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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 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.	sent to the archiving or this report at the centre and to copies of the report being made available
advisored the transfer of the control of the	ACCIDENT STATEMENT
Date Of Report	14/12/2017 13:52
Date Of Accident	13/12/2017 08:00
Exact Location Of Accident	JURONG EAST MRT PICK-UP POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ4393U
Insured/Policyholder	
Name Of Registered Owner	EEZY FLEET PTE LTD
Co Reg No	201622676R
Email Address	RICKYANGXINYONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98801060
Alternative Phone No	OFFICE-62626368
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8X A
Exact Purpose for which vehicle was being used at time of accident	WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5087619159

Cover Note Number

Driver

Name of Driver ANG XIN YONG, RICKY (HONG XINYONG)

NRIC No. S8728438G Date Of Birth 04/09/1987 OUTDOOR Occupation Date Of Driving Pass 26/04/2010

Driving Experience 7 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98801060

Fax Number

Contact Number OFFICE-62626368

EMail Address NIQUE@EEZYSOLUTIONS.COM Address

BLK 391 BUKIT BATOK WEST AVE 5

#10-422

Postcode

650391

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO

NO YES

Was any other material or property damaged? 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

PLS REFER TO THE ATTACHED 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 VEHICLE PROPERTY 1

Vehicle Registration Number

SHC651K

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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 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:
 - 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.

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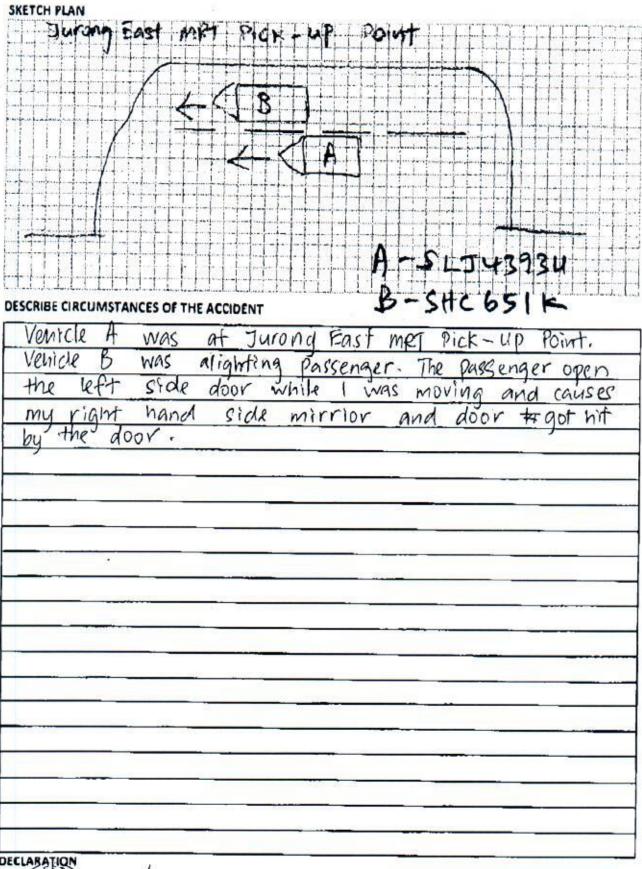
Policyholder's Signature
Date & Time:

My

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DECLARATION pregoing particulars are true in every respect. ROC

Policyholder's Signature

2016226788

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

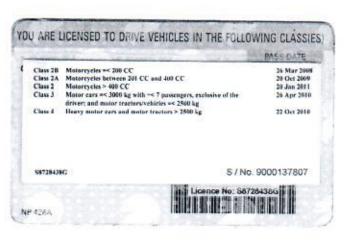
NRIC/FIN No .:

-	ACCIDENT STATEMENT
	in second
	LOCATION: Jurang East MRT Pick-up - Point.
	1. DETAILS OF VEHICLE SLT4393 U. 11
i ė	a) VEHICLE NUMBER:
	b)INSURANCE COMPANY:
	C)POLICY NUMBER:
	e)MAKE & MODEL:
	()TYPE: (SALOON / COUPE / MPY /Y AN / LORRY / MOTORCYCLE. / OTHERS)
	g) VEHICLE CATEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE]
	hipurpose of using at accident time:
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER
	A)NAME:
	CIADDRESS:
	* CONTINUE TO 3 d IF DRIVER ALSO POLICY HOLDER
	15 No of passon 43 DRIVER
	IMALE / remace
	DIAKIC/FIN/FASSFORI
100	c)ADDRESS:
	*d) DATE OF BIRTH: [
40	e)OCCUPATION: (INDOOR / OUTPOOR)
	1) DIFFE OF DRIVING LICKNICE THE MISHER (S COMPANY) WEST NO LICE
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO) HILL IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
	5. a) WEATHER CONDITION: (QEAR / RAINING / OTHERS
	B)ROAD SURFACE: (DRY / WET / OTHERS
100	6. WAS ANYBODY INJURED (YES / NO)
	7. GIREPORTED TO POLICE (YES / NO)
(e)	IF YES, PLEASE STATE WHICH POLICE STATION:
1/1/2	4 No of Dassenger O) VEHICLE NUMBER: SHELS MODEL!
	The same state of the same sta
	(Induding driver) D) DRIVER'S NAMESCONTACTS
	() 9. THIRD PARTY VEHICLE
92	d) VEHICLE NUMBER: MODEL!
	(Industrial deposit of DRIVER'S NAME: CONTACT:
	Chumanida anta D II KKIC's IV s Voos OKI
95	rick yang xin yong @gmail-com
X	rickyang xinyong - com
1.1/	ricky angxin yong@ gmartol: 62626368
n10	que@eezysolutions.com.fax = 62626468
	,
hi	que @ eezysolutions.com/1080
	but comen veries Valting for Company Chop 200 V











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)

Cover : drivo CLASSIC Certificate Number: 5087619159

: SLJ4393U Index mark and Registration Number of Vehicle : RN61041831

Chassis Number

: EEZY FLEET PTE LTD 2. Name of Policyholder : 20 Jan 2017

3. Effective Date of Insurance : 19 Jan 2018 4. Expiry Date of Insurance

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 or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

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.

552,000 EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) : 5\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

: NO REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

: SWEE SENG CREDIT PTE LTD

HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: VV INSURANCE AGENCY PTE. LTD. (00000614878) Agency

: 20 Jan 2017 09:01 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Countersigned By:

eBaoTech									Gene	eralClaim
Hello, NAC_BUKIT_MERAH	800676						Change La	nguage	Change Passwo	rd · Log Out
My Desktop Policy Que		cy Query								,
Notice of Loss	Policy N	lo.				Date of Acc	ident	13/12	2/2017 08:00	
	Vehicle	No.(For Motor)	SU4393U							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087619159	EEZY FLEET PTE LTD	201622676R	GFT	drive CLASSIC	SLJ4393U	5LJ4393U	20/01/2017	
					- 1	Continue				

Policy No.	5087619159	Policyholder Name	EEZY FLEET PTE LTD	Policyholder NRIC	201622676R	
Address	1 CLAYMORE DRIVE #02-06 ORCHARD TOWER REAR BLOCK APARTMENT SINGAPORE 229594					
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N	
Policy ssue Date	20/01/2017	Effective Date	20/01/2017 00:00	Expiry Date	15/01/2018 23:59	
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			
Agent	VV INSURANCE AGENCY	PTE. L1 Agent Tel.	67913808	GST Flag	Y	
Co- nsurance Flag	No					
Open Policy Info Certificate Info						
	nolder Mailing Address					
Address 1	1 CLAYMORE DRIVE	Address 2	#02-06 ORCHARD TO	WER REAF Address 3	SINGAPORE 229594	
Address 4		Address Type	Singapore address	Post Code	229594	
Unit No.	02-06	Related Policy Number	5087619159			
D Insure	d Object: SLJ4393U	No. The Contract of the Contra				
i Endors	ements					
Sequen	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content	
1	08/02/2017 00:00	Basic Information Endorsement	000001286496276	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. S3J7724C 08-02-2017 \$1,383.55 In view of this amendment, an additional premium of \$1,383.55 (inclusive of GST) is payable under your policy. Please ignorthis premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue	
					the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS. Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 2 additional	

Claim Handling

Accident MT/0973710 Policy No. 5087619159 Vehicle No. SLJ4393U GST Registration No. Policyholder Name EEZY FLEET PTE LTD Policyholder NRIC Product Code FLEET INSURANCE Cover Type drivo CLASSIC Loading Contact No. (Mobile) 98801060 Contact No.(Office) Contact No.(Home) Special Remark eCode @ No Yes eCode Reason KEK W No Yes TCA NCD Protection NCD Entitlement(%) Accident Details Side Swipe - Sai 14/12/2017 16:47 Accident Report Within 24 hrs Accident Type Report Date Country of Accident Singapore Date of Accident 13/12/2017 ICM No. Orange Force Reporting Centre JURONG EAST MRT PICK-UP POINT Accident Location Benefits **▽** Excess Own damage Excess 2,000.00 Additional Excess 0.00 Windscreen Excess Outside Singapore OD Excess 2,000,00 Unnamed Driver Excess 1,500.00 Outside Singapore TP Excess Third Party Excess 1,500.00 GST Registered Information GST Registration Date GST Registered No GST Registration No. **GST Status Verified** No Modification History ⇒ Policyholder Mailing Address #02-06 ORCHARD TOWER REAF Address 3 1 CLAYMORE DRIVE Address 2 Address 1 Address 4 Address Type Singapore address Post Code Related Policy Number 5087619159 Unit No. 02-06 OI Driver Info Unnamed Driver Driver Type Unnamed Driver Driver Name Unnamed driver Name ANG XIN YONG, RICKY (HONG.) Driver NRIC S8728438G Driver DOB Register Date of Driver License 26/04/2010 Driver Age 30 Driving Experience Contact No.(Office) Contact No.(Home) Contact No.(Mobile) Address L Address 2 BUKIT BATOK WEST AVENUE 5 Address 3 BLK 391 Address Type Singapore address Post Code Unit No. Does he own a Singapore Registered car? Driver Insurer Company Yes @ No Driver Vehicle No. Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? Yes @ No Modification History Claim 001 OD-MX New Claim Type * OD-MX Insured Name EEZY FLEET PTE LTD Insured NRIC Contact No.(Mobile) Contact No.(Home) Contact No.(Office) TP Vehicle Number OI Vehicle Number SLJ4393U Email Address Name of Preferred Workshop Claim Description SL34393U / SHC651K ON 13 Dec 2017 Preferred Workshop Contact Insured Liability * Partially at Fault Preferered Repair Option Preferred Workshop, Name unknown GIA report Require Finalisation Claim Close Date Date Received Date Registered 14/12/2017 16:56 Total Loss but Repaired Report Taken By KRISHNASAMY Workshop Repairer Print AK letter Save Submit Attachment MT/0973710 Accident No. 14/12/2017 16:55 Upload Date Last Doc. Received Yes No Category * Confidential Urgency Browse... Clear Please Select ▼ ND Normal

