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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.
- 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 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 ladgement 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 aforecald.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/01/2018 14:02
Date Of Accident	22/01/2018 17:30
Exact Location Of Accident	ALONG LORONG 26 GEYLANG
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN4060J
Insured/Policyholder	
Name Of Registered Owner	GREENHOME CONSTRUCTION PTE LTD
Co Reg No	199702311H
Email Address	KIMHUAT03@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96390306
Alternative Phone No	OFFICE-96390306
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	FETCHING CUSTOMER
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090810044
Cover Note Number	
Driver	
Name of Driver	LIM KIM HUAT
NRIC No	S1507255E
Date Of Birth	10/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	31/08/1978
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96390306
Fax Number	
Contact Number	OTHERS-96390306

KIMHUAT03@HOTMAIL.COM

Address

2E STILL ROAD

Postcode

423950

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 - HEAD TO REAR

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 ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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 (TYPE OF COLLISION IS INSURED REVERSE AND HIT TP)

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

SKC4835K

Vehicle Make/Model/Colour

LEXUS 270

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

HO WEI MIN

NRIC/Passport Number

Contact Number

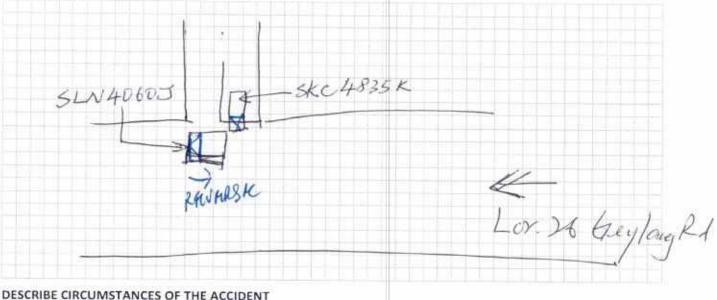
Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



# NES turnin

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: 23/1/18

10:00cm

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

### 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
- (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.
- 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 dignature

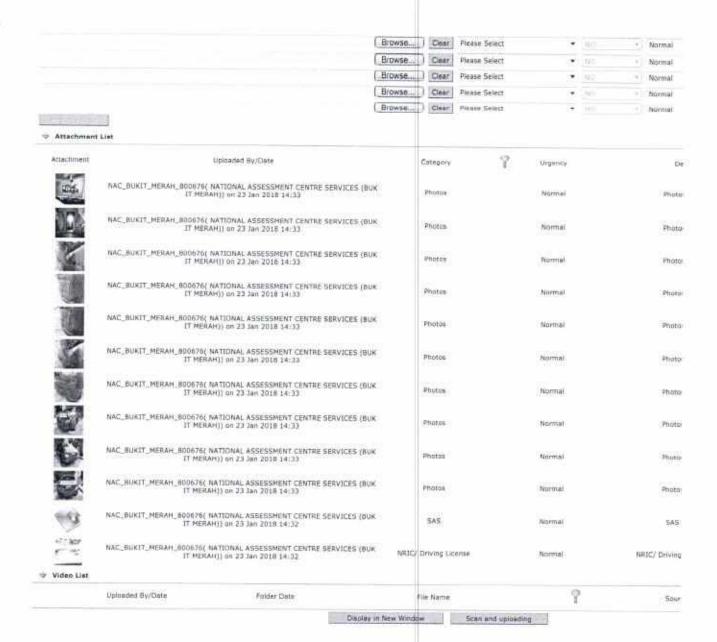
(If driver is not the policyholder)

Date & Time: 22/

Reporting Centre Personnel's/Signature
Name:

NRIC/FIN No .:

Policyhalder Name					
Policyhalder Name	5090810044	Mahiria No.	F1840001	THE PROPERTY OF THE PARTY OF TH	
	GREENHOME CONSTRUCTION PTE LTD	Vehicle No.	SLN49601	GST Registration No.	
The second second	PRIVATE CAR INSURANCE	Cover Type	ALION RECEIVAN	Policyholder NRJC	
Contact No. (Mobile)	96390306	Contact No. (Office)	drivo PREMIUM	Loading	
Email Address	2005-2016/04			Contact No.(Home)	
	SECRECATION OF THE PROPERTY OF	Special Remark	ME AND COUNTY OF	eCode	- 6
	© No Yes	TCA	© No Yes	eCode Reason	
	No:	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details	ev samelar varafication			III and Microsoft and a second	
Report Date	53/01/5018 14:58	Accident Report Within 24 hre	fei	Accident Type	Others
Date of Accident	22/01/2018	Time of Accident hitumin	17:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG LOPONG 28 CEYLANG				
□ Senefits					
♥ Excess					
Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
□ GST Registered Informat	Son				
GST Registered	No		GST Registration Date		
SST Registration No.			GST Status Verified	No	
Modification History					
Policyholder Mailing Add	ress				
Address 1	Bux 37 #02+47	Address 2	DEFU LANE 10	Address 3	
Address 4		Address Type	Singapore address	Fost Code	
Welt No.		Related Policy Number	5090810044		
O OI Driver Info					
Driver Name	Unnamed Driver	Oriver Type	Unnamed Driver		
Unnamed driver Name	LIM RIM HUAT	Driver NRIC	51507255E	Driver DOB	
Register Date of Driver License	31/38/1578	Driver Age	57	Driving Expenence	
Contact No. (Mobile)	863H)30H	Contact No.(Office)		Contact No.(Home)	
Address t	2 STILL ROAD	Address 2	#02-47 STILL MANSIONS	Address 3	
Address 4		Address Type	Foreign address	Post Code	
Writh May	02-47				
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.	51,640,601	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes GE No.		
1000 T					
Hodification History					
Claim 001 New					
	22 (3)(	8 52		N 45000	
Claim Type *	QD-MX -	Insured Name	GREENHOME CONSTRUCTION P	Intured NRIC	
	97892186	Contact No.(Hume)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLN40603	TP Vehicle Number	
44 64 1.5 1.7 1.1 4 1.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5LN40601 / 5KC4835K ON 22 Jan 2018			Name of Preferred Workshop	
Preferred Workship Contact No.		Insured Liability .	Fully at Fault •		
THE .	Yes .*	Preferend Repair Option	Preferred Workshop, Name unknown	GEA report	
	23/01/2018 14:32	Claim Close Date		Date Received	
Require Finalisation			-101		
Require Finalisation  Date Registered	KOSLI WAHAB				
Require Finalisation  Date Registered	ROSLI WAHAB				
Require Finalisation Date Registered Report Taken By	ROSLI WAHAB		Out of Charles		
Require Finalisation  Date Registered  Report Taken By  Frint AK Jetter	ROSLI WAHAB		Save   Sulmit		
Require Finalisation Date Registered Report Taken By	ROSLI WAHAB		Save   Submit		
Require Finalisation  Date Registered  Report Taken By  Frint AK Jetter	ROSLI WAHAB		Save   Submit		
Require Finalisation  Date Registered  Report Taken By  Frint AK letter  Attachment	AND AND MICH.	MESSESI (CASSE)	2911		
Require Finalisation  Date Registered  Raport Taken By  Frint AK Jetter  Attachment	XOSLI WAHAB  MT(10079088  ■ Yes □ No	Claim No. Upload Date	Save   Submit		



## ACCIDENT STATEMENT

ACCIDENT DATE: 122/01	118	YYMM/DO)	Y), TIME:(	17:30	P. 4 (HH:MM)
LOCATION: Alma		2011/2	TO 1.0	P1-	
			/ \		
1. DETAILS OF VEHICLE	<1 N	40601			1 1
ajvehicle Number:	SA FIVE	NTUC	Income	-	
b)INSURANCE COMP C)POLICY NUMBER:_	50	9081044		-54	
dipolicy type: Icor	MPREHENS	VE / THIRD P	ARTY / THÍR	D PARTY I	TIRE ATHEFT)
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/ITYPE:/SALOON / CO	DUPE / MP	//VAN/LOR	KRY / WOIC	ROTELE.	El r
g) VEHICLE CATEGOR h) PURPOSE OF USING	CALLERIAVI	SENT TIME	Fatelon	Cust	Omer
I) ARE YOU CLAIMING	HINDED Y	OUR OWN IN	SURANCE	PES NON	
IF NO, PLEASE STATE	THIRD PA	RTY CLAIM /	REPORTING	ONLYT	
a INSURED / POLICY HO	OLDER	34	AUSTRA		
A)NAME: Greenhon	ne Consy	ringin Ptu	111	_(MALE	FEMALE 4
b) NRIC/FIN/PASSPOR	311	anc 10.4	CON	5539	214
CADDRESS: BK 37	pape		17	- 7	
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A BRIVER !					/ FEMALE)
OINAME: LIM D	nring	72555			390306
DITALOTTIAL	RT: 3/20	100	5 423	950	-
(_) c ADDRESS: 2E	-04			2.04	
*d)DATE OF BIRTH: (_	10/01	16110	D/MM/YY	(Y)	
OCCUPATION: (IN	DOOR / O	UIDOOR)	7-78	8	
1) DATE OF DRIVING	MPLOYER	OF THE INS	URED'S CO	MPANY?	(YES / NO)
TE NO RELATIONS	HIR OF TH	E DRIVER Y	ATTH THEO	KCD!	
5 GIWEATHER CONDIT	TON: COLE	XR / RAINING	/OTHERS		
b)ROAD SURFACE: (	DIBY / WET	/ OTHERS			
6. WAS ANYBODY INJU	RED (YES /	6	- 74		
7. a) REPORTED TO POU	TE WHICH	POLICE STATI	ON:		
	~			5-1. 10	245 270
8. THIRD PARTY VEHICLE NUMB	ER: SKC	Jai Min	MOI	JEL 1	-3-/
Chalden down b) DRIVER'S NAME	HUU	101 1111		NTACT:_	
() 8. THIRD PARTY VEHICL					
HI VEHICLENIIMS			мо	DEL:	11 10
18 No of pasonger of DRIVER'S NAM	E:			NTACT:	
(Including driver) 1) NRIO/EN/ZASS	PORT:			MINON	
()			10	25	Y .
				***	T.
	(40			× 1	5 Sam 4
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8 **	Allia 11	t. C.	2	J	
	fax =	FE			
	LINE	~		41	







Class 3 Motor Cars and Motor Tractors the weight of high unlader down not at oxed 2000 Milogram to Meany Motor Cars and Motor Tractors the Heavy Motor Cars and Motor Tractors the regist of which unlader described 2000 Milogram 27 May 1952 Motor Vehicles which are not constructed.

Class 5 Motor Vehicles which are not constructed themselves to carry any load and the weight themselves to carry any load and the weight of which unleden exceeds 7250 kilograms of which unleden exceeds 7250 kilograms.



## Certificate of Insurance

Cover : drivo PREMIUM

: GREENHOME CONSTRUCTION PTE LTD

: MR053REH104561422

: To Be Advised

: 02 May 2017

: 01 May 2018

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: 5090810044

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Palicyholder'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.

EXCESS (SECTION 1)	: 5\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: 5\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
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:

: ASSURE PTE. LTD. (00000572842)

Date of Issue

02 May 2017 13:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive