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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.

- 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

	ACCIDENT STATEMENT
Date Of Report	08/01/2018 18:57
Date Of Accident	06/01/2018 10:25
Exact Location Of Accident	ALONG ENG HOON STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD8420Z
Insured/Policyholder	
Name Of Registered Owner	CHUEN HO TRADING
Co Reg No	52906476J
Email Address	TONYLEONG62@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97620981
Alternative Phone No	OFFICE-81988802
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at ime of accident	WORKING PURPOSES
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	COMMERCIAL VEHICLE
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091215623
Cover Note Number	

Name of Driver MAO YAUK WING NRIC No S0294929F Date Of Birth 09/07/1940 Occupation INDOOR Date Of Driving Pass 16/01/1960

Driving Experience 57 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97620981

Fax Number

Contact Number OTHERS-81988802

EMail Address TONYLEONG62@GMAIL.COM Address

BLK 8 FRENCH ROAD

#17-22

Postcode

200008

Was driver an employee of the Insured's Company YES

vias driver an employee of the insured's Company

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

0000

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TIONG BAHRU NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2739999 - FAX NO: 62785651

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLIUCE REPORT T/20180106/2099 (COLLISION TYPE IS HEAD TO SIDE)

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

B.M.W BLACK

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- 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 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
- 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:

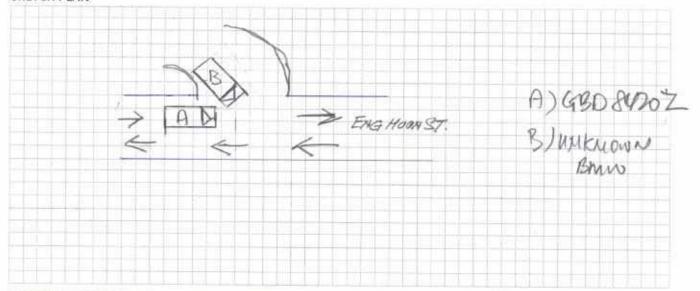
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnell's Signature
Name:
NRIC/EIN No. 1 1/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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:

Beporting Centre Personner's Signature
Name:
NRIC/FIN No.: LOPAL WOHOLS





T/20180106/2099

1 of 3

Report No. T/20180106/2099

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 16:36	fade:	Vide Report No.:	Station Diary No.: 42	
Informa	nt's Partici	ulars			
	Informant: UK WING	2	Address: APT BLK 8 FRENCH ROAD #	#17-22 SINGAPORE 200008	
ID Type NRIC NO	/ ID No.: D / S029492	29F	Contact No.: Home/Office: Mobile: 81988802		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 09/07/1940	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupat Lorry dri	ion:		Driving Licence Information: Class: 2,3	Date of Expiry:	

Seneral Infor	mation of the Accide	Drink	The state of the s	7 - 7			
Type of Accident:	VIII. (1971)		Date/Time of Accident: 06/01/2018 10:25	Type of Location Straight Road			
Location: Along Road 1 ENG HOON: Weather:	STREET	Road Surface:		Road Speed Limit:			
0.00.		Traffic Control:	c Control: Traffic Volume No Traffic				
Type of Collis	sion: ving Vehicles - Head ⁻	To Side		Anyone conveyed by ambulance: No			

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD8420Z	Lorry	NISSAN	Cabstar	Grey	Slightly Damaged	1
	Car	BMW		Black	Slightly Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
	NTUC Income Insurance Co-Operative Limited	5091215623	08/06/2017	07/06/2018		





T/20180106/2099

2 of 3

Report No. T/20180106/2099

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

CONTINUATION OF REPORT

Details of Perso Any Pedestrian I						
No. of Pedestrian			Use of Per	destriar	Cross	sing: NA
Driver			164 OF #236			
Name	MAO YAUK WING			ID No	į.	S0294929F
Related Vehicle	GBD8420Z (Lorry)			Conta	ntact No. 81988802	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

Oh 6/1/2017, at about 10.25am, I was driving along Eng Hoon Street when a black BMW came out of the carpark. He did not stop behind the stop line before exiting the carpark. As such, I collided into the front right side of his vehicle.





Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128 Tel No: 1800-2739999

3 of 3 Report No. T/20180106/2099

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: A / Insp RADYAMANSYAH BIN JAMALUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time; 06/01/2018 16:36
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Accident MT/0976949					
Policy No.	5091215623		Vahicle No.	G808420Z	GST Registration No.
Policyholder Name	CHUEN HO TRADING				Policyholder MRJC
Product Code	COMMERCIAL VEHICLE IN	SUITAL	Cover Type	Comprehensive	
Contact No.(Mubile)	97020081		Curvacs Nu.(Office)		Loading Contact No.(Home)
Email Address			Special Ramark		eCode
KFK	No Yes		TEA	© No ∵Yes	eCode Reason
NCD Protection	No		NCD Estilement(%)	0	
Accident Details			ACO Editioning as	(A)	Private Hiru
Report Date	09/01/2018 11:00		Acodesit Report Within 24 hrs	Yes	Accident Town
Date of Accident	06/01/2018		Time of Acodent Nh:mm		Accident Type
Reporting Centre			Orange Force	10-25	Country of Accident
Accident Location	ALONG ENG HOON STREE	+	Cheriga Force		ICM No.
⇒ Banefits	September 1995				
© Excess					
		ASSESSED TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS	GUAT WE		
Own damage Excess	. 0	00,00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		527000	Outside Singapore OD Excess		
Third Party Excess	22/200	0.00	Outside Singapore TP Excess		
GST Registered Informa	E-470-			200 1000	
GST Registered	No			GST Registration Date	
GST Highstration No. Modification History				GST Status Ventfield	Yes
man married constant					
Policyholder Mailing Ad	dress				
Address I	BLK 1198 #06-238		Address *	Salar Wales Beller	OAMONY'S
Address 4	240 2440 350 230		Address 2	KIM TIAN ROAD	Address 3
			Address Type	Singapore address	Post Code
Unit No.			Related Policy Number	5091215623	
OI Driver Info	W				
Driver Name Unnamed driver Name	Unnamed Driver		Ortiver Type	Unnamed Driver	
	MAG YAUK WING		Driver NRIC	50294929F	Driver DOB
Register Date of Driver Libense	16/01/1960		Driver Age	77.	Driving Experience
Contact No. (Mobile)	N1988802		Contact No. (Office)		Contact No.(Home)
Address 1	BLK II #17-22		Address 2	FRENCH ROAD	Address 3
Address 4			Address Type	Foreign address	Post Cude
Soit No.	17-22				
Does he own a Singapore Registered car?	Yes @ No		Driver Vehicle No.	GBDB420Z	Driver Insurer Company
DOUGHOUSE					
Declaration Breathalyser or Blood Test					
Reading?	0 mg		Any injury?	Yes-III No	
Modification History					
SAME AND A PROPERTY					
Claim 001 New					
Daim Type *	OD-MX		Insured Name	CHUEN HD TRADING	Insured NRIE
Contact No. (Mobile)	383070		Contact No.(Home)		
cmail Address		=	OI Versicle Number	CHD84202	Contact No. (Office)
Claim Description	GBD8428Z / UNKNOWN OF	N 6 3ac 2010	are vincent reamour.	GBD8420Z	TP Vehicle Number
Preferred Workshop Contact	CONTRACTOR A DISCUSSION OF	0 Jan 2018	201200000000000000000000000000000000000	DOMESTIC OF THE PARTY OF THE PA	Name of Preferred Workshop
Vo.			Insured Liability *	Not at Fault *	
	Yes		Preferered Repair Option	Preferred Workshop, Name unknown	 GIA report
lequire Finalisation			Claim Close Date		Date Received
	09/01/2018 11:03		Treatment the posterior and the con-		
late Registered	09/01/2018 11:03 ROSLI WAHAB				
Date Registered Report Taken By		\exists		**	
Date Registered Report Taken By			mesercursenaers	activity in an anyther	2-90W/7W07P2V-12-5
Date Registered Report Taken by Frant AK letter			mesercursenaers	Save Submit	290000000000000
Date Registered Report Taken By			mesercursenaers	Save Submit	29AWATACH 297-225
Date Registered Report Taken By Front AK lotter		=	mesercursenaers	Save Submit	290MM700797-025
Attachment	ROSLI WAMAB		THE TAX	To the months of the second	29AWATACH 237-225
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LOCAT	ION: 15 CUTO L FIG. 1 15019 3			
10	DETAILS OF VEHICLE		4 *	
0.5	AVENICIE NUMBER! (480 8400) Z '		
	BINSURANCE COMPANY: XTUC	/ NCOME		100
100	CIRCLICY MILLIABER		2040	1/5
	HIPOLICY TYPE: ICOMPREHENSIVE / THIRD I	PARTY / THÌRD PAR	TY FIRE ATHEFT	120
	DIMAYER MODEL! NASAN CASS	1798	20	:71
	()TYPE: (SALOON / COURE / MPY / VAN / LO	RRY / MOTORCYL	TEN OTHERS	
	g) VEHICLE CATEGORY: PRIVATE / COMME	RCIAL MOTORC	[September 1	0.
	h) PURPOSE OF USING AT ACCIDENT TIME!_		W. C. & C. C. C. C.	
	I) ARE YOU CLAIMING UNDER YOUR OWN IS	USURANCE PEST	O)	
28	IF NO, PLEASE STATE (THIRD PARTY CLAIM	/HENOKING ONE	17	20
2,,	INSURED / POLICY HOLDER CHUEN HO. TRAN	NAS IMA	LE / FEMALEL	
Ta U	HINDURY (SINUAL SERCET) S/5272/6	/ C CONTACT!	97620981	
.57	CIADDRESS: BUX 1198 \$06-	238 KIM TI	AN RO	
g) (2) (4)	MONTH DESCRIPTION OF THE PROPERTY OF THE PROPE	S(1621.19).		II
	. CONTINUE TO 3.d IF DRIVER ALSO POLICY	Y HOLDER		
\$No of passengal	DRIVER		. = (== \ \ \	
	DINAME! MAO YOUR WING		ALE / FEMALE)	
(Including driver)	bINRIC/FIN/PASSPORT! SO294929.	# CONTACT	81988802	
(T)	CIADDRESS: BUK 8 FRENCH ROAD	17-17-12	3,300	20 (8)
1.0	ODATE OF BIRTH: (09/07) 1940)	DD/MM/YYYY)	7.5	
385	TO THE PROPERTY OF A COUNTY OF THE PROPERTY OF		28 60	
+11	THE PROPERTY OF THE PROPERTY O	01/1960	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	67
4.	THE THE THE THE THE THE	SUBFO'S COMPAI	YY? (YES / NU)	
	TE NO RELATIONSHIP OF THE DRIVER	WITH INSURED !	FAIDIO	
5,	OWEATHER CONDITION: (CLEAR / KAININ	G / OTHERS		
	BIRDAD SURFACE! (DRY /-WET / OTHERS -		· .	i ji
6,	WAS ANYBODY INJURED (YES / NO)		λ	13
7.	O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STA	TION KIN TI	AN POLICE POST	7.
	THIRD PARTY VEHICLE	2m	B.an.w(BLACE
fluo of passenger	THIRD PARTY VEHICLE UNKALOWA	MODELI	13 011.00	Constitution of
	LI CONVEDIS MALLE!			
(Induding driver)	O NRIC/FIN/PASSPORT!	CONTAC	[1	
(_) 。	THIRD PARTY VEHICLE		(c)	S46 66
	d) VEHICLE NUMBER:	MODEL!_	1.1	
# No of basonuder	O DRIVER'S NAME:	CONTAC	To the	
(Including drive	T) f) NRIC/PIN/PASSPORTI			.02
()	£0	29 40	711	T (1)
·		. ,		09 00

email = Tonny Luong 629 Gunan Com
fax = VIORO







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PAGS DATE

Class 2B Motorcycles << 200 cc 04 Feb 1997 04 Feb 1998 04 Feb 1969 05 Feb 1969

Licence No: S0294929F

NP 428A



Certificate of Insurance		
MOTOR VEHICLES (THIRD PARTY RISK MOTOR VEHICLES (THIRD PARTY RISK ROAD TRANSPORT ACT, 1987 (MALAY MOTOR VEHICLES (THIRD PARTY RISK	S AND COMPENSATION (SIA)	I) RULES, 1960
Certificate Number: 5091215623		Cover : Comprehensive
1. Index mark and Registration Numb	ner of Vehicle	: GBD8420Z
Chassis Number	ret of ventere	JN1SC2F24Z0857113
2. Name of Policyholder		: CHUEN HO TRADING
3. Effective Date of Insurance		: 08 Jun 2017
4. Expiry Date of Insurance		: 07 Jun 2018
5. Persons or Classes of Persons entit	ded to drive#	. 07.7411.2020
(a) The Policyholder.		
(b) Any other person who is driving	ng on the Policyholder's	order or with his/her permission.
Provided that the person drivi the Motor Vehicle or has been enactment or regulation in the	so permitted and is no	rdance with the licensing or other laws or regulations to drive of disqualified by order of a Court of Law or by reason of any the Motor Vehicle
6. Limitations as to Use#		TOTAL TENERS.
(a) Use for social domestic and pl	easure purposes and in	connection with the Policyholder's business or profession.
(b) Use for the carriage of passen	gers or goods in connec	ction with the Policyholder's business.
This Policy does not cover		AND SARAMAS CREATININEL ESPECT MERTIN
(a) Use for hire or reward.		
(b) Use for racing, pace-making, re	aliability trial or speed-	testing.
(c) Use whilst drawing a trailer ex	cept the towing of any	one disabled mechanically propelled vehicle.
EXCESS (SECTION 1)	: S\$600	ort Act, 1987 (Malaysia), are not to be included under these .
EXCESS (SECTION 2)	: N/A	
WINDSCREEN EXCESS	: S\$100	
INSURE WITH COE HIRE PURCHASE COMPANY	: YES	I or i r
SUM INSURED	: TAN CHONG CRED	\$201 T 72.T
SUM INSURED	: MARKET VALUE OF	F INSURED VEHICLE AT TIME OF LOSS
I/We hereby Certify that the Policy to v Vehicles (Third Party Risks and Comper	vhich this Certificate re isation) Act (Chapter 18	lates is issued in accordance with the provisions of the Motor 89) and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency : INSURE U.S	ERVICES (00000615375	5)
Date of Issue : 29 May 20:	17 11:22 hrs	
	9	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Zm	4	Ju-
Countersigned By:		
Auth	orised Officer	Chief Executive
		(C)