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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. 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
- 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

A design and a second s	CCIDENT STATEMENT	
Date Of Report 2	2/03/2018 12:13	
Date Of Accident	5/02/2018 15:40	
Exact Location Of Accident	GLOBAL INDIAN INT'L SCHOOL (MEI CHIN RD)	
Country/State of Eoss	SINGAPORE	
DE	TAILS OF OWN VEHICLE	900
Vehicle Registration Number	PA5989U	
Insured/Policyholder		
Name Of Registered Owner	HOCK KIM TRANSPORT SERVICES	
	52803194E	
Email Address	KIM_WAH28@HOTMAIL.COM	
	(LOCAL) +65-83085688	
	OFFICE-83085688	
Vehicle Particulars		
	TOYOTA	
Model	HIACE	
Exact Purpose for which vehicle was being used at time of accident	FETCHING SCHOOL CHILDREN	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	5080256421-02	
Cover Note Number		
Driver		
Name of Driver	CHUA BOON LUM	
NRIC No	S1231120F	
Date Of Birth	11/02/1956	
Occupation	OUTDOOR	
Date Of Driving Pass	11/03/1980	
Driving Experience	37 YEARS AND 11 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-83085688	
Fax Number		
Contact Number	OTHERS-83085688	
THE PROPERTY OF THE PARTY OF TH	KIM_WAH28@HOTMAIL.COM	

Address

BLK 114 HO CHING ROAD

#10-52

Postcode

2261

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

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

**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

FBK4734H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

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 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.
- 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)

Lunderstand, 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.
- (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:

Reporting Centre Personnel's Signature,
Name:
NRIC/FIN No.: CARA WHITTEN

FUSIOR GLOBAL TRIDIAN INTL SCHOOL DESCRIBE CIRCUMSTANCES OF THE ACCIDENT my 7010 THE CANTECAL AND WATTING A BIKE. WAS BUS my ny CAME BES10E PARKED WAS MARKS ous Stre DECLARATION I/We deplare the foregoing particulars are true in every respect. 巴士服务

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.: COHI (

5080256421-02	Vehicle No.	WASSBOU	GST Registration No.	
HDCK KIM TRANSPORT SERVICES			Poscyhulder NRIC	
FLEET INSURANCE	Cover Type	Toing Party, Fire & Theft	Lueding	
	Contact No.(Office)		Contact No.(Home)	
	Special Remark		eCtide	
No. Yes	TCA	€ No Yes	eCode Reason	
			Private Hire	No
(400)	TOTAL HISTORYSTANIAN CO.	7.7		
www.common.com.com	Applicant Banner William Id her	Ven	Acodem Type	Damaged v
				Singapore
15/02/2018		15:40		Singapore
			TOS: NO	
GLOBAL INDIAN INT'L SCHOOL (MET CHIN RO				
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	Outside Singapore OD Excess			
750.00	Dutside Singapore TP Excess			
tion				
No		GST Registration Date		
		GST Status Verified	Tea	
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	Address 7	IDEONG WEST STREET 74	Address 3	
DLK 753.932-90				
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	Related Folicy Infiltibility	B180430444-04		
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			Driver DOB	
11/03/1980		tie.		
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	Address Type	Foreign address	POST COOK	
10-52			\$2000000000000000000000000000000000000	
Yes - No.	Driver Vehicle No.	RA59991	Driver Insurer Company	
0 mp	Any injury?	Yes G No		
1. 4501W. 1	7530/2062-07/			
OD-MK -	Insured Name	HOCK KIM TRANSPORT SERVICE	Insured NRIC	
97455437	Contact No.(nome)		Contact No.(Office)	
	OI Vehicle Number	PASSBU	19 Vehicle Number	
PA5989U / FBK4734H ON 15 Feb 2018			Name of Preferred Workshop	
	Insured Linbility.	Not at Fault *		
No.		Preferred Workshop, Name unknown	<ul> <li>G1A report</li> </ul>	
		The state of the s	Date Received	
22/93/2018 12181	Cash Dide Delt			
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	HOCK KIN TRANSPORT SERVICES PLEET INSURANCE B3085688  IN No. Yes No.  22703/2918 12:26 15/02/2018 GLOBAL INDIAN INTL SCHOOL [MEE CHIN NO.  8:00  750.00  Sees SEES SEEX 755 W12-48  Unnamed Driver CHIA BOON LUM 11/03/1980  BUK 114 #10-32 SINDAPCRE 618114 10:52 Yes II No.	PLEET INSURANCE  PLEET INSURANCE  B3085688  Contact No. (Office) Special Remark  TCA  No.  Yes  No.  Yes  No.  Accident Report Within 24 hrs Time of Accident himme Orange Force  GLOBAL INDIAN INTU SCHOOL (MEE CHIN RD)  Contact Singapore TP Excess  Outside Singapore TP Excess  Outside Singapore TP Excess  Outside Singapore TP Excess  Tone  Address 2 Address Type Related Policy Number  Unnamed Driver CHIA BOON LUM  11/03/1980  Driver Age Contact No. (Office) Address 2 Address Type Related Policy Number  Unnamed Driver CHIA BOON LUM  11/03/1980  Driver Age Contact No. (Office) Address 2 Address 2 Address 2 SINDAPORE 6.10314  10-52  Yes © No.  Driver Vehicle No.  B Mg  Any Jajury?  On-MN  Tesured Name Contact No. (Nome) Of Vehicle Rumber  PA55989U / FBX4734H ON 15 Feb 2038  Jinaured Linbilty * Preference Rejair Option	### PLEET INSURANCE   Cover Type   Toro Party, Fire & Theft   #### ES08568   Contact No. (Office)   #### Special Remark   ### No Yes	Public   P



## A'CCIDENT'STATEMENT

V	KO THEMMI
ACCIDENT DATE: 15. 1:62 1 2018 (DD/MM/YYY), TIME: ( 15	( 1 1 1 nn )
TO THE PROPERTY OF THE PARTY OF	( I FIQ / Cities I
LOCATION: GOBAL INDIAN INCERNALIONAL SOLECE	(6) 189253
of VEUICIS	
1. DETAILS OF VEHICLE PA 5989.4	and the property of the proper
alverice home	39
LICIAL DE ALGORIA DE LO TOMO PARTITION DE LA CONTRACTOR D	- WAR FIRS & THEFT!
CIPOLICY NUMBER: 5080256421-02  OIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD	PARIT FIRE CITIES
SUMPER MODELL TOYOTA HIACE!	CYCLE / OTHERS)
B)MAKE & MODELL TOYNTA HIACE!  () TYPE: (SALOON / COUPE / MPY /V AN / LORRY / MOTOR	DRCYCLE)
DITYPE: (SALOON / COUPE / MPY / VAN / COMMERCIAL / MOTO	SCHOOL CHILDREN'
DIPURPOSE OF USING AT ACCIDENT TIME: FEWHINA	158/NO)
HIPURPOSE OF USING AT ACCIDENT MINING UNDER YOUR OWN INSURANCE (X	OF11 A)
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- INTEREST / POLICY BULLED I - A FOR COMMICE	(MALE / FEMALE)
ANAME! HOLK ALL	The state of the s
DINRIC/FIN/PASSPORT TURONIA WEST &	7 74, #12-43 0,09013
CIADORESSI BER 177	
CONTINUE TO 3 d IF DRIVER ALSO POLICY HOLDER	W
CONTINUE TO SIGIF OR THE TALL OF THE	e / EENALE)
14 No of personnes DRIVER CHUA BOON LUIV	-IMALE / FEMALE / 88
(Including driver) DINRIC/FIN/PASSPORTIS/23/120/ F CON	ITACT: 8308-5600
	32,0/
(O) GIADDRESS: BLK 1/4, TEP LIDO/MM/YY	YY1
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4. WAS DRIVER AN EMPLOYEE OF THE INSURED SO IF NO, RELATIONSHIP OF THE DRIVER WITH INSI	JREDI
IF NO RELATIONSHIP OF THE STANFAG / OTHER	5
5. DINOAD SURFACE! (DRY / WET / OTHERS	<del></del>
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IF YES, PLEASE OVER THE MANAGEMENT	LOUISAKI.
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(_) PARTY VEHICLE	ODELI
IN VELICIE NUMBER	MIDAINOC
	3013170112
(Induding driver) 1) HAIC/FIN/PASSPORI	
	at the state of th
	· v
	SWOOD LABOURE

email = kim\_wah28 @hotmail.com

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1231120F



CHUA BOON LUM

蔡汝男

CHINESE

11-02-1956

SINGAPORE







S1231120F

02-03-1994

APT BLK 114 HO CHING ROAD

#10-52 SINGAPORE 2261

1733354

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES PASS DATE Mo or Cars and Motor Tractors the weight of which unladen does not as oed 2500 kilograms. Heavy Motor Cars and Motor Tractors the weight of which unladen as oeds 2500 kilograms Motor Vehicles which are not constructed th 11 Mar 1980 20 Jun 1981 03 Apr 1981

NF 428A



NLE INSURANCE AGENCIES FEE LID 2 Jurone East St 21 mod-10B 1551 Soliding Singapore 609681 Fel: 6425 6980 Fal: 6567 3612

## 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)

							CONTRACTOR OF I	that with the analysis with the
FIGTOR	OF LINE L	cc	THIRD	PARTY	RISKS)	RULES.	1959	(MALAYSIA)
MOTOR	ACUICE	CJ.	Littings	E-6303 F. F.	(similar)	113		1

MO	HOR VEHICLES (THIND PARTT RISKS) HOSES	350	- 0.7
	tificate Number : 5080256421-02		Cover : Third Party, Fire & The
1.	Index mark and Registration Number of Vehicle Chassis Number	-	PA5989U JN1TG4E25Z07Q4560 HOCK KIM TRANSPORT SERVICE
	Name of Policyholder     Effective Date of Insurance		01 Oct 2017
4.	Expiry Date of Insurance	9	30 Sep 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.
- Limitations as to Use\*
  - (a) Use for the carriage of passengers in connection with the Policyholder's business.
  - (b) Limited to carry 11 passengers

### This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	÷ N/A
EXCESS (SECTION II)	S\$750
INSURE WITH COE	: NO
HIRE PURCHASE COMPANY	: NLE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE AT TIME OF
2011.11.19.55.55.55	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 Par	ty Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency	: NLE INSURANCE AGENCIES PTE LTD (00000614580)
Date of Issue	: 05 Sep 2017 10:17 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive