	d) VEHICLE NUMBER:		_MODEL:	
Induding driver)	e) DRIVER'S NAME:		CONTACTO	
- managing arma)	f) NRIC/FIN/PASSPORT:		_CONTACT::	
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Cinail = carway

fax = No.

VIDEO = NZ. YES #