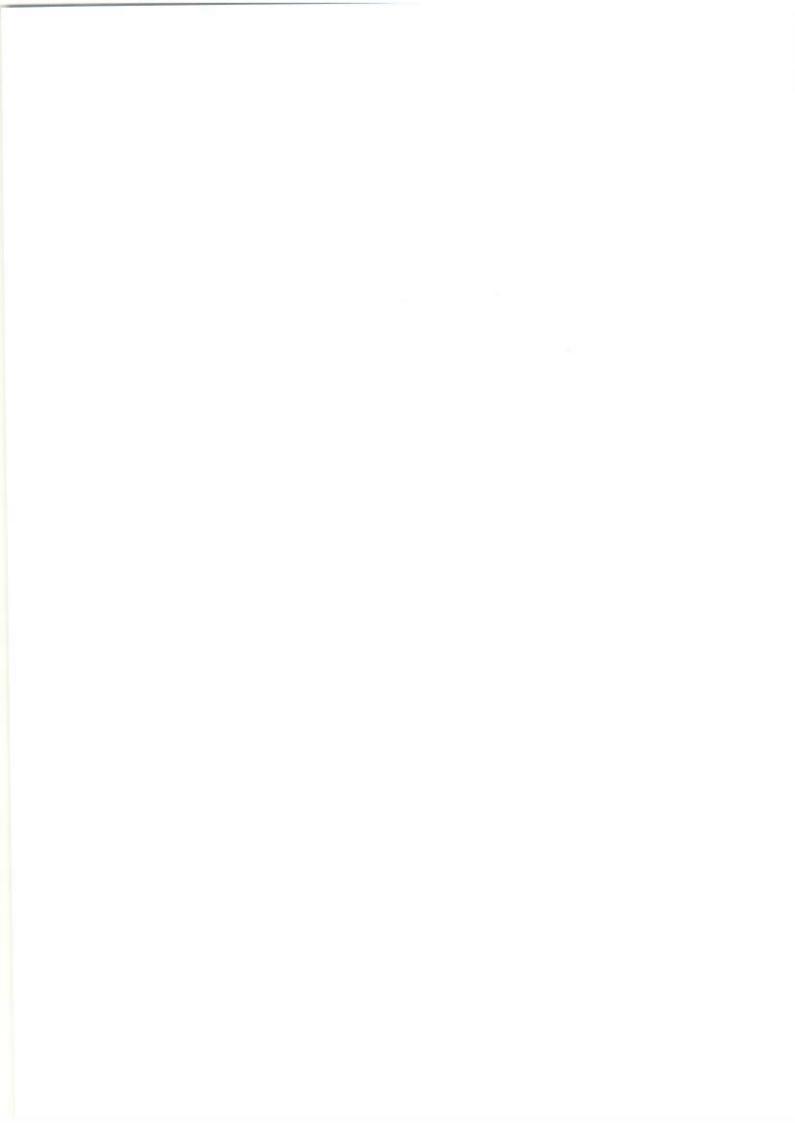
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number 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.
- 6. This 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 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.

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AND DESCRIPTION OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	17/01/2018 09:54
Date Of Accident	16/01/2018 07:00
Exact Location Of Accident	HOUANG AVE 7 TWDS DEFU AVE 1
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YP5119D
Insured/Policyholder	
Name Of Registered Owner	KNH SERVICES
Co Reg No	52997576M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82897244
Alternative Phone No	OFFICE-82897244
Vehicle Particulars	
Manufacturer	ISUZU
Model	FSR34SUQCC
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	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	5095975513
Cover Note Number	
Driver	
Name of Driver	MOHAMED ABU BAKAR S/O MOHAMED YUSOOF
NRIC No	S7213165G
Date Of Birth	14/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82897244
Fax Number	
2.000 (APP) 4.000	OTHER OF ACCOUNTS

OTHERS-82897244

NOEMAIL



BLK 290A COMPASSVALE CRESCENT Address

#02-18

Postcode 541290

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

COLLIDED INTO PEDESTRIAN Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

NO

NO

1

YES

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180116/2152

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

Page 2 of 19



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:

