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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.

- 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.

processio:	
Library College Colleg	ACCIDENT STATEMENT
Date Of Report	23/01/2018 15:58
Date Of Accident	23/01/2018 09:25
Exact Location Of Accident	JUNCTION OF SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDR3933X
Insured/Policyholder	
Name Of Registered Owner	GTS EXPRESS N CAR RENTAL
Co Reg No	52952642E
Email Address	OPS@GTSCAR.COM.SG
Mobile Phone No	(LOCAL) +65-86863933
Alternative Phone No	OFFICE-86863933
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No. Please state action to be taken	
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	5067470316-03
Cover Note Number	
Driver	
Name of Driver	LEE CHEE HUA

 Name of Driver
 LEE CHEE

 NRIC No
 \$7519714D

 Date Of Birth
 03/07/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 19/04/2001

Driving Experience 16 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86863933

Fax Number

Contact Number OTHERS-86863933

EMail Address OPS@GTSCAR.COM.SG

Address

BLK 321B ANCHORVALE DRIVE

#05-184

Postcode

542321

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 - CHANGE/CROSS LANE

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?

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)

64

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

SJV1105R

Vehicle Make/Model/Colour

HYUNDAI DARK GREY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAY KOK LEONG COLIN

NRIC/Passport Number

S8025492Z

Contact Number

Address

BLK 211C #14-230 COMPASSVALE LANE

Postcode

543211

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 29

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
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- 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.
- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) 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:

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SKETCH PLAN

Claim Handling Accident MT/0979134 GST Registration No. Sp82933X 5067470316-03 Vehicle No. Pelicy No. Paricyholder NRIC GTS EXPRESS N CAR RENTAL Policyhulder Name Loading SHIVE PREMIUM FLEET INSURANCE Cover Type Product Code Contact No.(Home) Contact No. (Office) Contact No. (Mobile) . eCode. Special Remark Email Address eCode Reason No. Yes @ No Yes Not available Private Hire NCO Entitlement(%) NCD Protection Accident Details Accident Type Linknown Accident Report Within 24 hrs 23/01/2018 15:47 Report Onte Singapore Country of Accident Time of Accident Nhomm 23/01/2019 Crarie of Accident ICM: No.: Orange Force Reporting Centre T JUNCTION OF SENGKANG EAST ROAD Accident Location Benefits T Excess 0.00 Wondscreen Excess 655.00 Own damage Excess 600.00 Outside Singapore OD Excess Unnamed Driver Excess 0.00 Outside Singapore TP Excess 0.00 Third Party Excess GST Registered Information GST Registration Date GST Registered No GST Status Verified GST Registration No. Modification History * Folicyholder Mailing Address Address 3 #06-32 ZERVEX # Util ROAD 2 Address 2 Address 1 Post Code Singapore address Address Type Address 4 5069731590-03 Related Policy Number 86-32 Ol Driver Info Driver Type Driver Name Dover DOB Driver MRJC Unnamed driver Name Driving Experience Driver Age Register Date of Driver License Contact No. (Home) Contact No.(Office) Contact No. (Mobile) Address 3 Address L Post Code Foreign address Address Type Address # Driver Insurer Company Does he own # Singapore Registered (ar? Driver Vehicle No. Yes to No. Modification History Claim 002 New GTS EXPRESS N CAR RENTAL Insured NRIC Insured Name OD-MD Claim Type * Contact No. (Office) Contact No.(Home) 93233933 Fantact No. (Matrile) SDR3933× Of Venicle Number kip@gtstar.com.sg Email Address Name of Preferred Workshop SDR3933X / SJU1105R ON 23 Jan 2018 Claim Description Fully at Fault Preferred Workshop Contact No. insured Liability * 62703481 C1A cennet Preferred Workshop (refer below) Preferent Repair Option Require Finalisation Date Received Claim Close Date 23/01/2018 16:05 Date Registered ROSLI WAHAB Print AK letter Save Submit Attachment Claim No. WEE/0079134 Academ No. 23/01/2018 16:55 Upload Date WYER TO NO Last Doc. Received Confidential Urganci, Category * Hath * Normal Browse | Clear Please Scient Browse,....) Dear Please Select Normal Normal Browse ... Clear Please Select Browse ... Dear Please Scient

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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process
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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 FL. 33

ACCIDENT STATEMENT

Date Of Report

23 JAN 2018 89:5 Date Of Accident

Exact Location Of Accident Justim of Sugtany East Rol

Country/State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number 20R 3933×

Insured/Policyholder

Name Of Registered Owner / Company GTS EXPRESS in Car RENTAC

NRIC No / CO REG NO.

Email Address ups Ogtson. com Sq

Mobile Phone No 86861937

Alternative Phone No.

Vehicle Particulars

Manufacturer ToyotA

Model WISH

Exact Purpose for which vehicle was being used

at time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

Vehicle Catagory

Insurance Company

Name of Insurance Company

Type Of Coverage

Fleet Policy

Policy Number

Cover Note Number

drivo premiu

5067470316-07.

Driver

Name of Driver LEE CHEE HUA

NRIC No 57 57 97140

Date Of Birth 3-3-1975

operation Executive

Date Of Driving Pass 19 - 4 - 2001

Driving Experience

Gender

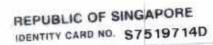
Mobile Number 3636 3933

Fax Number

Contact Number

EMail Address

Page 1 of 20







LEE CHEE HUA



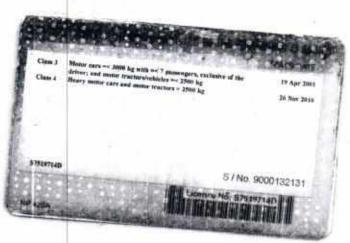
CHINESE Date of hirth

03-07-1975 Country of birth SINGAPORE











Certificate of Insurance

MOTOR	VEHICLES	(THIRD	PARTY	RISKS	AND	COMPENSATION!	ACT (CHAPTER	189)
MOTOR	VEHICLES	(THIRD	PARTY	RISKS	AND	COMPENSATION	RULES, 1960	0.170,1000
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MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5067470316-02

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle

SDR3933X

Chassis Number

: JTDGJZ0W305002226

2. Name of Policyholder

: GTS EXPRESS N CAR RENTAL

3. Effective Date of Insurance

: 13 Feb 2017

4. Expiry Date of Insurance

: 12 Feb 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.

This Policy does not cover

EXCESS (SECTION 1)

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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

: \$\$600

EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$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

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)

: N/A

: NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue

SUM INSURED

: 01 Sep 2016 15:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Countersigned By:

HIRE PURCHASE COMPANY

Authorised Officer

Chief Executive