NATIONAL Assessment Centre	Services porin	1001 MMH 410	700555	/ · · · ·
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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.
- 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 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 centre and to copies of the report being made available

	ACCIDENT STATEMENT
Date Of Report	11/01/2018 16:26
Date Of Accident	11/01/2018 09:15
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD(LAMPOST NO:62)
Country/State of Loss	SINGAPORE
DATE OF THE PARTY	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YN6796C
Insured/Policyholder	
Name Of Registered Owner	INDOGUNA (SINGAPORE) PTE LTD
Co Reg No	199302834E
Email Address	PHILIP110175@HOTMAIL.COM.SG
Mobile Phone No	(LOCAL) +65-98529483
Alternative Phone No	OFFICE-98529483
Vehicle Particulars	
Manufacturer	ISUZU
Model	LORRY
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5088515543
Cover Note Number	
Driver	
Name of Driver	LIM KAH HOCK(LIN JIAFU)
NRIC No	S7501034F
Date Of Birth	11/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98529483
Fax Number	
Contact Number	OTHERS-98529483

PHILIP110175@HOTMAIL.COM.SG

Address

BLK 546B SEGAR ROAD

#10-61

Postcode

672546

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

(lobiol

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Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2 NO

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver) Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

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

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

SLL5481G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - 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:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No

