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Date III: 4/2/21 12:46 Jeb deser		Date & Time Completed	Done by
Rei Ho MAJ IMC 21001678144 SASC-	filing		
Val No GU 2769 J E-mail	(within Blues, ACC 2hes)		
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I-Moto	or W/O (Within: OD 2hr		
(1) Ploto	o Uplonded		
	ment/Survey Report		
Th Insurer: Assit R.	eport by Fax / Hand	to Owner/Wksn	
Profested Wksp / INC Assign Wksp / QW: (Fax:
TP Particulars: Veh No: GV 6713	T. INC)/Non-INC(1).	· · · · · · · · · · · · · · · · · · ·
Owner / Driver: (Tcl:	
Policy No: () Period: ()	Cover Type: ().
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%) [Note-Est S	tatuls (WO): N: 0-2	10%; P: 21-79%. P; 8d	-100%]
Year of Registration: () Whrranty: Y)	*
8. 1984 - 1. 2014-0.4-0.4-0.4-0.4-0.4-0.4-0.1-0.1-0.1-0.1-0.1-0.1-0.1-0.1-0.1-0.1			•••
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Drive-In ()/ Towed-In (); Invoice: YES (// NO (/ //	107711113 007 (4)	See The Court of t
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SN092124000D / National Assessment Centre Services [408933] ENTRY DATE & TIME: 04/02/2021 12:46 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (04/02/2021 12:46 (SGT))



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.

- 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	04/02/2021 12:46 (SGT)
Date of Accident	03/02/2021 15:00 (SGT)
Exact Location of Accident	Eunos Link, Singapore
Additional Location Information	•
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number	GU2769J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SIN GUAN TECK PTE LTD
Company Reg No	2XXXXX487N
Email Address	BRYAN.NG@BRACEGLOBAL.COM
Mobile Phone No	(Phone) +65-62626939
Alternative Phone No	+65-62626939

VEHICLE PARTICULARS

Manufacturer

Mailulacturei	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119312976
Cover Note Number	-

DRIVER

Name of Driver	NG CHENG LEE
NRIC No	SXXXX653A
D-1- Of Diale	00/04/4070

Date Of Driving Pass	20/10/2008
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88167693
Alt. Phone Number	- STATES OF STATES OF STATES
Email Address	BRYAN.NG@BRACEGLOBAL.COM
Address	BLK 130 LORONG AH SOO #10-388
Address complement	
Postcode	530130
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
Vehicle Registration Number of Other Vehicle Owned by Driver	2
Insurance Company of Other Vehicle Owned by Driver	-
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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	SELIM
Gender	Male
DETAILS OF POLICE ACTION	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
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
Was there any audio recorded?	No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	GU6713T
Vehicle Manufacturer	¥
Vehicle Model	
Vehicle Variant	2
Vehicle Colour	

Commercial vehicle

Vehicle Category

Name of Driver

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	NG CHENG LEE BODY GU2769J Yes No
INJURED 2	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	SELIM BODY GU2769J Yes No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report carrectly 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 <u>truthful</u> and <u>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:
- 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 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:
 - (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, involces, 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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SCARCOL Blogg Cotton Course via

Pelicyholder's Signature

Date & Time:

Oriver's Signature (if driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Policy Search

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 Change Password Log Out Change Language My Desktop **Policy Query Notice of Loss** 03/02/2021 12:11 Date of Accident Policy No. Vehicle No.(For Motor) GU2769J Certificate Number Search Certificate Policyholder Policyholder Vehicle Insured Commence Policy No. Product Cover Type Expiry Date Select Number Name NRIC No. Object Date Preferred Workshop Plan SIN GUAN TECK PTE LTD 201333487N GU2769J GU2769J 19/10/2020 18/10/2021 5119312976 GCV 0 Continue

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 and time of accident	Date: 0₹/07	12021	(DD/M	M/YY) Time:	15:00	O (HH:MM)
Exact location of accident	EUNOS	LINK				BEFORE YET AVEZ

Details of vehicle

Vehicle registration number	1 Guz	769.				
Vehicle make and model	TOMOTA	DYNA	150 EMT	-		
Type of vehicle	Saloon 🗆 /	MPV 🗆	CRV 🗆	Van		
	Lorry 🗷	Bus 🗆	Motoro	cycle 🗆	Others:	
Vehicle category	Private	Comme	rcial Ø	Motorcy		
Purpose of using at said time	WOKK					
Are you claiming under your	Yes 🗆	No	if no, pleas	e select:		
own insurance company?	Third part cla	im e	Reporting			

Insurance information

Insurance company	NTUC		****
Policy number	5119312976		
Type of policy	Comprehensive of	Third party fire & theft	TP only

Insured / Policy holder

Name	SIN GUAN TELL PTE LED	Male 🗆	Female
NRIC / Fin / Passport number	201333487N		
Contact	6262 6939		
Address	I KALI BULIT ROAD 1, # 02-45	ENTERPRES S415934	

Driver

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

Name	NA CHENG LEE	Male Female
NRIC / Fin / Passport number	S7801653A	
Contact	8816 7693	
Address	BUE BUK 130 LOROWN AM SOD	#10-388 8530130
Email address	bryaning @ brucestabal. iom	
Date of birth	06/01/1978	
Occupation	Indoor Outdoor	
Driving date pass	20/10/2008	

General information of the accident

Was driver an employee of	Yesn	No 🗷	
the insured's company?	If no, rela	tionship of the	driver and insured: SUB - CONTRACTOR
Accident captured by camera?	Yes 🗆	No 🗷	
Weather condition	Clear	Raining	Others:
Road surface	Dry	Wet 🗆	
No of passenger	2		(Inclusive of drive

Passenger 1

Name	NA	CHENG LEE	
Gender	Male of	Female □	

Passenger 2

Name	MOTER SELDED	
Gender	Male d Female,d	

Passenger 3

Name		
Gender	Male D Female D	

Passenger 4

Name		2	
Gender	Male Female		

Passenger 5

Name				
Gender	Male 🗆	Female	/	

Passenger 6

		Name
Female □	Male 🗆	Gender
Femalé 🗆	Male 🗆	Gender

Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes	No 🗆	

Details of police action

Reported to police?	Yes 🗆	Noe	If yes, please state which police station.
Police station name			

Third party vehicle 1

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	Gy 673T
Vehicle make model	0,0,0,0
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	
Vehicle registration number	
Vehicle make model	
Third party vehicle 4	
Tima party verifice 4	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 5	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	
Third party vehicle 6	
Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1 Name Witness 2 Name Injured person 1 NG CHENGLEE Name Injuries sustained BACK & NECK Which vehicle person in? DRIVER Were seat belts worn? Yes Ø No o Was injured conveyed to Yes 🗆 Nod hospital by ambulance? Injured person 2 Name SELEM Injuries sustained NECT Which vehicle person in? PASSENMER Were seat belts worn? Yes d No o Was injured conveyed to Yes 🗆 No Ø hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No 🗆 hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a Was injured conveyed to Yes 🗆 No a

hospital by ambulance?