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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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.

Any false reporting may be referred to the Police for investigation.

- 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.
- 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	27/11/2017 18:56
Date Of Accident	05/11/2017 04:50
Exact Location Of Accident	ALONG ST JAMES POWER STATION
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD5238Y
Insured/Policyholder	
Name Of Registered Owner	UNITED MOTORING PTE LTD
Co Reg No	201634759H
Email Address	UNITEDMOTORING@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-93258888
Alternative Phone No	OFFICE-93258888
Vehicle Particulars	
Manufacturer	BMW
Model	5231
Exact Purpose for which vehicle was being used at time of accident	GATHERING
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
Fleet Policy	NO
Policy Number	5094142467
Cover Note Number	
Driver	
Name of Driver	NEO CHUAN SHENG
NRIC No	\$97107311
Date Of Birth	31/03/1997
Occupation	INDOOR
Date Of Driving Pass	09/06/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93258888
Fax Number	
Contact Number	OTHERS-93258888
	INVESTIGATION OF STREET COMES

UNITEDMOTORING@SINGNET.COM.SG

Address

BLK 218 BUKIT BATOK STREET 21

#01-315

Postcode

650218

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

Venicle Registration N Vehicle .

Insurance Company of Driver's Own Vehicle

4

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General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO 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)

2

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

PLEASE REFER TO SKETCH PLAN(COLLISION TYPE IS T/P REVERSE AND HIT INSURED)

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

SJR3195M

Vehicle Make/Model/Colour

AUDI A4

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

81255780

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address

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 companies.
- 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 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, 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.
- (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 NRIC/FIN No.: JOSSEL W. #

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

B) SJR3195M

GOING TO REPORT HIM. I TOLD HIM LET'S SEE WHO CLAIM WHO, HE THEN TOLD ME THAT HE WOULD CANCEL THE CLAIM AND PRIVATE SETTLE WITH ME USING WEEKLY INSTALLMENT. BUT WHEN I CALLED HIM HE DIDN'T ANSEW OR	
BUMP INTO THE REAR OF MY CAR WITH THE REVERSE LIGHT ON HE CAME DOWN AND SAW - BOTH CARS HIT BUMP TOGETHER SO HE WENT BACK INTO HIS CAR AND MOVED PORWARD I THEN APPROACH HIM AND CHECK THE OUR CARS TOGETHER. I DIDN'T PURSUE THIS MATTER AS MY CAR WAS ABOUT TO SCRAP. WE THEN CHAT AND I GAVE HIM MY NAMEGARD AND TOLD HIM THAT HE CAN LOOK FOR ME IF IN THE FUTURE HE WANT TO SELL OR BUY CAR HE LOOK HAPPY AND RELIEF THAT I DID NOT CLAIM HIM: ONLY SUST RECEIVED HIS LETTER AND SHORTLY HIS CALL: CAME AND I ASKED WHAT IS THIS ABOUT. I TOLD HIM IF HE WANTS TO PLAY STUNTS LIKE THIS I'M ALSO GOING TO REPORT HIM: I TOLD HIM LET'S SEE WHO CLAIM WHO, HE THEN TOLD ME THAT HE WALLO CANCEL THE CLAIM AND PRIVATE SETTLE WITH ME USING WEEKLY INSTALLMENT. BUT WHEN I CALLED HIM HE DIDN'T ANSW OR	
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THE CLAIM AND PRIVATE SETTLE WITH ME USING WEEKLY INSTALLMENT BUT WHEN I CALLED HIM HE DIDN'T ANSEW OR	
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PERK MY MCCLACIC TO T CALLED HIM HE DIDN'T ANSEW OR	
VENY MY MECCACO TO TO OPPLOED TO LIAMON NOW	INSTALLMENT BUT WHEN I CALLED HIM HE DIDN'T ANSEW OR
	REPLY MY MESSAGES TO I DECIDED TO CLAIM HIM NOW.

