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Owner / Driver: (12 20 17 1 1101	Tel:	· · ·
Policy No: () Period: (, ,)	Cover Type: (
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Insured/Driver Liability: (%) [Note-B	A CONTRACTOR OF THE CONTRACTOR	%; P: 21-79%, P: 30-10	10%1
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

- 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

AC	CID	ENI	21	AII	IVII	ш

20/03/2018 10:36 Date Of Report 19/03/2018 10:00 Date Of Accident

UPPER CHANGI ROAD Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

YJ9797B Vehicle Registration Number

Insured/Policyholder

THE NEW CHARIS MISSION Name Of Registered Owner

T06SS0166B Co Reg No NOEMAIL **Email Address**

(LOCAL) +65-91310166 Mobile Phone No OFFICE-91310166 Alternative Phone No

Vehicle Particulars

MITSUBISHI Manufacturer

Model

Exact Purpose for which vehicle was being used at WORK

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken COMMERCIAL VEHICLE Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5089653935 Policy Number

Cover Note Number

Driver

C V SHANGAR Name of Driver S1810060F NRIC No 17/03/1967 Date Of Birth OUTDOOR Occupation 13/03/2018 Date Of Driving Pass

0 YEAR AND 0 MONTH Driving Experience

MALE Gender

(LOCAL) +65-91310166 Mobile Number

Fax Number

OTHERS-91310166 Contact Number

NOEMAIL EMail Address

BLK 121 YISHUN STREET 11
Address #108-457

#08-457 760121

Postcode 7601

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

10

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident SIDE SWIPE
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 YES

Was any other material or property damaged?

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

NO 5

Number of Passengers (Including Driver)

Passenger 1

NAME: : NIL

GENDER: : MALE

Passenger 2

NAME: : NIL

: MALE

Passenger 3

NAME: : NIL

: NIL : MALE

Passenger 4

NAME:

GENDER:

GENDER:

GENDER:

: MALE

: NIL

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMB1530R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Page 2 of 19

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SOON HOCK MENG

S2628919Z

92981470

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.
- 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)
 - (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.

THE NEW CHARIS MISSION

Mailing Address:

Thomson Road Post Office P. O. Box 305. Singapore 915711

Location:

Policyholder's Signature Singapore 40907 Priver's Signature

Date & Time: 707 Fax. 6483 3658 Email: admin@tnom.org.sg

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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a la		hange ght +	it his	t the	Vehicle (Front	+ Mirror)

THE NEW CHARIS MISSION

(If driver is not the policyholder)

Mailing Address:
Thomson Road Post Office

Policyfolder Signature Singapore 915711 Driver's Signature
Date 8-06ation: (If driver is not the
11 Jalan Ubi Block 1. Singapore Date & Time:

Tel 6483 3707. Fax. 6483 3658
Email. admin@tncm.org.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 13 Mar 2018 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





1,45

Certificate of Insurance						
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA' MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA' ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M/	TION) RULES, 1960					
Certificate Number: 5089653935	Cover : Comprehensive					
Index mark and Registration Number of Vehicle	: YJ9797B					
Chassis Number	: FEB21EA20405					
Name of Policyholder	: THE NEW CHARIS MISSION					
Effective Date of Insurance	: 01 Apr 2017					
Expiry Date of Insurance	: 31 Mar 2018					
5. Persons or Classes of Persons entitled to drive#						
(a) The Policyholder.						
(b) Any other person who is driving on the Policyho	lder's order or with his/her permission.					
the Motor Vehicle or has been so permitted and enactment or regulation in that behalf from driv 6. Limitations as to Use# (a) Use for social domestic and pleasure purposes a	and in connection with the Policyholder's or Hirer's business.					
	onnection with the Policyholder's or Hirer's business.					
This Policy does not cover	CONTRACTOR					
 (a) Use for racing, pace-making, reliability trial or sp (b) Use whilst drawing a trailer except the towing or 						
Act (Chapter 189) and Section 95 of the Road Tr headings.	f the Motor Vehicle (Third Party Risks and Compensation) ransport Act, 1987 (Malaysia), are not to be included under these					
EXCESS (SECTION 1) : \$\$2,000						
EXCESS (SECTION 2) : S\$1,500						
WINDSCREEN EXCESS : S\$100						
INSURE WITH COE : YES	The state of the s					
	BENZ FINANCIAL SERVICES SINGAPORE LTD					
SUM INSURED : MARKET VA	LUE OF INSURED VEHICLE AT TIME OF LOSS					
I/We hereby Certify that the Policy to which this Certific Vehicles (Third Party Risks and Compensation) Act (Charagency : LOO KAY SIONG (00000580) Date of Issue : 03 Apr 2017 14:09 hrs	cate relates is issued in accordance with the provisions of the Motor pter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) 417) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED					
Countersigned By: Authorised Officer	Chief Executive					
Authorised Officer	Sinci purchase					

eBao Tech									Gene	ralClaim
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My Desktop	Polic	y Query								•
Notice of Loss	Policy N	0.				Date of Acc	ident	19/03	3/2018 10:00	
	Vehicle	No.(For Motor)	YJ9797B							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5089653935	THE NEW CHARIS MISSION	T06SS0166B	GFT	Comprehensive	Y39797B	Y39797B	01/04/2017	
			8180000000			Continue				