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DECLARATION

I/We declare the foregoing particulars are true in every respect. ANNASSES SALAD

Policyholder's Signature Date & Time: 11/01/2018

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
ROSA/ WHYOB

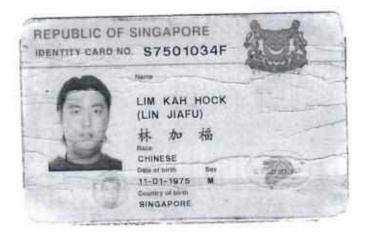
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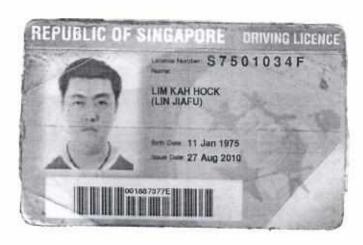
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ccident MT/0977404			WASTONES	GST Registration No.	
	5888515543	Vehicle No.	VN6796C	Policyholder NRIC	
	INDOGUNA (SINGAPORE) PTE LTD		-		
roduct Code	PLEET INSURANCE	Cover Type	Comprehensive	Loading Contact No.(Home)	
ontact No.(Mobile)	98529463	Contact No (Office)			
mail Address		Special Remark	2	eCode	
INC.	No Yes	TCA	i No Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	0	Private Hire	Not availa
⇒ Accident Details					
leport Date	11/01/2018 16:43	Accident Report Within 24 hrs	Yes	Accident Type	Collision -
Pate of Accident	11/01/2018	Time of Accident hhimm	09:15	Country of Accident	Singapore
leporting Centre		Orange Force		ICM No.	
Accident Location	UPPER BUKIT TIMAH ROAD(LAMPOST NO:62)				
♥ Benefits					
♥ Excess					
Own damage Excess	1,000.00	Additional Excess		Windstreen Excess	
Innamed Driver Excess		Outside Singapore OD Excess			
Thirst Party Excess	0.90	Outside Singapore TP Excess			
GST Registered Informa		THE REPORT OF THE PARTY OF THE			
GST Registered	Yes		GST Registration Date	01/04/1994	
351 Registration No.	M201146186		GST Status Venfield	Yes	
Modification History	0.5000000000000000000000000000000000000				
(2) (32201200)					
Pelicyheider Mailing Ad	drawa				
Address 1	36 SENOKO DRIVE	Address 2	SENGKO INDUSTRIAL ESTATE	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5088515543		
OI Driver Info		Comment County - Name of Street			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LIM KAH HOCKILIN JIAFU)	Driver NRIC	57501034F	Driver DOB	
Register Date of Driver License		Driver Age	43	Driving Experience	
	Astronomy	Contact No.(Office)		Contact No.(Home)	
Contact No (Mobile)	BLK 546B #10-61	Address 2	SEGAR ROAD	Address 3	
Address I			Foreign address	Post Code	
Address 4	SINGAPORE 672546	Address Type	a manager, and more		
Unit No.	10-61				
Does he own a Singapore Registered car?	Yes S No	Driver Vehicle No.	YN6796C	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	Yes W.No		
Reading1					
Claim 001 00-MX Nex			1	his and Miler	
Claim 001 OD-MX Nev	OD-MX +	Insured Name	INDOGUNA (SINGAPORE) PTE L	Insured NRIC	
		Insured Name Contact No.(Home)		Contact No (Office)	
Claim Type *			INDOGLINA (SINGAPORE) PTE L (YN6796C	Contact No. (Office) TP Vehicle Number	
Claim Type * Contact No.(Mobile)		Contact No.(Home)		Contact No (Office)	
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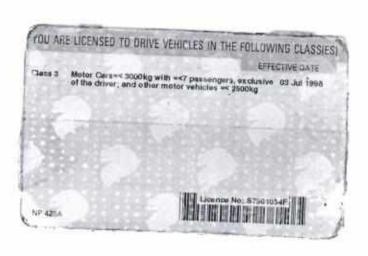
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1. DETAILS OF VEHICLE VILLED	
1. DETAILS OF VEHICLE YN69960	77-78-7
AUNCIPANCE COMPANY	
EDOUETER!	43
dipolicy type: (COMPREHENSIVE /)	HIRD PARTY / THIRD PARTY FIRE &THEFT)
74/1/11	
TITYPE: (SALOON / COUPE / MPY / Y A	N / CORRY / MOTORCYCLE / OTHERS)
g VEHICLE CATEGORY: (PRIVATE / CO	TILES Delicory
h PURPOSE OF USING AT ACCIDENT	HIVE
I) ARE YOU CLAIMING UNDER YOUR	DAM WORK WICE (LESVING)
IF NO, PLEASE STATE (THIRD PARTY C	SLAIM / REPORTING OTHER)
2. INSURED / POLICY HOLDER	(MALE / FEMALE)
A)NAME:	CONTACT
b) NRIC/FIN/PASSPORT:	
O ADDRESS:	
YKNOWN MACK - CONTINUE TO 3, d IF DRIVER ALSO F	OLICY HOLDER
THE THE PARTY TO THE PARTY PAR	(MALE / FEMALE)
ELIGHBURY AND	14/F CONTACT: 98529483
(2) 6) NRIC/FIN/PASSPORT! 345000	ed #10-61 S(670546)
*d)DATE OF BIRTH: (11 01)	J[DD/MM/YYYY]/975;
e OCCUPATION: (INDOOR / OUTDO	20R) 03/03/1998
IDATE OF DRIVING PASS	HE INSURED'S COMPANY? (YES NO)
A S A S TURE AND INVERTIRE	THE INSURED'S COMPANY
5, a) WEATHER CONDITION: (CLEAR / 1	HERS
b)ROAD SURFACE: (DRY / WET / OT 6. WAS ANYBODY INJURED (YES / NO)	
- INCOMPTED TO POLICE ITES / NO!	
IF YES, PLEASE STATE WHICH POUR	CE STATION:
B. THIRD PARTY VEHICLE	-11016
# No of passenger a) VEHICLE NUMBER: SLL3	54316 MODEL:
NAME:	
(Induding driver) of NRIC/FIN/PASSPORT:	CONTACT:
() o THIRD PARTY VEHICLE	VIANT!
d) VEHICLE NUMBER:	MODEL!
THE REPRESENDED OF DRIVER'S NAME:	CONTACTIL
(Including delver) 1) NRIC = N/PASSPORTI	O Daries Contraction of the Cont
()	V
·	

email = Philip 110175 (2) holmail fax = V1080











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: 5088515543

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: YN6796C

Chassis Number

: JAANPR85HE7100456

2. Name of Policyholder

3. Effective Date of Insurance

: INDOGUNA (SINGAPORE) PTE LTD

: 17 Mar 2017

4. Expiry Date of Insurance

: 16 Mar 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)

: \$\$1,000

EXCESS (SECTION 2) WINDSCREEN EXCESS

: N/A : 5\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: N/A

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

: AVA INSURANCE BROKERS PTE LTD (00000690850)

Date of Issue

: 14 Mar 2017 10:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive