

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	19/12/2017 17:46
Date Of Accident	18/12/2017 09:35
Exact Location Of Accident	JUNCTION AT ANG MO KIO INDUSTRIAL PARK 2
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF9557X
Insured/Policyholder	
Name Of Registered Owner	SAPHAD SERVICES
Co Reg No	53287997W
Email Address	SAPHADSERVICES@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91448584
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090555637
Cover Note Number	
Driver	
Name of Driver	SULHAN BIN ADI
NRIC No	S1291606Z
Date Of Birth	09/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1985
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93844492
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 345 YISHUN AVE 11 #02-183
Postcode	760345
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 - CROSS JUNCTION
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)	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

Refer to attachment.

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	SHA2064C
Vehicle Make/Model/Colour	HYUNDAI I40 COMFORT TAXI BLUE
Details Of Properties	VEHICLE B
Name of Driver	TAN HENG KOW
NRIC/Passport Number	S1161327F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Singapore Accident Statement

Date of Accident 18/12/2017
 Time of Accident 0935 (24hr format)
 Exact Location Of Accident JUNCTION AT ANG MO KIO INDUSTRIAL PARK 2
 Country/State of Loss _____

Details Of Own Vehicle

Vehicle No GBF 9557X
 Insured/Policyholder _____
 Individual / Company _____
 Name of Registered Owner SAPHAD SERVICES
 Co Reg No 53287997W
 Email Address saphadservices@gmail.com
 Mobile No _____
 Alternative Phone No 91448584



Vehicle Particulars

Manufacturer TOYOTA
 Model HIACE DX3.0 MANUAL CHASSIS NUMBER KDH 2015025447
 Are you claiming under your own insurance Yes / No
 policy for repair to your vehicle?
 If No, Please state action to be taken TP Claims / Own Damages / Reporting Only

Vehicle Category

Insurance Company

Name of Insurance Company NTUC INCOME
 Type Of Coverage COMPREHENSIVE
 Fleet Policy Yes / No
 Policy Number 5090555637
 Cover Note Number _____

Driver

Name of Driver SULHAN BIN ADI
 NRIC No S1291606Z
 Date of Birth 09-09-1958
 Occupation Indoor / Outdoor
 Date of Driving Pass 24/09/1979
 Gender Female / Male

Mobile Number 93844492
 Fax Number _____
 Contact Number _____
 Email Address _____
 Address BLK 345 YISHUN AVE 11 #02-183

 Postcode 760345
 Was driver an employee of the Insured's Company Yes / No
 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 RIGHT SIDE COLLISION
 Weather Conditions NORMAL HOT
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? Yes / No
 Was any body injured in the Accident? Yes / No
 Was any other material or property damaged? Yes / No
 Was there any video captured by Car Camera? Yes / No
 Number of Passengers (including Driver) 2
 Details of Police Action NA
 Was the accident reported to the police? Yes / No
 If Yes, Please state which Police Station _____
 Was notice of intended Prosecution given? Yes / No
 If Yes, against whom? _____

Details of Other Vehicle Property 1

Vehicle Registration Number SHA 2064 C
 Vehicle Make/Model/Colour HYUNDAI I40 COMFORT TAXI, BLUE
 Details Of Properties COMFORT DEGREE
 Name of Driver TAN HENG KOW
 NRIC/Passport Number S1161327F

SKETCH PLAN

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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.