Policy Information

A LOUG	cy Information				
Policy No.	5089653935	Policyholder Name	THE NEW CHARIS MISSION	Policyholder NRIC	T06SS0166B
ddress	P O BOX 305 THOMSON I	ROAD POST OFFICE S	INGAPORE 915711		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	03/04/2017	Effective Date	01/04/2017 00:00	Expiry Date	31/03/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	LOO KAY SIONG	Agent Tel,	63379066	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	holder Mailing Address			200 S00	
Address 1	P O BOX 305	Address 2	THOMSON ROAD POST OFFICE	Address 3	SINGAPORE 915711
Address 4		Address Type	Singapore address	Post Code	915711
Unit No.	BLOCK1	Related Policy Number	5091680773		
▶ Insur	ed Object: YJ9797B				
	de totale la compa				
▽ Endo	sements				

Continue Cancel

Claim Handling

2,000.00	Vehicle No. Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force	Y397978 Comprehensive 0 No Yes 0 Yes 10:00	GST Registration No. Policyholder NRIC Loading Contact No.(Home) eCode eCode Reason Private Hire Accident Type Country of Accident ICM No.	0 0 No No Side
Yes 2,000.00	Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force	0 No Yes 0	Loading Contact No.(Home) eCode. eCode Reason Private Hire Accident Type Country of Accident	0 0 No No
Yes 018 17:17 018 CHANGI ROAD 2,000.00	Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force	0 No Yes 0	Contact No.(Home) eCode eCode Reason Private Hire Accident Type Country of Accident	0 No No
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2,000.00				
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	Additional Excess		Windscreen Excess	
1 500 00	Outside Singapore OD Excess			
1,500,00	Outside Singapore TP Excess			
353.54050				
No		GST Registration Date		
WEN		GST Status Verified	Yes	
X 305	Address 2	THOMSON ROAD POST OFFICE	Address 3	SI
	Address Type	Singapore address	Post Code	91
1	Related Policy Number	5091680773		
ed Driver	Driver Type	Unnamed Driver		
ANGAR	Driver NRIC	S1810060F	Driver DOB	17
2018	Driver Age	51	Driving Experience	0
	Contact No.(Office)	0	Contact No.(Home)	0
1	Address 2	YISHUN STREET 11	Address 3	
	Address Type	Singapore address	Post Code	76
57				
	Driver Vehicle No.		Driver Insurer Company	
	Any injury?	○ Yes · No		
× *	Insured Name	THE NEW CHARIS MISSION		T
637	Contact No.(Home)		Contact No.(Office)	6
ay@tncm.org.sg	OI Vehicle Number	Y29797B	TP Vehicle Number	5
78 / SMB1530R ON 19 Mar 2018			Name of Preferred Workshop	L
	Insured Liability *	Partially at Fault		
		Preferred Workshop, Name unknown	GIA report	F
			Date Received	2
			Total Loss but Repaired	0.00
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				_
		Save Submit		
		2010		
		Sare Samuel		
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10 H. / 11 Z 15 S	0637 tay@tncm.org.sg 178 / SMB1530R ON 19 Mar 2018 •	Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type ST No. Driver Vehicle No. Any injury? Insured Name Contact No.(Home) OI Vehicle Number TRIVEN / SMB1S30R ON 19 Mar 2018 Insured Liability * Preferered Repair Option Claim Close Date	Address Type Related Policy Number Singapore address So91680773 Address Type Related Policy Number Singapore address So91680773 Unnamed Driver ANGAR Driver NRIC S1810060F S	Address Type Singapore address Post Code Address Type Unnamed Driver Driver NRIC S1810060F Driver DOB Driver NRIC S1810060F Driver DOB Driver Age 51 Driving Experience Contact No.(Office) 0 Contact No.(Home) Address 7 YISHUN STREET 11 Address 3 Address Type Singapore address Post Code Address 7 YISHUN STREET 11 Address 3 Address 7 YISHUN STREET 11 Address 3 Address No Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Any injury? Yes * No Driver Insurer Company The New CHARIS MISSION Insured NRIC Contact No.(Office) Ty Vehicle Number V99797B Ty Vehicle Number The New CHARIS MISSION Insured NRIC Contact No.(Office) Ty Vehicle Number V99797B Ty Vehicle Number Name of Preferred Workshop, Name unknown V GIA report Total loss but Renaired Total loss but Renaired

Accident No.

MT/0986904

Claim No.

Last Doc, Received

Yes No.

Upload Date

20/03/2018 17:25

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