

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 withholding of material facts may allow insurance companies to repudiate policy ability.
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 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	18/07/2017 17:57
Date Of Accident	18/07/2017 06:30
Exact Location Of Accident	ALONG 33 TUAS CRESCENT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY9683E
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Insured/Policyholder

Name Of Registered Owner	GATEWAY CONSTRUCTION & ENGINEERING PTE LTD
Co Reg No	201128413W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66527926

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5067510137-02
Cover Note Number	

Driver

Name of Driver	DHARMO RAMESH
NRIC No	G7212951U
Date Of Birth	30/06/1977
Occupation	INDOOR
Date Of Driving Pass	07/09/2005
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84212586
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	994 BENDEMEER RD #03-04 B CENTRAL
Postcode	339943
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	10

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

ON 18/07/2017 AT ABOUT 0630HRS, I WAS DRIVING ALONG TUAS CRESCENT BY FETCHING MY 9 COLLEAGUES. SUDDENLY VEHICLE B (PC660P) TURNING INTO 33 TUAS CRESCENT WITHOUT GIVE WAY THE ONCOMING TRAFFIC AND COLLIDED ONTO FRONT LEFT PORTION OF MY LORRY. THEREFORE MY LORRY WAS SERIOUSLY DAMAGED ON FRONT PORTION AND MY PASSENGERS ARE INJURED HENCE I HERETO LODGE THIS REPORT TO CLAIM VEHICLE B (PC660P)'S INSURANCE FOR MY ACCIDENT DAMAGES AND MY INJURIES. I WISH TO STATE THAT IT ME AND MY PASSENGER STILL UNCOMFORTABLE AFTER THIS WE WILL FOLLOW UP OUR MEDICAL TREATMENT.

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	PC660P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	SOHEL MD
NRIC/Passport Number	
Contact Number	91005106
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

SKETCH PLAN

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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' 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, 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' 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

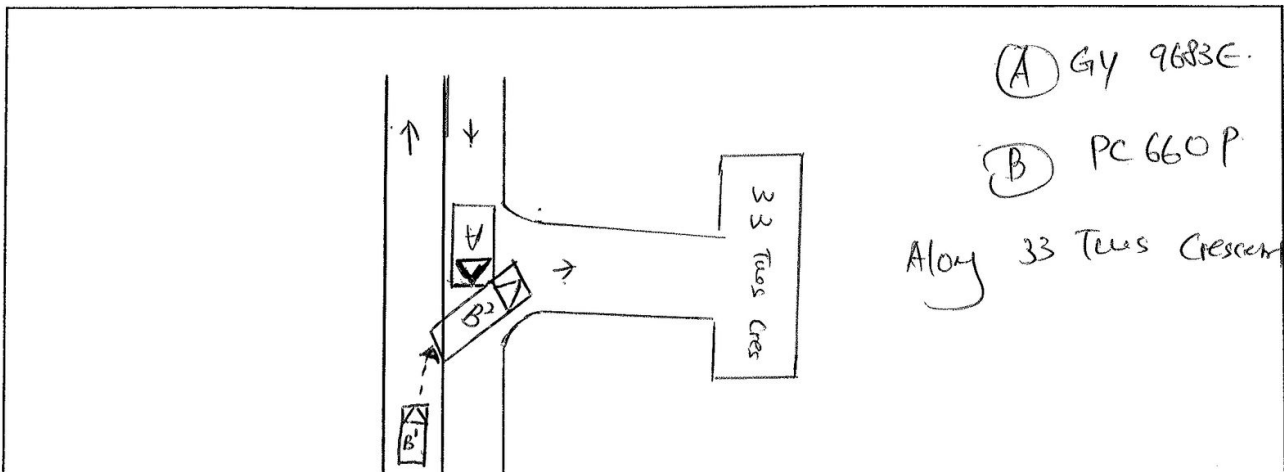
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



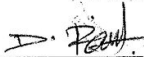
Accident Sketch Plan Pg. 1

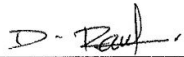
Describe Circumstances of the Accident

On 18-07-2017 @ about 0630hrs, I was driving along Tuas Crescent by fetching my 9 colleagues. Suddenly Veh B (PC 660P) turning into 33 Tuas Crescent without give way the oncoming traffic and collided onto front left portion of my lorry. There fore my lorry was seriously damaged on front portion & my passengers are injured. Hence I hereto lodge this report to claim Veh B (PC 660P)'s Insurance for my accident damage & my injuries. I wish to state that if me & my passenger still uncomfortable after this we will follow up our medical treatment..

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Insurance Co.	NTUC Income	
Vehicle NO.	GY 9683E	Date Of Accident 18, 07, 17
<input type="checkbox"/> Reporting Only		
<input type="checkbox"/> Own Damage Claim		
<input checked="" type="checkbox"/> Third Party Claim	precise	



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5067510137-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle : **GY9683E**
Chassis Number : JTFUF34Y703011150
2. Name of Policyholder : GATEWAY CONSTRUCTION & ENGINEERING PTE. LTD.
3. Effective Date of Insurance : 16 Oct 2016
4. Expiry Date of Insurance : 15 Oct 2017
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ETHOZ CAPITAL LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : NSK INSURANCE AGENCY (00000614616)
Date of Issue : 13 Oct 2016 12:26 hrs
Reprint : 13 Oct 2016 12:26 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive


REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G7212951U**

Name: **DHARMO RAMESH**

Birth Date: **30 Jun 1977**
Issue Date: **04 Jul 2016**
Valid Till: **07/07/2021**

002584670C



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
GATEWAY CONSTRUCTION & ENGINEERING PTE. LTD.

Sector: **CONSTRUCTION**

Name:
DHARMO RAMESH

Occupation:
BUILDING CONSTRUCTION SUPERVISOR AND GENERAL FOREMAN


S Pass No.
0 32445713

Date of Application
29-12-2015

Date of Issue
20-01-2016

Date of Expiry
20-01-2018

L6420878




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Effective Date
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	07 Sep 2005
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	15 Oct 2015

Licence No: G7212951U

NP 428A



VISIT PASS
Immigration Regulations



Name:
DHARMO RAMESH

Date of Birth: **30-06-1977** Sex: **M** Nationality: **INDIAN**

FIN: **G7212951U** Date of Issue: **20-01-2016** Date of Expiry: **20-01-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Accident Photo





Accident Photo

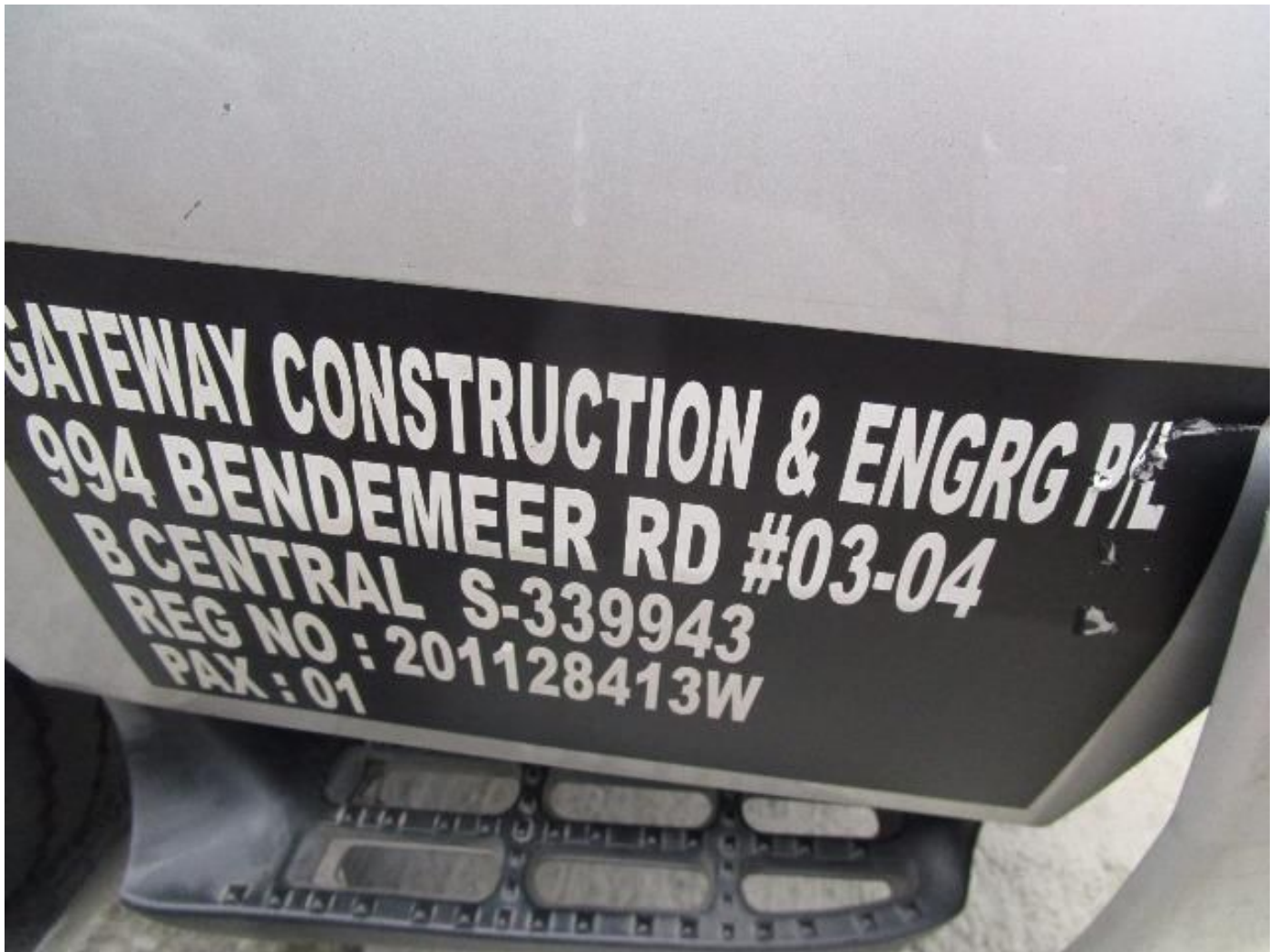


Accident Photo



Accident Photo





Accident Photo