Sapah Services

Policyholder's Signature

Date & Time: 18/12/17

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

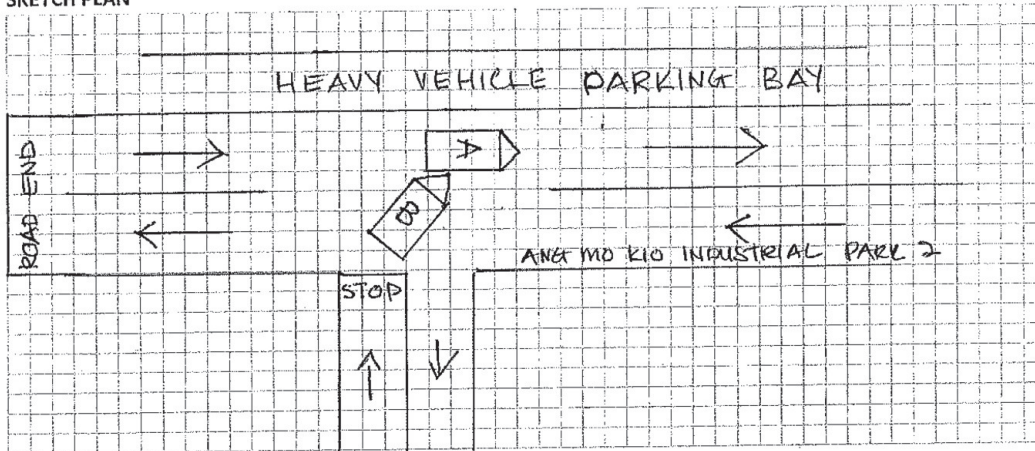


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving vehicle reg GBF9557X along Ang mo kio industrial park 2 when suddenly a taxi vehicle no SHA 2064C collided to my right rear side of my vehicle. and caused damaged to my vehicle.



DECLARATION

We declare the foregoing particulars are true in every respect.

Saphod Services

Policyholder's Signature

Date & Time:

Saphod Services

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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 : 5090555637

Cover : Comprehensive

- | | |
|--|-------------------|
| 1. Index mark and Registration Number of Vehicle | : GBF9557X |
| Chassis Number | : KDH2015025447 |
| 2. Name of Policyholder | : SAPHAD SERVICES |
| 3. Effective Date of Insurance | : 20 Apr 2017 |
| 4. Expiry Date of Insurance | : 19 Apr 2018 |
| 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: UNITED OVERSEAS BANK LIMITED
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 : ABWIN PTE LTD (00000614234)
 Date of Issue : 20 Apr 2017 08:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

ABWIN PTE LTD
 8 Kallang Road 2
 Ruby Warehouse Complex
 #01-33 Singapore 417641


Countersigned By: Tel: 6842 3322 Fax: 6842 3301 (Admin Office)
 Authorised Officer

Chief Executive

Annex A

Transaction ref 20170424155523045366

The owner and vehicle particulars for Vehicle No. GBF9557X as at 24 Apr 2017 are as follows:



1.	Name	: SAPHAD SERVICES
2.	Identification No. Type	: Business
3.	Identification No.	: 53287997W
4.	Place Of Passport Issue	: -
5.	Vehicle No.	: GBF9557X
6.	Previous Vehicle No.	: -
7.	Effective Date of Ownership	: 24 Apr 2017
8.	Original Registration Date	: 20 Apr 2017
9.	First Registration Date	: 20 Apr 2017
10.	Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
11.	Vehicle Scheme	: Normal
12.	Attachment 1	: No Attachment
13.	Attachment 2	: -
14.	Attachment 3	: -
15.	Vehicle Make	: TOYOTA
16.	Vehicle Model	: HIACE DX 3.0 MANUAL
17.	Year of Manufacture	: 2016
18.	Primary Colour	: Silver
19.	Secondary Colour	: -
20.	Passenger Capacity	: 2
21.	Chassis/Trailer Chassis No.	: KDH2015025447 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 1KD2679136 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
26.	Unladen Weight(kg)	: 1800
27.	Maximum Laden Weight(kg)	: 3225
28.	Open Market Value	: \$30,877.00
29.	PARF Eligibility	: No
30.	PARF Eligibility Expiry Date	: -
31.	Minimum PARF Benefit	: \$0.00
32.	No. of Transfers	: 1
33.	IU Label No.	: -
34.	COE No.	: 2017042005000936K
35.	COE Expiry Date	: 19 Apr 2027
36.	COE Category	: C - Goods Vehicle & Bus
37.	Quota Premium/Prevailing Quota Premium	: \$34,904.00 / \$34,904.00
38.	Actual Quota Premium/PQP Paid	: \$34,904.00
39.	Actual ARF Paid	: \$1,544.00
44.	Vehicle Lifespan Expiry Date	: 19 Apr 2037
45.	Road Tax Amount	: -
46.	Road Tax Start Date	: -
47.	Road Tax End Date	: -
48.	Remarks	: The vehicle is registered under Early Turnover Scheme.

Accident Photo



