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SINGAPORE ACCIDENT STATEMENT

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 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.

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 of the report being made available.

	ACCIDENT STATEMENT
	06/03/2018 15:37
Date Of Report	
Date Of Accident	06/03/2018 12:35
Exact Location Of Accident	22 DEFU LANE 10
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE2238T
Insured/Policyholder	
Name Of Registered Owner	JIAN HO M&E PTE LTD
Co Reg No	200822384E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97822490
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	STATIONARY VEHICLE
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	5084548537-01
Cover Note Number	
Driver	
Name of Driver	ONG BENG HUAT
	Tr. 1997 1997 1997 1997 1997 1997 1997 199

S1336124Z NRIC No 02/06/1958 Date Of Birth OUTDOOR Occupation 11/06/1979 Date Of Driving Pass

38 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90886714 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address**

Address

BLK 196 RIVERVALE DR #17-727

Postcode

540196

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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?

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)

1

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

I STATIONARY BESIDE 22 DEFU LANE 10 SEARCHING FOR EMPTY CARPARK LOT. SUDDENLY A BUS MAKE A RIGHT TURN AND HIT ONTO MY VEH REAR LEFT PORTION.

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

PA5798D

BUS

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category 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

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

THOSE OF

Policyholder's Signature Date & Time: 9.

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

NRIC/FIN No .:

KETCH PLAN						
21					GBE 22387	
22	A 8 2					
23	Defu					
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT					
Please	Refer	+0	state	ment	L	
		- Lander of the contract of th				
We declare the foregoing part	iculars are true in ever	y respect.			mu	
Policyholder's Signature Date & Time:	Driver's Signati (If driver is not Date & Time:	ure the policyholder)		Reporting (Name: NRIC/FIN N	Centre Personnel's Si	gnature

CONTRACTOR STATEMENT OF THE VEHICLE

2

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1336124Z



Name

ONG BENG HUAT

王政發

CHINESE

02-06-1958

SINGAPORE





27-10-2014

APT BLK 196 RIVERVALE DRIVE #17-727 SINGAPORE 540196

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AN	D COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RL	
Certificate Number: 5084548537-01	Cover : Comprehensive
Index mark and Registration Number of	
Chassis Number	: FEA01BA10178
Name of Policyholder	: JIAN HO M&E PTE LTD
S. Effective Date of Insurance	: 05 Oct 2017
Direction and the second	: 04 Oct 2018
Expiry Date of Insurance Persons or Classes of Persons entitled	PRODUCTION OF THE PRODUCTION O
(a) The Policyholder.	
(b) Any other person who is driving or	n the Policyholder's order or with his/her permission.
the Motor Vehicle or has been so enactment or regulation in that be	s permitted in accordance with the licensing or other laws or regulations to drive permitted and is not disqualified by order of a Court of Law or by reason of any ehalf from driving the Motor Vehicle.
6. Limitations as to Use#	and in connection with the Policeholder's business or profession
	ure purposes and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers	s 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, relial	bility trial or speed-testing.
(c) Use whilst drawing a trailer excep	t 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 headings.	of the Road Transport Act, 1987 (Malaysia), are not to be included under these
Act (Chapter 189) and Section 95 headings. EXCESS (SECTION 1) :	of the Road Transport Act, 1987 (Malaysia), are not to be included under these \$\$600
Act (Chapter 189) and Section 95 headings. EXCESS (SECTION 1) : EXCESS (SECTION 2) :	of the Road Transport Act, 1987 (Malaysia), are not to be included under these \$\$600 N/A
Act (Chapter 189) and Section 95 headings. EXCESS (SECTION 1) : EXCESS (SECTION 2) : WINDSCREEN EXCESS :	of the Road Transport Act, 1987 (Malaysia), are not to be included under these \$\$600 N/A \$\$100
Act (Chapter 189) and Section 95 headings. EXCESS (SECTION 1) : EXCESS (SECTION 2) : WINDSCREEN EXCESS : INSURE WITH COE :	of the Road Transport Act, 1987 (Malaysia), are not to be included under these \$\$600 N/A \$\$100 YES
Act (Chapter 189) and Section 95 headings. EXCESS (SECTION 1) : EXCESS (SECTION 2) : WINDSCREEN EXCESS : INSURE WITH COE : HIRE PURCHASE COMPANY :	of the Road Transport Act, 1987 (Malaysia), are not to be included under these \$\$600 N/A \$\$100
Act (Chapter 189) and Section 95 headings. EXCESS (SECTION 1) : EXCESS (SECTION 2) : WINDSCREEN EXCESS : INSURE WITH COE : HIRE PURCHASE COMPANY : SUM INSURED : I/We hereby Certify that the Policy to whive the Vehicles (Third Party Risks and Compensal Agency : TELESALES-DI	of the Road Transport Act, 1987 (Malaysia), are not to be included under these \$\$600 N/A \$\$100 YES MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS ich this Certificate relates is issued in accordance with the provisions of the Motor ation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) IRECT MARKETING (00000601661)
Act (Chapter 189) and Section 95 headings. EXCESS (SECTION 1) : EXCESS (SECTION 2) : WINDSCREEN EXCESS : INSURE WITH COE : HIRE PURCHASE COMPANY : SUM INSURED : I/We hereby Certify that the Policy to whive Vehicles (Third Party Risks and Compensation)	of the Road Transport Act, 1987 (Malaysia), are not to be included under these \$\$600 N/A \$\$100 YES MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS ich this Certificate relates is issued in accordance with the provisions of the Motor ation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) IRECT MARKETING (00000601661)
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Act (Chapter 189) and Section 95 headings. EXCESS (SECTION 1) : EXCESS (SECTION 2) : WINDSCREEN EXCESS : INSURE WITH COE : HIRE PURCHASE COMPANY : SUM INSURED : I/We hereby Certify that the Policy to whive the Vehicles (Third Party Risks and Compensal Agency : TELESALES-DI	S\$600 N/A S\$100 YES MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS ich this Certificate relates is issued in accordance with the provisions of the Motoration) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) IRECT MARKETING (00000601661) 16:30 hrs
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Claim Handling

cident MT/0984960					
		The second second	GBE2238T	GST Registration No.	200822384E
alicy No.	5084548537-01	Vehicle No.	GDEALSON	Policyholder NRIC	200822384E
licyholder Name	JIAN HO MSE PTE LTD			Loading	0
oduct Code	COMMERCIAL VEHICLE INSURA!	Cover Type	Edition actually a		
entact No.(Mobile)	97822490	Contact No.(Office)		Contact No.(Home)	Feet and
nail Address		Special Remark		eCode	No T
K.	+ No Yes	TCA	* No Ves	eCode Reason	
	No	NCD Entitlement(%)	20	Private Hire	No
CD Protection	NO.				
Accident Details			W	Accident Type	Damaged whilst parked
port Date	06/03/201B 15:56	Accident Report Within 24 hrs	Yes		
ate of Accident	06/03/2018	Time of Accident hh:mm	12:35	Country of Accident	Singapore
	Official	Orange Force		ICM No.	
porting Centre	AN DESIGNATION OF	71474-514.041			
ccident Location	22 DEFU LANE 10				
▼ Benefits					
♥ Excess					
wn damage Excess	600.00	Additional Excess		Windscreen Excess	
named Driver Excess		Outside Singapore OD Excess			
aird Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Informa	ation				
	Yes		GST Registration Date	01/05/2012	
T Registered	200822384E		GST Status Verified	Yes	
ST Registration No.	2008223640				
odification History					
Policyholder Mailing Ad	dress			Address 3	
ddress 1	NIL	Address 2			000000
ddress 4		Address Type	Singapore address	Post Code	999999
nit No.	08-16	Related Policy Number	5084548537-01		
Ol Driver Info					
	Unnamed Driver	Driver Type	Unnamed Driver		
iriyer Name		Driver NRIC	51336124Z	Driver DOB	02/06/1958
nnamed driver Name	ONG BENG HUAT		59	Driving Experience	38
egister Date of Driver License	11/06/1979	Driver Age	39	Contact No.(Home)	
ontact No.(Mobile)	90886714	Contact No.(Office)			Tente come panales
ddress 1	BLK 196 #17-727	Address 2	RIVERVALE DRIVE	Address 3	SINGAPORE 540196
		Address Type	Singapore address	Post Code	540196
ddiness 4					
	17-727				
Init No. Does he own a Singapore	17-727	Driver Vehicle No.		Driver Insurer Company	
	17-727 Yes = No	Driver Vehicle No.		Driver Insurer Company	
init No. Does he own a Singapore		Driver Vehicle No.		Driver Insurer Company	
Unit No. Does he own a Singapore Registered car?		Driver Vehicle No.		Driver Insurer Company	
init No. Does he own a Singapore tegistered car? eclaration sreathalyser or Blood Test		Driver Vehicle No. Any injury?	Yes - No	Driver Insurer Company	
Jolt No. Does he own a Singapore	Yes = No	report for a Table Variation	Yes + No	Driver Insurer Company	
Julit No. Joses he own a Singapore Registered car? Jeclaration Breathalyser or Blood Test	Yes = No	report for a Table Variation	Yes - No	Driver Insurer Company	
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nit No, loss he own a Singapore egistered car? eclaration reathalyser or Blood Test leading? Claim 001 New Claim Type *	Yes = No	Any injury?	DEAN HO MBE PTE LTD	Insured NRIC Contact No.(Office)	G ₁
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net No. Does he own a Singapore gistered car? Exclaration reathalyser or Blood Test pading? Claim 001 New Islam Type * ontact No. (Mobile) mail Address	Yes = No	Any injury? Insured Name Contact No.(Home)	DEAN HO MBE PTE LTD	Insured NRIC Contact No.(Office)	
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nit No, loss he own a Singapore egistered car? ecclaration reathalyser or Blood Test leading? Claim 001 New Claim Type * Contact No. (Mobile) email Address claim Description referred Workshop Contact	Ves = No 0 mg OD-MX GBE2238T / PA5798D ON 6 Mar 2018 0	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability *	DIAN HO MBE PTE LTD GBE2238T Not at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	PA5798D 0
colar No.	Ves = No 0 mg OD-MX GBE2238T / PA579BD ON 6 Mar 2018	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	JIAN HO MBE PTE LTD. GBE2238T	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	PAS798D 0 Received
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nit No. loss he own a Singapore egistered car? colaration reathalyser or Blood Test loadification History Claim 001 New Claim Type * Lontact No. (Mobile) Imail Address Claim Description Interested Workshop Contact No. (Require Finalisation Date Registered Lebort Taken By	Ves = No 0 mg OD-MX OBE2238T / PA579BD ON 6 Mar 2018 0 Ves ob/03/2018 16:02	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	G8E2238T Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	PAS798D 0 Received
nit No. loss he own a Singapore egistered car? eclaration reathalyser or Blood Test leading? codification History Claim 001 New Claim Type * Contact No. (Mobile) lemail Address Claim Description referred Workshop Contact No. Require Finalisation Date Registered Report Taken By * Print AK letter	Ves = No 0 mg OD-MX OBE2238T / PA579BD ON 6 Mar 2018 0 Ves ob/03/2018 16:02	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	G8E2238T Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	PA5798D 0 Received
init No. Does he own a Singapore legistered car? eclaration eclaration eclaration foodification History Claim 001 New Claim 19pe * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No., Require Finalisation Date Registered Report Taken By * Print AK letter	Ves = No 0 mg OD-MX OBE2238T / PA579BD ON 6 Mar 2018 0 Ves ob/03/2018 16:02	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	G8E2238T Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	PA5798D 0 Received
nit No, loss he own a Singapore egistered car? eclaration reathalyser or Blood Test loading? Claim 001 New Claim 1001 New Claim 1001 New Contact No. (Mobile) femail Address Claim Description referred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Ves = No 0 mg OD-MX OBE2238T / PA579BD ON 6 Mar 2018 0 Ves ob/03/2018 16:02	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option	G8E2238T Not at Fault Preferred Workshop, Name unknown	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	PAS798D 0 Received
cost he own a Singapore registered car? coloration control of the coloration of th	Ves = No Omg OD-MX OBE2238T / PA5798D ON 6 Mar 2018 O Ves OS/03/2018 16:02 LIEW SHAN HUI	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	DIAN HO MBE PTE LTD GBE2238T Not at Fault Preferred Workshop, Name unknown T Save Submit	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	PA5798D 0 Received
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note No. Notes he own a Singapore egistered car? coloration reachalyser or Blood Test leading? codification History Claim 001 New Claim Type * Contact No. (Mobile) Small Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	Ves = No 0 mg OD-MX OBE2238T / PA5798D ON 6 Mar 2018 O Ves OS/03/2018 16:02 LIEW SHAN HUI	Insured Name Contact No.(Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	DIAN HO MBE PTE LTD GBE2238T Not at Fault Preferred Workshop, Name unknown T Save Submit 001 05/03/2018 16:03 Category **	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received Confidential Urge	PAS798D 0 Received 06/03/2018 00:00
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3/6/2018

Claim Handling(accident reporting Claim Task)

Choose File	No file chosen
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Message Read	

Clear	Please Select	*	NO		Normal	•
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Attachment List

Attachment		Uploaded By/Date	Category	9	Urgency	Description
er i para er (an)	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 16:03	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-3-6
60	NAC_PAYA_UBI_800601(NA	(IONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 16:03	SAS		Normal	SAS 2018-3-6
	NAC_PAYA_UBI_BOOGD1(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 16:03	Photos		Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601{ NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 16:03	Photos		Normal	Photos 2018-3-6
	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 16:02	Photos		Normal	Photos 2018-3-6
	NAC_PAYA_UB1_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 16:02	Photos		Normal	Photos 2018-3-6
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 16:02	Photos		Normal	Photos 2018-3-6
112	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 16:02	Photos		Normal	Photos 2018-3-6
	NAC_PAYA_UBT_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 16:02	Photos		Normal	Photos 2018-3-6
1	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) on 06 Mar 2018 16:02	Photos		Normal	Photos 2018-3-6
Video List			LANGE CONTROL			K estre to his
	Uploaded By/Date	Folder Date	File Name		8	Source

Display in New Window Scan and uploading