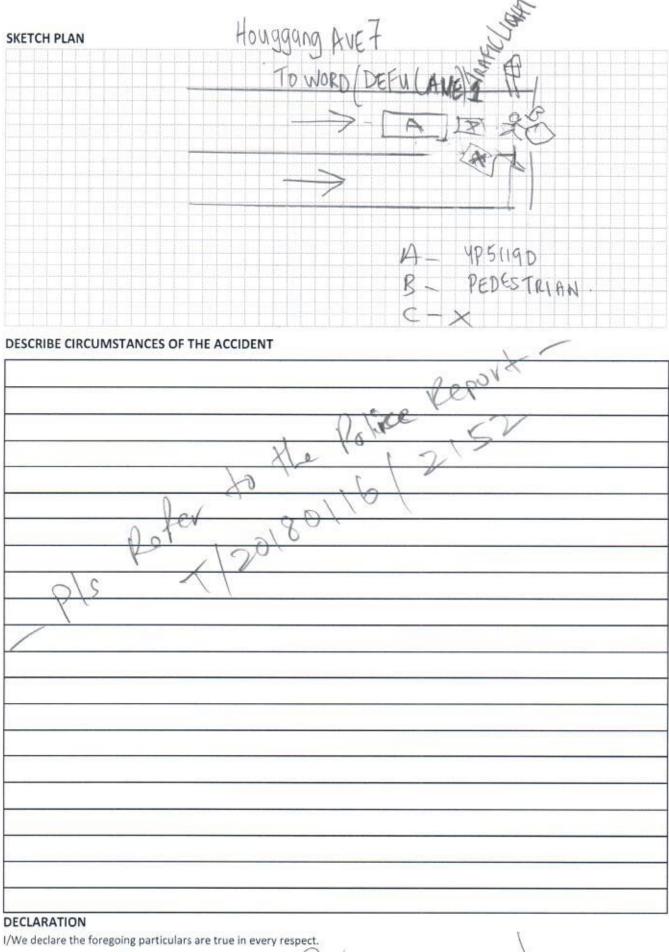
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





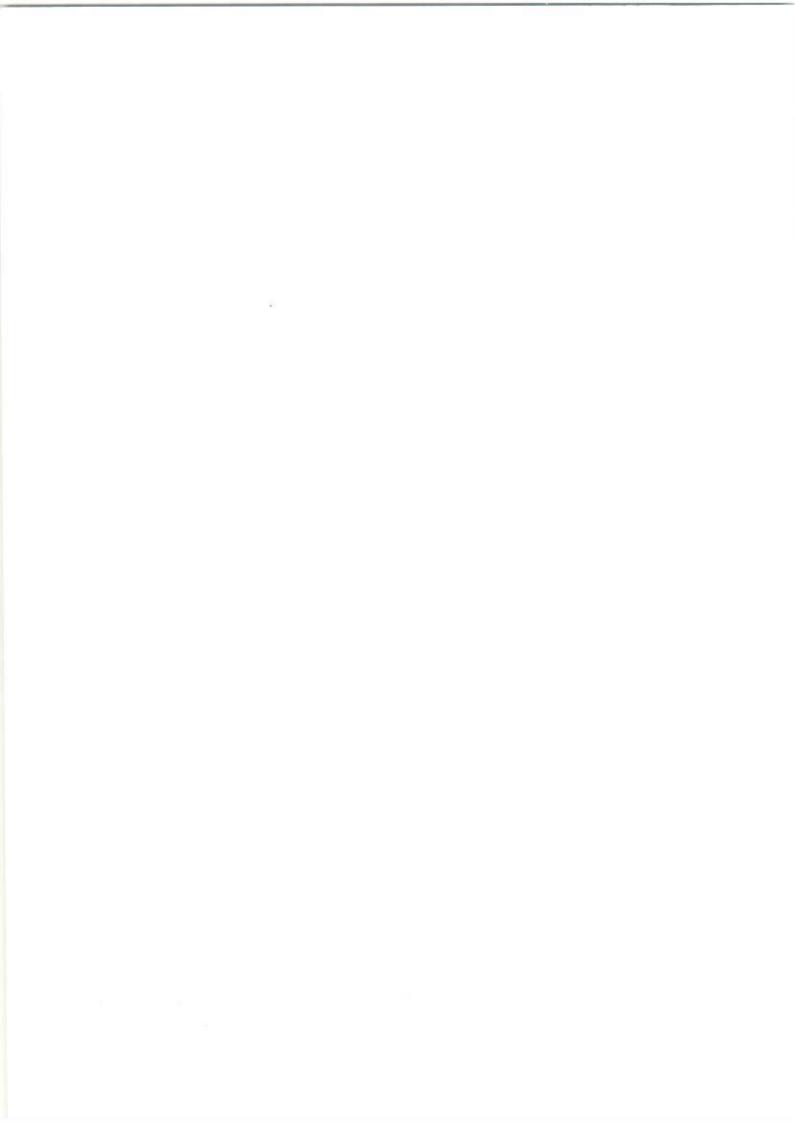
Policyholder's Signature Date & Time:

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

MM BAKAR.

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:







1 of 3

Report No. T/20180116/2152

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

DEDORT	OF A	TRAFFIC	ACCIDENT
REPURI	$U \vdash A$	INALIO	ACCIDE!!!

	ne Report M 18 18:53	lade:	Vide Report No.: F/20180116/0087	Station Diary No.:	
Informa	nt's Particu	ulars			
Name of MOHAM	Informant: IED ABU BA IED YUSOC	AKAR S/O	Address: APT BLK 290A COMPASSVALE CRESCENT #02-18 HDB KANGKAR SINGAPORE 541290		
ID Type	/ ID No.: O / S721316		Contact No.: Home/Office:	Mobile: 82897244	
National	-		Email:		
Sex: Male	Age:	Date of Birth: 14/01/1972	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupa	tion:		Driving Licence Information: Class: 4	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 16/01/2018 07:	Type of Location Straight Road
Location: Along Road 1 HOUGANG A DEFU AVEN				
Weather:		Road Surface: Dry	N. Committee	Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - W	orking	Traffic Volume: Heavy
Type of Collin	sion: cle Against - Pedestrian			Anyone conveyed by ambulance: Yes

Details of V	Brown marks and the first	CONTRACTOR OF THE PARTY OF THE	Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	COIOI		0
YP5119D	Lorry				Slightly Damaged	Ů

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20180116/2152

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20180116/2152

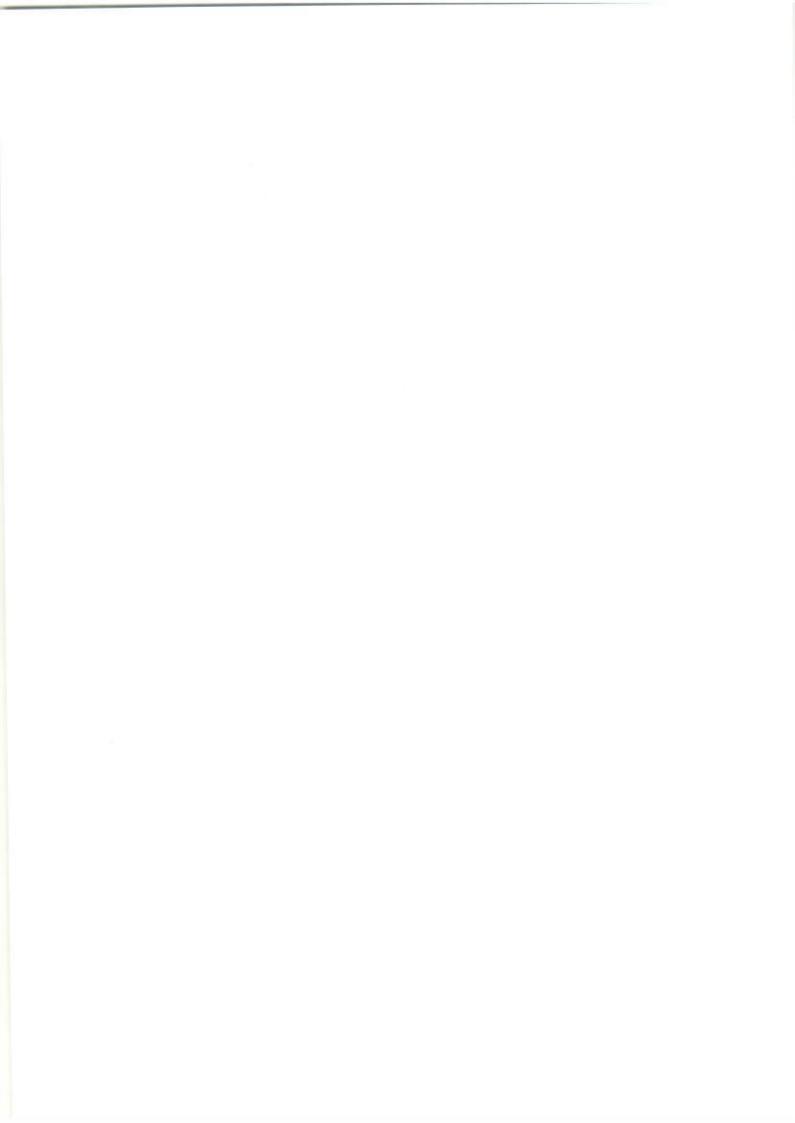
CONTINUATION OF REPORT

Name	MOULANTED					
	MOHAMED ABU BAKAR S/O YUSOOF	MOHAMED	ID No).	S7213165G	
Related Vehicle	NIL	and the latest the lat				
	1312		Conta	ct No.	82897244	
Hospital/Clinic	NIL					
	INIL		Class Driving Licent Expiry	g ce &	Class: 4 Date of Expiry: NIL	
Date Treatment	NIL	D. (D)				
		Date Disc				
grann	ted Medical Leave NIL	Degree of	Injury	NIL		

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME

I WAS DRIVING ALONG HOUGANG AVENUE 7 GOING TOWARDS DEFU AVENUE 1. I WANTED TO GO TO THE LANE TO MY RIGHT BUT COULD NOT AS THERE WAS NO SPACE DESPITE ME FLASHING MY SIGNAL. SO I STAYED ON MY LANE. SUDDENLY THE CAR INFRONT OF ME SWERVED TO THE RIGHT BUT I SAW THAT THE TRAFFIC LIGHT WAS FLASHING GREEN SO I CONTINUED FORWARD. BUT I SAW AN OLD MAN WALKING ON THE ROAD WITH A BIG TROLLEY. I BRAKED BUT COULD NOT STOP IN TIME AND HIT HIS TROLLEY. WHEN I HIT HIS TROLLEY, HE FELL. I GOT OUT OF MY VEHICLE TO HELP THE OLD MAN AND TO CLEAR THE ROAD OF THE TROLLEY'S CONTENT SO OTHER ROAD USERS CAN GO. ANOTHER DRIVER THAT WITNESSED THE INCIDENT CALLED FOR THE AMBULANCE. AMBULANCE AND TP CAME. THE OLD MAN WAS CONVEYED TO THE HOSPITAL BY AMBULANCE.







Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20180116/2152

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:	Signature Of Informant:
MUHAMMAD SYUKRI BIN ABU BAKAR	Alh
Signature Of Interpreter: Not applicable	Date/Time: 16/01/2018 18:53
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	SINGAPORE POLICE FORCE
uthentication Stamp	J. Santa

Signature: _

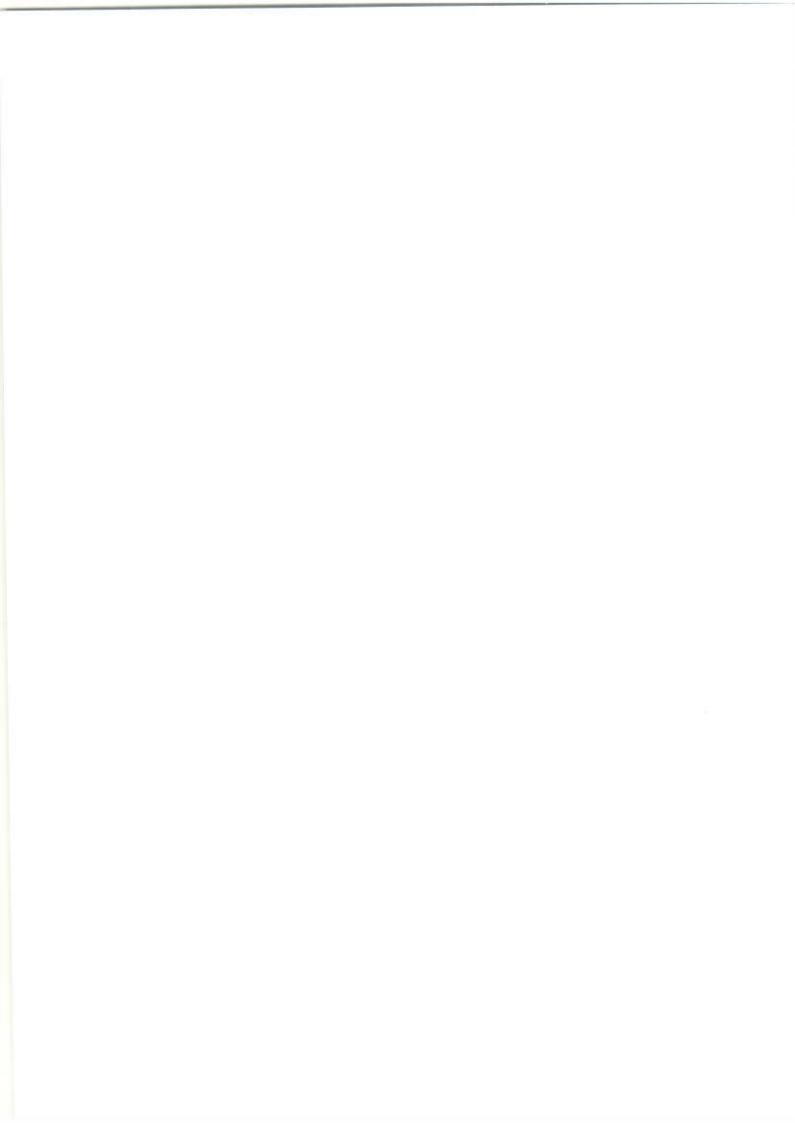




SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

Ref: Report No: _F/20180116/	0087 82897244
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(Name, NRIC	or Passport No. / Rank and No.)
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(Date)	(Time)
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(Signature) GHT 7150048 AZR	7213165 (AC A R Mark
Name, NRIC or Passport No. / Rank and No.)	(Name, NRIC or Passport No. / Rank and No.)
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ACCIDENT STATEMENT

DETAILS OF VEHICLE ONEHICLE NUMBER: DINSURANCE COMPANY: OPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) B) MAKE & MODEL: (I) TYPE: (SACOON / COUPE / MPY / Y AN / LORRY / MOTORCYCLE. / OTHERS) G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE.) H) PURPOSE 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: D) RIVER CONTACT: CONTACT: B) RIVER A) NAME: (I) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRICYFIN/PASSPORT: CONTACT: B) NRICYFIN/PASSPORT: CONTACT: B) NRICYFIN/PASSPORT: CONTACT: B) NRICYFIN/PASSPORT: CONTACT: C) ADDRESS: **CONTACT: C) ADDRESS: CONTACT: C) ADDRESS: CONTACT: C) ADDRESS: CONTACT: C) ADDRESS: C) ADDRESS: CONTACT: C) A	ACCIDENT DATE: 16 / 01 / 2018 HOD/MM/Y	YYY), TIME: (. 7.17) (HH:MM)
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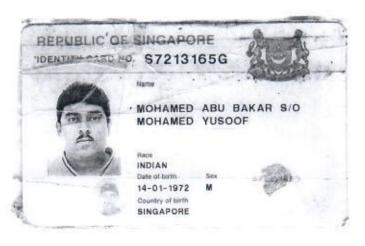
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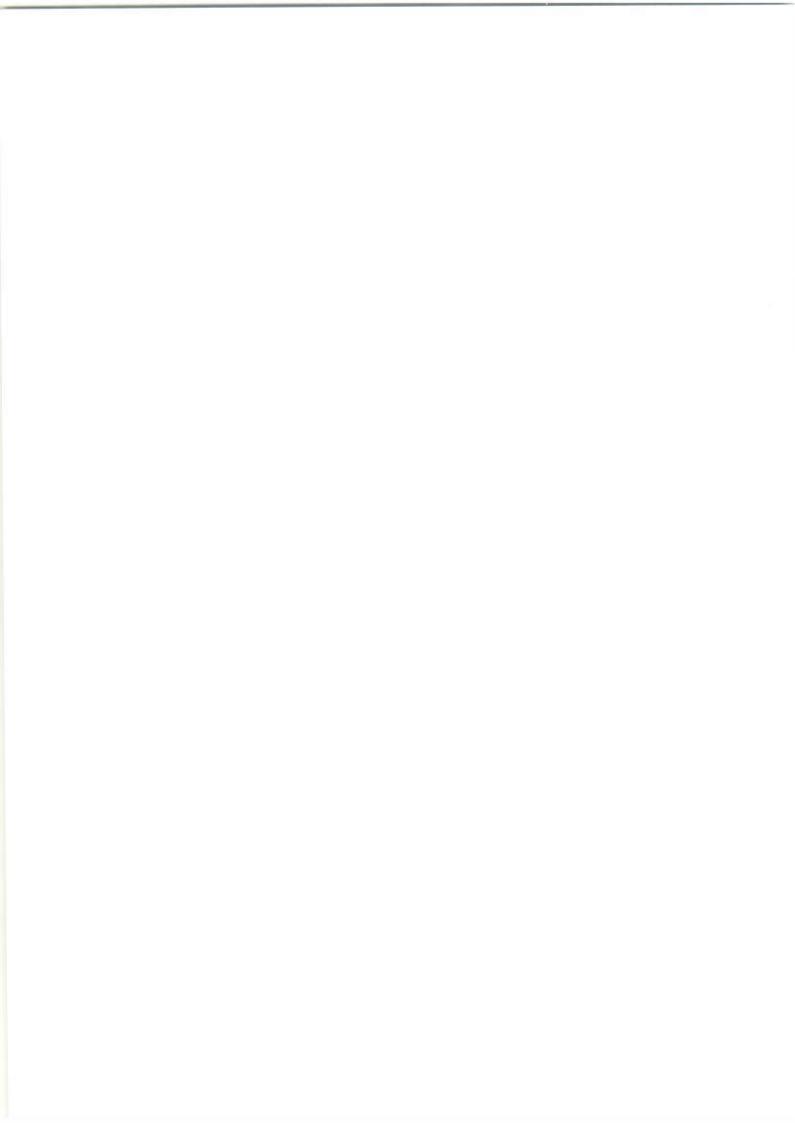
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Certificate of Insurance

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: 5095975513

Cover : Comprehensive

Index mark and Registration Number of Vehicle

: YP5119D

Chassis Number

2. Name of Policyholder

: JALFSR347G7000541

3. Effective Date of Insurance

: KNH SERVICES

: 21 Dec 2017

4. Expiry Date of Insurance

20 Dec 2018

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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS \$\$100 INSURE WITH COE

YES

HIRE PURCHASE COMPANY

MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

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

: 16 Nov 2017 13:37 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

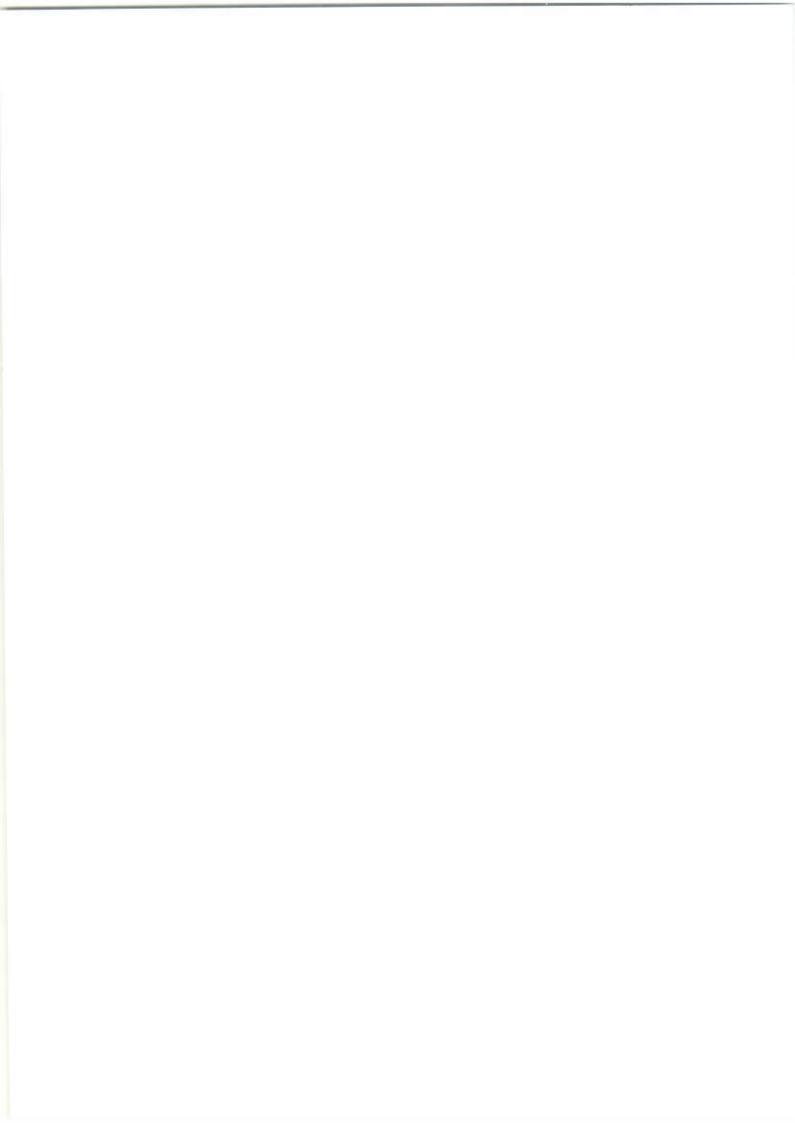
Countersigned By:

Authorised Officer

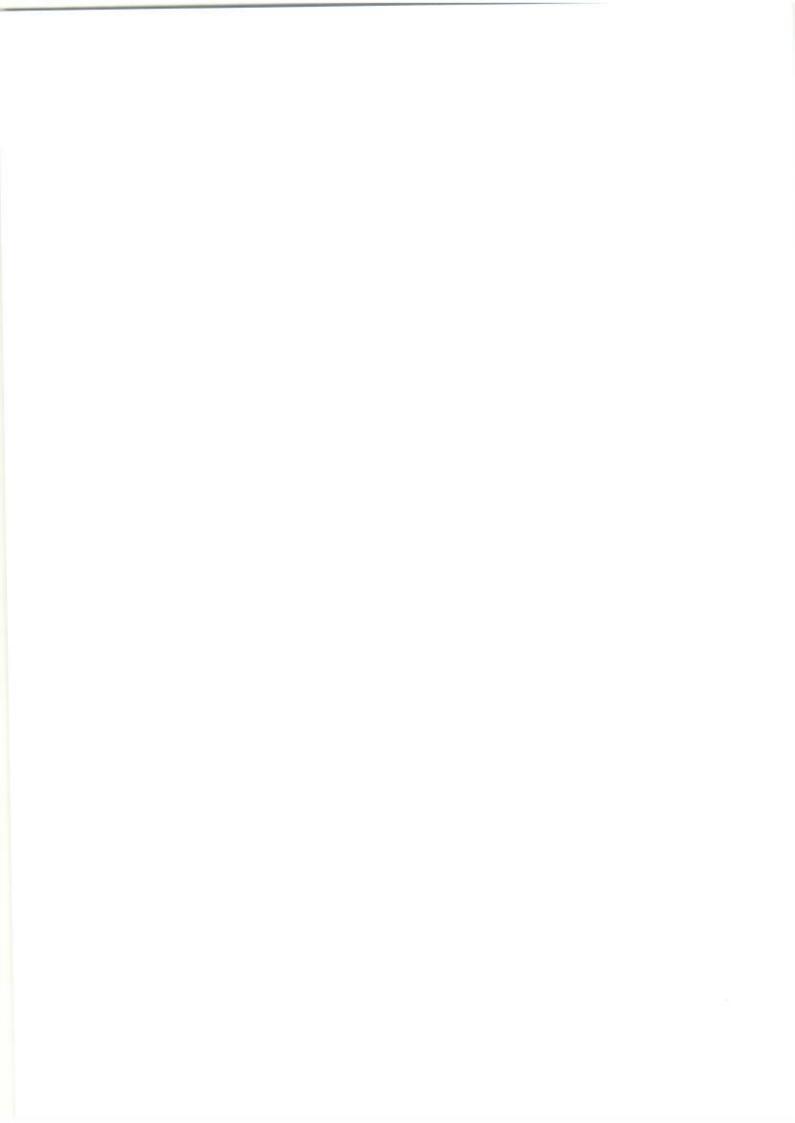
Chief Executive



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	Policy No. Vehicle No.(For Motor)					Date of Accident 16/01/2018 07:00		1/2018 07:00		
			YP5119D							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5095975513	KNH SERVICES	52997576M	GFT	Comprehensive	YP5119D	YP5119D	21/12/2017	



Policy No.	5095975513	Policyholder Name	KNH SERVICES	Policyholder NRIC	52997576M
Address	192 PANDAN LOOP #02	-29 PANTECH BUSINES	55 HUB SINGAPORE 128381		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	16/11/2017	Effective Date	21/11/2017 00:00	Expiry Date	20/11/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info Certificate Info					
□ Policyh	older Mailing Address				
Address 1	192 PANDAN LOOP	Address 2	#02-29 PANTECH BUSINESS	HL Address 3	SINGAPORE 128381
Address 4		Address Type	Singapore address	Post Code	128381
Unit No.		Related Policy Number	5095975513		
OFFICE BY	Object: YP5119D				
© Endorse	ements				
Sequence	Date of Endorsement	Endorsement Type	Number	rsement Status	Endorsement Content 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. YN3795A 21-11-2017 \$1,786.90 In view of this amendment, an additional premium of \$1,786.90 (inclusive of GST) is payable under your policy. Please ignor
	21/11/2017 00:00	Basic Information Endorsement	000001286696185 Endor	rsement Take live	this 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



Claim Handling					
Accident MT/0978392					
Policy No.	5095975513	Vehicle No.	YP51190	IN ARREST CONTROL TO PRODUCE OF STORE	
Policyholder Name	KNH SERVICES	Talling May	1911100	GST Registration No.	
Product Code	FLEET INSURANCE	Cover Type		Policyholder NRIC	
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Email Address		Special Remark	U.	Contact No.(Home)	
KFK	© No Yes	TCA	G No Yes	eCode	
NCD Protection	No	NCD Entitlement(%)	0	eCode Reason	
→ Accident Details		and Entropy		Private Hire	No
Report Date	18/01/2018 11:03	Accident Report Within 24 hrs	Yes	172-1170-1111	
Date of Accident	18/01/2018			Accident Type	Collided
Reporting Centre	10/01/2018	Time of Accident hh:mm	07:00	Country of Accident	Singapor
Accident Location	MOURANC AUG 3 THINK DOOL AVE.	Orange Force		ICM No.	
♥ Benefits	HOUANG AVE 7 TWDS DEFU AVE 1				
♥ Excess					
	01011	1000 DECEMBER 10			
Own damage Excess	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess Third Barty Evcess	70 CSC	Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform					
GST Registration No.	No		GST Registration Date		
Modification History			GST Status Verified	No.	
Policyholder Mailing Ad	dress				
Address 1	192 PANDAN LOOP	Address 2	#02-29 PANTECH BUSINESS HL	Address 9	
Address 4		Address Type	Singapore address	Address 3 Post Code	
Unit No.		Related Policy Number	5095975513	Post Code	
OI Driver Info		received Level Manuali	2032312213		
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	MOHAMED ABU BAKAR 5/O MOI	Driver NRIC	\$7213165G	Driver DOB	
Register Date of Driver License	23/03/2011	Driver Age	46		
Contact No.(Mobile)	82897244	Contact No. (Office)	0	Driving Experience Contact No.(Home)	
Address 1	BLK 290A	Address 2	COMPASSVALE CRESCENT	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.	#02-18	32000003480	Singapara space qua	Post Code	
Does he own a Singapore	€ Yes @ No	Driver Vehicle No.			
Registered car7		priver vehicle (to,		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any intend	CALL COMMI		
Reading?		Any injury?	Yes @ No		
fodification History					
Claim 001 OD-MX New	1				
ACCOUNTS AND	W.				
	2777890742				
Daim Type *	OD-MX -	Insured Name	KNH SERVICES	Insured NRIC	
Contact No. (Mobile)	93683938	Contact No.(Home)		Contact No.(Office)	
Email Address	KNHSVS@STARHUB.NET.SG	OI Vehicle Number	YP5119D	TP Vehicle Number	
Daim Description	YP5119D / PEDESTRIAN ON 18 Jan 2018			Name of Preferred Workshop	
referred Workshop Contact to.		Insured Liability *	Partially at Fault 💌	=89 (6)	
Require Finalisation	Yes ▼	Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report	
Date Registered	18/01/2018 15:47	Claim Close Date		Date Received	
leport Taken By	KRISHNASAMY	Workshop Repairer			
Print AK letter				Total Loss but Repaired	
			The state of the s		
12			Save Submit		
Attachment					
9					
coident No.	MT/0978392	Park I			
ast Doc. Received	₩ Yes (No	Claim No.	001		
		Upload Date	18/01/2018 15:45		
	Path *		Category *	Confidential Urgency	
		Browse	Clear Please Select	W Morning	





