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1111/16/02/2021 09:30	1-Motor W/O (Within: OD 2hrs,	TP 4hrs)			:_
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	Assessment/Sur					
TP Insurer:	Ass't Report by		Owner/Wksp			
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rofured Wksp / INC Assign Wksp / QW: (11-26	INC ()/Non-INC(*)			
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) QC Check / Post Repair Inspection	.(·).					
) Upload Resurvey Photo [Repair Cost> \$	3000] (·)					
						
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SINGAPORE ACCIDENT STATEMENT

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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
- 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	17/02/2021 11:05 (SGT)
Date of Accident	16/02/2021 09:30 (SGT)
Exact Location of Accident	Old Tampines Rd, Singapore
Additional Location Information	=
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

PC152P

Employment

INSURED/POLICYHOLDER		
ls company?	Voc	

Name Of Registered Owner TING TRANSPORT PTE. LTD. Company Reg No 2XXXXX298G Email Address TINGTRANSPORT@HOTMAIL.COM Mobile Phone No (Phone) +65-91018406

Alternative Phone No +65-91018406

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Isuzu Model LT134 Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle?

No - Claiming third party Vehicle Category

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy No Policy Number 5111789724-01 Cover Note Number

DRIVER

Name of Driver QUAN SOW ANN NRIC No SXXXX199G Date Of Birth 03/02/1960 Outdoor

Date Of Driving Pass	06/10/1990
Driving experience	30 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90238722
Alt. Phone Number	•
Email Address	TINGTRANSPORT@HOTMAIL.COM
Address	BLK 739 PASIR RIS DRIVE 10 #13-05
Address complement	-
Postcode	510739
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Verificio (regionation (varibo) el estre construir	_
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry
Road Surface	Ыу
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	
Was the accident reported to the police?	No
Was the accident reported to the police?	
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
Was there any audio recorded?	No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
DETAILS OF OTHE	N VEHICLE THOI ENTI-1
Vehicle Registration Number	SBS6233G
Vehicle Manufacturer	_

Vehicle Registration Number	SBS6233
Vehicle Manufacturer	
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	_
Postcode	
Insurance Company Name	
A STATE OF THE STA	

Nature Of Damage
Details of property damaged in accident
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 Formmust 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 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:

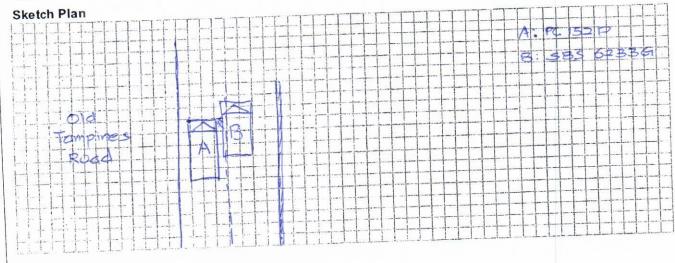
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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.

OR C

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

On stated date 3 time, my vehicle (PC 152 P) we broke down before
the traffic light junction on Old Tampines Road. My vehicle was
stationary on the left land of a 2-lane road. Break down sign
was placed and hazard lights were on. I was outside of my
vehicle when I heard a loud sound. Vehicle B (SBS 6233G)
had knocked onto the front right portion of my vehicle. I
checked on my video footage and realised that vehicle B was
driving too close to my vehicle.

Declaration

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

SPOR

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 16/02/2021 10:50 Vehicle No.(For Motor) PC152P Certificate Number Search Policyholder NRIC Certificate Policyholder Vehicle Commence Date Policy No. Insured Select Product Cover Type Expiry Date Number Name No. Object TING TRANSPORT PTE, LTD, 5111789724- 5111789724-01 01-000001 201915298G GFM Comprehensive PC152P PC152P 21/06/2020 20/06/2021 Continue

ACCIDENT STATEMENT

ACCI	DENT DATE: 16 102 12021 (DD/MM/YYYY),	TIME:(09:30)(HH:MM)
LOCA	TION: Old Tampines Road.	
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: PC 152 P	
	b)INSURANCE COMPANY: NTUC	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PART	Y / THÏRD PARTY FIRE &THEFT)
	e) MAKE & MODEL: TSUZU LT13+ f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY	/ MOTORCYCLE. / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA h) PURPOSE OF USING AT ACCIDENT TIME: NOT I) ARE YOU CLAIMING UNDER YOUR OWN INSUR	K.
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPINSURED / POLICY HOLDER	
2.,	A)NAME: Ting Transport Pte Ltd. b)NRIC/FIN/PASSPORT: 2019152986	(MALE / FEMALE)
	c)ADDRESS:	
Mile of man 3	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDRIVER	DER
(Including driver)	alNAME: Quan sow Ann	(MALE / FEMALE)
(1)	b)NRIC/FIN/PASSPORT: c)ADDRESS:	_CONTACT:
	*d)DATE OF BIRTH: ()(DD/M	M/YYYY) :
	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 22 April	1 1989
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED:
5.	a) WEATHER CONDITION: (CLEAR / RAINING / O'b) ROAD SURFACE: (DRY / WET / OTHERS	THERS
6.	WAS ANYBODY INJURED (YES / NO) a)REPORTED TO POLICE (YES / NO)	
7.	IF YES, PLEASE STATE WHICH POLICE STATION:_	,
	a) VEHICLE NUMBER: 585 6233 G	_MODEL:
(b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:	_CONTACT:
* No el passenger	THIRD PARTY VEHICLE d) VEHICLE NUMBER:	_MODEL: "
(Induding driver)	f) DRIVER'S NAME:	_CONTACT:
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. •	VIDEO = Yes	

RSPUELKKauto.com