I/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:

Reporting Centre Personnells Signature

NRIC/FIN No.:



Our Ref: MT/CA/TP/001/0968575-001/AL/VU

07 Nov 2017

UNITED MOTORING PTE LTD 1 BUKIT BATOK CRESCENT #05-02 WCEGA PLAZA SINGAPORE 658064

Dear Policyholder

CLAIM NUMBER: MT/0968575-001

ACCIDENT INVOLVING SKD5238Y / SJR3195M on 5 Nov 2017

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong Manager

Motor Insurance



ACRO NUMBER 20091 LETRIC

GST REGISTRATION NUMBER 2009 (1678)

Your Reference: SKD 5238Y Our Reference: SJR 3195M

07/11/2017

UNITED MOTORING PTE LTD 1 BUKIT BATOK CRESCENT #05-02 WCEGA PLAZA SINGAPORE 658064 RIAZ QAYYUM HEEHORS-HUE DRECTOR

TAN KOK SIANG LLB HOUSE LOW

ARDUL HALIM BIN ROSALAN LLB HOSE LITTE

BY COP

Dear Sirs

ACCIDENT INVOLVING MOTOR VEHICLES NO: SJR 3195M AND SKD 5238Y ON 05.11.2017 ALONG ST JAMES POWERHOUSE AT ABOUT 0450 HOURS

We act for SJR 3195M which was involved in the above road traffic accident.

Our investigation reveals that you were the owner of motor vehicle SKD 5238Y at the material time of the accident.

In the circumstances, please provide the following information:-

- the name, NRIC number, telephone number and address of the driver of your motor vehicle at the material time of the accident;
- whether the said motor vehicle was at the time of the accident covered by a policy of insurance, if so, the correct particulars of the motor vehicle thereof; and
- whether the driver was at the time of the accident driving as your servant or agent.

Please **TAKE NOTICE** that there is a presumption in law that the said driver was driving as your servant or agent at the material time of the accident and if we do not hear from you within **ten** (10) days from the date hereof, we shall commence legal action against you as the Defendant for being liable for the damages, loss and expense suffered by our client in the above accident.

We would also advise that as you are insured under an insurance policy to report the accident to your insurers immediately if you had not already done so. This is to safeguard your interest. Your failure to do so may result in your insurers repudiating liability to the accident.

In such an event you will have to bear our client's claim totally on your own if your insurers repudiate liability.

For your convenience, you may email your reply to RIAZ@JUSTICE.COM.SG and please include our case file reference number. Alternatively you may contact our Ms Hulling at telephone number 6534 0110 to provide the required information or fax the reply to our office at 6534 0220.

We appreciate your kind co-operation in the matter.

