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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 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 aforesaid.

The second secon	ACCIDENT STATEMENT
Date Of Report	17/04/2018 10:25
Date Of Accident	16/04/2018 16:00
Exact Location Of Accident	12 LITTLE RD
Country/State of Loss	SINGAPORE
Description of the second of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD286Y
Insured/Policyholder	
Name Of Registered Owner	ELECTRIC CHANNELLING & ENGINEERING PTE LTD
Co Reg No	200210902R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63922722
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5071141604-02
Cover Note Number	
Deliver	

Driver

TEOW SWEE CHENG Name of Driver S1143601C NRIC No.

23/08/1955 Date Of Birth OUTDOOR Occupation 19/03/1975 Date Of Driving Pass

43 YEARS AND 0 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-82186595 Mobile Number

Fax Number

OFFICE-82186595 Contact Number

NOEMAIL EMail Address

BLK 133 BEDOK RESERVOIR ROAD Address

#10-1209

470133 Postcode

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

SIDE SWIPE Type Of Accident

DRIZZLING Weather Conditions WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? YES

JSC3760 (MOTORCYCLE) Foreign Vehicle Registration Number

Number of vehicles involved in the accident 2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

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

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

MACPHERSON NEIGHBOURHOOD POLICE POST Police Station Name

NO

YES

JSC3760

YES

NO

ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7449999 - FAX NO: 65476366 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180416/2133.

Attachment(s)

Are accident photos available for attachment?

YES Was there any video captured by Car Camera?

Remarks/ Reasons:

VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category TONG JUN HAO Name of Driver NRIC/Passport Number G7816739X

Contact Number

Address Postcode

Page 2 of 22

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.
- 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.

No 10, Upi Co. 504-98, Lobby I

& Engineering Pte Ltd of Techpark

55-53922566

GST: 20-0 Policyholder's Signature

Date & Time:

Driver's Signature

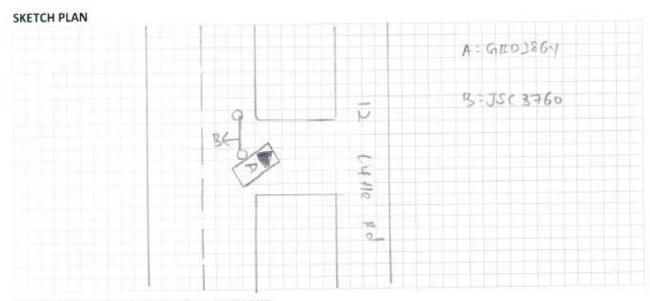
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



Refer to	police report - 7/2018 04/6/2173 -	

DECLARATION
No. 10, Uni Crescent, Uni Technaria

704-88, Lobby E, Singapore 408564 Tei: 65-63922722 Fax: 65-63922566

Email: cochanel@singnet.com.se GST: 20-0210 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.:





1 of 3

Report No. T/20180416/2133

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

REPORT OF A TRAFFIC ACCIDENT	Or-C- Diany No:
Date/Time Report Made: Vide Report No.:	Station Diary No.:
16/04/2018 17:33	27

6/04/2018 17:33			E/20100416/616	
Informan	t's Particu	lars		
Name of Informant: TEOW SWEE CHENG			Address: APT BLK 133 BEDOK RESER SINGAPORE 470133	RVOIR ROAD #10-1209
D Type / ID No.: NRIC NO / S1143601C			Contact No.: Home/Office: Mobile: 82186595	
Nationality: SINGAPORE CITIZEN		10	Email:	
Sex: Male	Age:	Date of Birth: 23/08/1955	Type of Informant: Driver	
Race: Chinese			Language: Institution / School Na English	
Occupation: DELIVERY DRIVER		3	Driving Licence Information: Class: 3	Date of Expiry:

ype of Attended by Police		Drink	Date/Time of Accident: 16/04/2018 16:00	Type of Location Straight Road	
Location: Along Road 1 LITTLE ROAI entrance into Weather:		Road Surface:		Road Speed Limit:	
Drizzling Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	sion: ving Vehicles - Head To	o Side		Anyone conveyed by ambulance: Yes	

The state of the s	ehicle Involve	Make	Model	Color	Condition	No of Passenge
Vehicle No.	Туре			Silver	Slightly	0
GBD286Y	Van	TOYOTA	Hiace	Silver	Damaged	
						0
JSC3760	Motorcycle					

Details of Person Involved	
Any Pedestrian Involved: No	Carrier NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180416/2133

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE

Tel No: 1800-7449999

CONTINUATION OF REPORT

Driver						044400040
Name	TEOW SWEE CHEN	IG)	ID No.		S1143601C
Related Vehicle	GBD286Y (Van)			Contact No.		82186595
Hospital/Clinic	Nil.	lend i sasti situare e e e e e e e e e e e e e e e e e e	Class Driving Licence Expiry	g e &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	the same of the same of	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	
Rider						
Name	TONG JUN HAO			ID No.		G7816739X
Related Vehicle	JSC3760 (Motorcycl	JSC3760 (Motorcycle)			ct No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
	ited Medical Leave	NIL	Degree of	f Injury	Sligh	t

Brief Details.

On 16/04/2018 at about 4om, I was driving my company van of registration plate number GDB286Y, a Silver colour Toyota Hlace van, along Little Road. Weather at that time was drizzling and the road surface was wet. As I was approaching the entrance of No.12 Lian Cheong Industrial Building, I signaled right and slow my vehicle down. When traffic was clear, I execute a right turn. My vehicle was about half way in into the building, when suddenly I heard a loud bang coming from the left side of my vehicle. Immediately I stop my vehicle and step out to make a check. I discovered that there is one motorcycle with Malaysian registration Plate had collided with my left sliding door. The rider was seen trying to pick up his motorbike and there was some scratches and bruising on left knee cap area. I then went over to the rider to make a check and he informed he is okay and only suffered slight scratches. A passerby offered to call the ambulance and the rider agree to let paramedics check on him. Awhile later, the traffic police and ambulance arrived at the scene. The rider was conveyed by ambulance.





3 of 3

Report No. T/20180416/2133

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

CONTINUATION OF REPORT

Sketch Plan

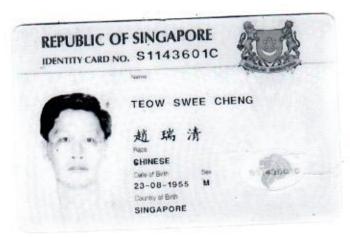
Informant is not able to provide sketch plan

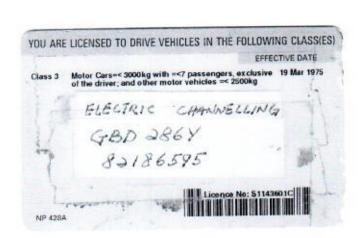
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Sgt 3 MUHAMMAD SAYYIDI BIN TAUHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/04/2018 17:33
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	

SIGNATURE









eBao Tech									Gene	eralClaim
Hello, NAC_PAYA_UBI_80	0601		100000000000000000000000000000000000000	A CONTRACTOR OF THE PARTY OF TH			Change Lan	guage	Change Passwo	ord + Log Out
My Desktop	Polic	cy Query								
Notice of Loss	Policy N	io.				Date of Acc	dent	16/04	1/2018 16:00	
	Vehicle	No.(For Motor)	GBD286Y							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5071141604- 02	ELECTRIC CHANNELLING & ENGINEERING PTE LTD	200210902R	GCV	Comprehensive	GBD286Y	GBD286Y	08/05/2017	07/05/2018
					1	Continue				

Policy No.	5071141604-02	Policyholder Name	ELECTRIC CHANNELLING & ENG	Policyholder NRIC	200210902R
ddress	10 UBI CRESCENT #04-88 UBI	TECHPARK LOI	BBY E SINGAPORE 408564		
roduct Jame	COMMERCIAL VEHICLE INSURA	Plan		Group Policy Flag	N
Policy ssue Date	10/04/2017	Effective Date	08/05/2017 00:00	Expiry Date	07/05/2018 23:59
hird arty xcess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Υ
Co- nsurance Flag Open	No				
Policy Info Certificate Info					
Policyl	nolder Mailing Address				
Address 1	10 UBI CRESCENT	Address 2	#04-88 UBI TECHPARK LOBBY	E Address 3	SINGAPORE 408564
Address 4		Address Type	Singapore address	Post Code	408564
Unit No.		Related Policy Number	5071141604-03		
) Insure	d Object: GBD286Y				
	sements				
Sequen	ce Date of Endorsement	Endorse	ement Type Endorseme	nt Status	Endorsement Content

Ident HT/0990675		Voolbiele Ne	G80296Y		SST Registration No.	20021	09028
	5071141604-02	Vehicle No.	COURSE.		Policyholder NRIC		0902R
cyholder Name	ELECTRIC CHANNELLING & ENGINEERING PTE		250000000000000000000000000000000000000		Loading	. 0	
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensis		Contact No.(Home)	0	
ntact No (Mobile)	0	Contact No. (Office)	63922722		eCode	No.V	5
neit Address		Special Remark	2020 1 Table 17				
5	No ○Yes	TCA	No ○Yes		eCode Reason		
D Protection	No	NCD Entitlement(%)	0	9	Private Hire	No	
Accident Details							
port Date	17/04/2018 10:44	Accident Report Within 24 hrs.	yes	i i	Accident Type	Side 9	wipe
	15/04/2018	Time of Accident hh:mm	16:00	2	Country of Accident	Singa	pore
te of Acodem	100 OFF EAST	Orange Porce			ICM No.		
porting Centre cident Location	LZ LITTLE RD	980-888-100000					
Benefits	LE CITTLE TO						
Excess							
	600.00	Additional Backs			Windscreen Excess		100,00
m damage Excess	0.000.000	Outside Singapore OD Excess					
named Driver Excess	0.00	Outside Singapore TP Excess					
nd Party Excess							
GST Registered Informa			CET D	egistration Date	20/01/2003		
Registered	Yes .			tatus Verified	Yes		
T Registration No.	2002109028		200	Company of the Company			
dification History							
Policyholder Mailing Ad				32 P 12 P	racio e		APORE 408564
dress 1	10 UEI CRESCENT	Address 2			Address 3		
telness 4		Address Type	Singapore ad		Post Code	4085	04
yt No.		Related Policy Number	5071141604	-03			
OI Driver Info							
wer Name	Unnamed Driver	Driver Type	Unnamed On				
named driver Name	TEDW SWEE CHEWS	Driver NR3C	51143601C		Driver DOS		8/1955
gister Date of Driver License	19/03/1975	Driver Age	62		Driving Experience	43	
intact No.(Mobile)	82186595	Contact No.(Office)	0		Contact No.(Home)	0	
Idress 1	BLK 133	Address 2	schov pete	RVOIR ROAD	Address 3	ELING	OS SPRING
			DEPOY VENE	DAMES URLAN	Hadred S.		
		Address Type	Singapore ad		Post Code	4701	33
daress 4	51NGAPORE 470133						133
daress 4 nit No.	SINGAPORE 470133 10-1209	Apdress Type				4701	33
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ddress 4 net No. oes he own a Singapore gistered car?	SINGAPORE 470133 10-1209	Apdress Type			Post Code	4701	
or the standard of the standar	SINGAPORE 470133 10-1209	Apdress Type		idress	Post Code	4701	223
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toress 4 let No. bes he own a Singapore claration earthalyser or Blood Text eaching?	SINGAFORE 470133 10-1209 ○ Yes ® No	Address Type Driver Vehicle No.	Singapore ad	ores	Post Code Driver Insurer Comp	4701	
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or type *	SINGAPORE 479133 10-1209 ○ Yes No 0 mg	Address Type Driver Vehicle No. Any injury?	Singapore ad	ores	Post Code Oriver Insurer Comp Insured NRIC Contact No (Office)	4701 any 2001 5391	210902R 22722
toress 4 set No. ues he own a Singapore registered car? Claration earthalyser or Blood Text asking? Claim 001 Next aim Type * ontact No. (Hobbie)	SINGAPORE 470133 10-1209 () Yes (♠ No 0 mg	Address Type Driver Vehicle No. Any injury? Insured Name	Singapore ac	ores	Post Code Oriver Insurer Comp Insured NRIC Contact No (Office) TP Welstle Number	2003 6392	210902R 22722
or to the state of	SINGAPORE 470133 10-1209 ○ Yes No 0 mg OO-MX	Address Type Driver Vehicle No. Any injury? Insured Name Contact No. (Home)	O Yes ® No	ores	Post Code Oriver Insurer Comp Insured NRIC Contact No (Office)	2003 6392	210902R 22722
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