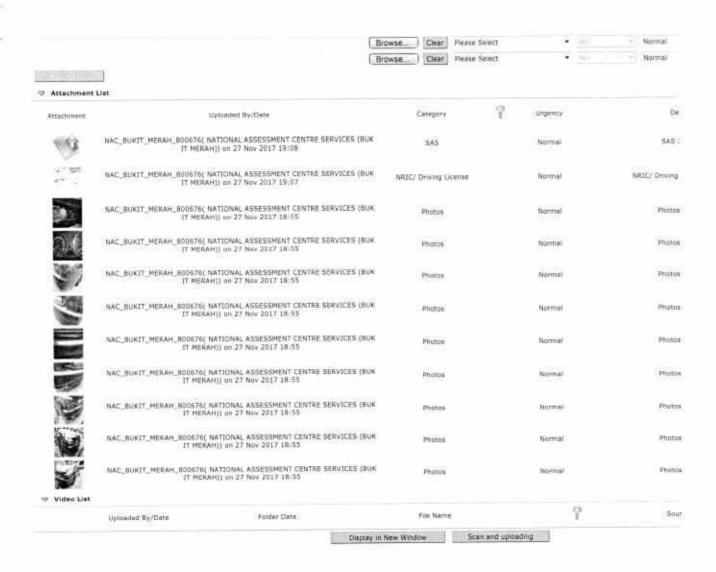
Yours faithfully,

Cc: ALPHA CAR SERVICES



Claim Handling

Accident MT/0968575					
Policy No.	5094142467	Virtualie No.:	5KD5238Y	GST Registration No.	
Policyholder Name	UNITED MOTORING PTE LTD		Commence of the Commence of th	Policyholder NRJC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		
Contact No.(Mobile)	NAC:	Contact No.(Office)	- 5 4 7 6 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Luading	
Email Address		Special Remark		Contact No. (Home)	
KPK	@ No. Yes	TCA	19 No Yes	eCode	
NCD Protection	No			eCode Reason	
Accident Details	140	NCD Entitlement(%)	0		
Report Date	07/11/2017-08:02	T I SACHAN CHE UNO TRAMER WE SET			
		Accident Report Within 24 h	rs Yes	Accident Type	Unknow
Date of Accident	05/11/2017	Time of Accident hhamm	04.58	Country of Accident	Singapor
Reporting Centre	ACM AND SERVICE AN	Grange Force		ICM No.	
Accident Location	ALONG ST JAMES POWERHOUSE				
□ Benefits					
□ Excess					
Dwn damage Excess	0.00	Additional Excess	0,00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Exces	* 0.00		
Third Party Excess	0.00	Dutside Singapore TP Excess	0.00		
GST Registered Inform	nation				
GST Registered	Yes		GST Registration Date.	01/09/2017	
GST Registration No.	201634759H		GST Status Verified	Yes	
Modification History	-07211/2017 11:31:55 K	arthlyn Yuen changed GST Registers arthlyn Yuen changed GST Registrati	on No. from null to 201634759H		
escolazione con	07/11/2017 11:31:55 K	orthlyn Yuen changed GST Registrati	on Date from null to 01/09/2017		
 Policyholder Mailing A 	ddress				
Address 1	1 BUKIT BATOK CRESCENT	Address 2	#05-02 WCESA PLAZA	Address 3	
Address 4		Address Type	Singapore eddress	Post Code	
Unit No.	LOT-A49	Related Policy Number	5095558258		
OI Driver Info					
Driver Name		Driver Type			
Jonamed driver Name		Driver NRIC		Driver DOS	
Register Date of Driver Licens		Driver Age		Driving Experience	
Contact No.(Monne)		Cordact No.(Office)		Contact No.(Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Onit No.					
Does he own a Singapore Registered car?	Yes (2) No	Driver Vehicle No.		Driver Insurer Company	
fodification History					
Claim 002 New					
Disim Type •	DD-MX ▼	200000000000000000000000000000000000000	1	VI WWW.V	
Contact No.(Mobile)		Insured Name	UNITED MOTORING PTE LTD	Insured NRIC	
mail Address		Contact No.(Hume) 01 Vehicle Number	Profession .	Contact No.(Office)	
Jaim Description	SKD5238Y / SJR3185M ON 5 Nov 2017	OI venicle Number	SKD5238Y	TP Vehicle Number	
referred Workshop Contact	(3KD32387 7 SJRC3195M CW 5 NIW 2017	PROPERTY THE PARTY OF	Cyclymateria	Name of Preferred Workshop	
(G)		Insured Liability *	Not at Fault		
equire Finalisation	Yes	Preference Repair Option	Preferred Workshop, Name unknown	 GIA report 	
ate Registered	27/11/2017 18:55	Claim Close Date		Date Received	
eport Taken By	RDSLI WAHAB				
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			lead result		
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ast Doc. Received	₩ Yes C' No	Uplined Date	27/11/2017 19:08		
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	Path *	Browse	Category *	Confidential Urgen	9
		A CONTRACTOR OF THE PARTY OF TH		• III - Numai	
		Browse	Parameter Control of the Control of	• Normal	
		Browse	Class Please Select	Normal	



A CCIDENT STATEMENT

IOC A	TION ST JAMES	S POWFRHA	KE		• III
100%	1104-21-1416-	101121100			
Ť.	DETAILS OF VEH	HICLE			TC - 134
	OF WITH OF ARE	MBER! SKDS	5238Y		3 4
	b)INSURANCE	COMPANY N	TUC		
190	DIPOLICY NUM	BER 509414	42467		
	dIPOLICY TYPE	(COMPREHENS	VE HIRO PARTA	PIHIRD PARTY	FIRE &THEFT)
	BIMAKE & MOS	DEL: RMW 5	Z3I	1	
			Y/YAH/LORRY/	MOTORCYCL	E, / OTHERS]
	g) VEHICLE CAT	EGORTO PRIVAL	E) COMMERCIA!	, / MOTORCYC	LE)
	hipurpose of	USING AT ACCID	DENT TIME: GAT	HEKING.	
	IJARE YOU CLA	IMING UNDER YO	OUR OWN INSURA	ANCE (YES/NO.	
74	IF NO, PLEASE	STATE (THIRD PA	RTY CLAIM / REP.	ORTING ONLY	10
2.,	INSURED / POLL	CY WOLDER		The second secon	
	A) NAME: Unit	28 Motoring 1918	40		/ FEMALE
	DINRIC/FIN/PA	SSPORT: 2011	65415717	CONTACT 9	5/58888
	CIADDRESS:	built bator	CRESCENT 565	3064 #US-02	weegy place
W C 2	1.001/10/10	2 4 15 2011/50 1	100 000 000	222	
den I		3'd IL DKIAEK V	ISO POLICY HOL	UEK	114
App of bussonds	ORIVER ONAME: NEC	Chuan	Sheno	First 19	/ FEMALE)
(Including driver)	OLNAME: TANK	CP10011 S 97/	27217	CONTACT:	2748000
(2)	b) NRIC/FIN/PA	IN + Rator 3	freak 21 RIV	7218 #01-3	15
	c) wookess: B	ANT AVIAL	er of per	-CIO ++U1 -2	(Craces to 12)
	'diDATE OF SIR	TH: (31 / 3	1997 JOD/M	MZYYYYI	yr.
ox.	e)OCCUPATION	NI MODOGR OI	UTDOQR)	orathical medical SSc 41	
	1) DIATE OF DRI	YING LICKLICA	09 June 201	6	
4,	WAS DRIVER	AN EMPLOYEE (OF THE INSURED	D'S COMPANY	(CE8/NO)
	IF NO, RELATI	ONSHIP OF TH	E DRIVER WITH	INSURED:	
5.	a) WEATHER CO	NOITION: CLE	K/RAINING/O	THERS	
	DIROAD SURFA				
	WAS ANYBODY				1 1
	a) REPORTED TO	STATE WHICH P	OLICE STATION	107	
g	THE BALLEY LA	111.01.			. 111
y He of passenger	a) VEHICLE N	IMARRI STR	3195 M	MODEL! Aud	1 44
Carrier and American	DI DRIVERIS N	IAME:			
(Induding driver)	CI NRC/FIN/F	ASSPORT:		_CONTACT:_	8125 5780
(T) \circ	THIRD PARTY VE	HICLE		100	
AND		UMBER:	- 2	_MODEL!	
file of pasounger	g DRIVER'S N	AME:			
(Including driver)) t) NRIO, FK.	ASSPORT:		_CONTACTIL	
(Š		¥.			

email: UNITED MOTORING @SINGNET.COMS fax = 64635455 VIDEO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9710731





NEO CHUAN SHENG

果传昇

CHINESE Date of birth 31-03-1997 Country/Place of birth

SINGAPORE

M

REPUBLIC OF SINGAPORE DRIVING LICENCE

S97107311

NEC CHUAN SHENG

Heth Date: 31 Mar 1997 tatue Date: 09 Jun 2016

0025761758

5467289



Date of leave 29-09-2015

APT BLK 218 BUKIT BATOK STREET 21 801-315 SINGAPORE 650218

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

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with << 7 99 Jun 2016 passengers; exclusive of driver; and other motor vehicles with unladen weight =< 2500kg Class 3

Licence No:S97107316

NP 428A

eBaoTech							in the		Gener	ralClaim
Hello, NAC_BUKIT_MERAN	_800676						· Change La	nguage	· Change Password	STATE OF THE PARTY
My Desktop Notice of Loss	Poli	cy Query							02020	
	Policy A	10				Date of Ac	cident	05/11	/2017 14:14	
	Vehicle	No.(For Motor)	SKD5238Y						1000011111100	
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	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094142467	UNITED MOTORING PTE LTD	201634759Н	GPC	Third Party	5#D5238Y	SKD5238Y		GB/G6/2018
	(C)	5094142467		201634759н	Hear	Third Party	S#D5238Y	SKD5238Y	09/09/2017	GE/05/20