

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 withholding 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.

ACCIDENT STATEMENT

Date Of Report	18/04/2018 12:29
Date Of Accident	12/04/2018 15:30
Exact Location Of Accident	15 CHANGI SOUTH AVENUE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YK6399G
Insured/Policyholder	
Name Of Registered Owner	COLLIN'S MOVERS PTE LTD
Co Reg No	200208850G
Email Address	SALES@COLLINSMOVERS.COM.SG
Mobile Phone No	(LOCAL) +65-93595893
Alternative Phone No	OFFICE-66431694
Vehicle Particulars	
Manufacturer	NISSAN
Model	MKB210NHRH
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	REPORTING ONLY
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	5069371236-03
Cover Note Number	
Driver	
Name of Driver	JAYABAL RAJKUMAR
Passport No/FIN	G5222643R
Date Of Birth	01/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	01/02/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93595893
Fax Number	
Contact Number	OFFICE-66431694
EMail Address	SALES@COLLINSMOVERS.COM.SG

Address BLK 410 JURONG WEST STREET 42
 #02-875

Postcode 640410

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 COLLIDED INTO PROPERTY

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

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 5

Passenger 1 NAME: : WORKING COLLEAGUE
 GENDER: : MALE

Passenger 2 NAME: : WORKING COLLEAGUE
 GENDER: : MALE

Passenger 3 NAME: : WORKING COLLEAGUE
 GENDER: : MALE

Passenger 4 NAME: : WORKING COLLEAGUE
 GENDER: : MALE

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

SKETCH PLAN

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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:
 - (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.



X

Policyholder's Signature
Date & Time:

J. R. S. M.

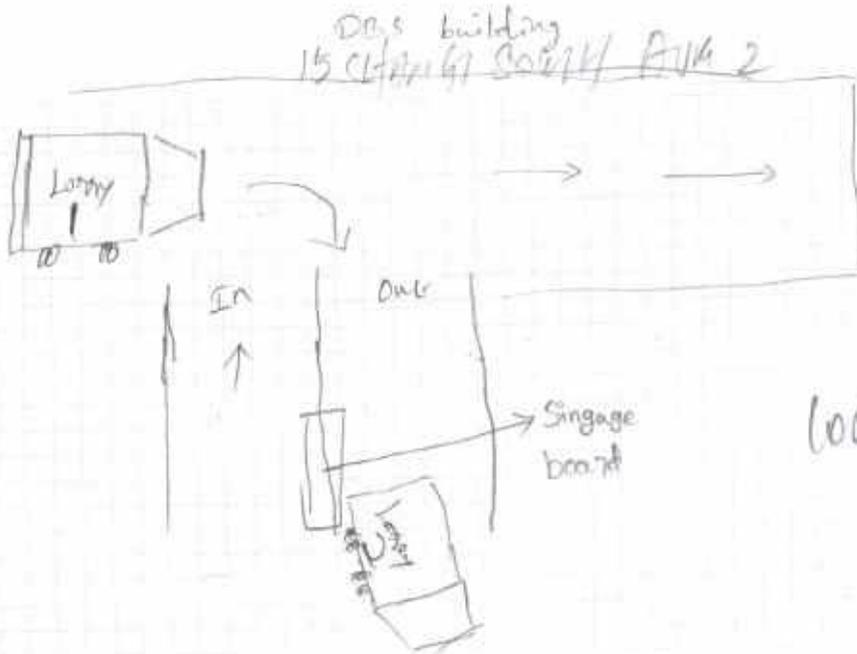
Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/04/18

[Signature] 18/04/2018

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.: *[Signature]*

SKETCH PLAN



lorry: YK6399G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12/04/2018 15:30 HRS I WAS AT CHANGI SOUTH AVENUE 2 AND WANTED TO EXIT THE BLDG. MY LORRY YK6399G ACCIDENTALLY HIT THE SIGNAGE BOARD WHICH WAS AT THE RIGHT SIDE BUT IT WAS A SLIGHT TOUCH & THE SIGNAGE FELL OFF, I THINK THAT IT WAS NOT PROPERLY SCREW I DID TO PHOTO OF THE SIGNAGE. THAT ALL

DECLARATION

I/We declare the foregoing particulars are true in every respect.

X

Policyholder's Signature
Date & Time:



J. P. [Signature]

Driver's Signature
(if driver is not the policyholder)
Date & Time: 15/04/18

13:05 hrs

[Signature] 18/04/2018
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:

Claim Handling

Accident **MT/0990903**

Policy No.	506592236-03	Vehicle No.	YK6399G	GST Registration No.	
Policyholder Name	COLLIN'S MOVERS PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	70020850G
Product Code	FLEET (INSURANCE)	Contact No.(Office)	66431694	Loading	0
Contact No.(Mobile)	83355893	Special Remark		Contact No.(Home)	
Email Address		TCA	- No Yes	eCode	No
RFF	- No Yes	NCD Endowment(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	18/04/2018 14:45	Accident Report Within 24 hrs	Yes	Accident Type	Collapsed into Property
Date of Accident	12/04/2018	Time of Accident (h:mm)	13:30	Country of Accident	Singapore
Reporting Centre		Orange Form		ICM No.	
Accident Location	15 CHANGI SOUTH AVENUE 2				

Benefits

Excess		Windscreen Excess	0.00
Own damage Excess	0.00	Additional Excess	
Unnamed Driver Excess		Dulux Singapore CD-Excess	
Third Party Excess	0.00	Outside Singapore TP Excess	

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	22 JURONG PORT ROAD	Address 2	SINGAPORE 619114	Address 3	
Address 4		Address Type	Singapore address	Post Code	619114
Unit No.		Related Policy Number	507055041-03		

Q1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/06/1987
Unnamed Driver Name	JAYABAL RAJAKUMAR	Driver NRIC	G5122643R	Driving Experience	7
Register Date of Driver License	01/02/2018	Driver Age	30	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 1	SINGAPORE 640411
Address 1	BLK 410 #02-875	Address 2	JURONG WEST STREET 42	Post Code	640410
Address 4		Address Type	Foreign address		
Unit No.	02-875			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes - No	Driver Vehicle No.	YK6399G		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes - No
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Modification History

Claim 001 **New**

Claim Type *	OD-MK	Insured Name	COLLIN'S MOVERS PTE LTD	Insured NRIC	70020850G
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		Q1 Vehicle Number	YK6399G	TP Vehicle Number	
Claim Description	YK6399G / - ON 11 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Fault at Fault	QIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	18/04/2018 00:00
Date Registered	18/04/2018 15:00	Claim Close Date			
Report Taken By	WISLI WAHAR				

Save Submit

Attachment

Accident No.	MT/0990903	Claim No.	001
Last Del. Received	Yes - No	Upload Date	18/04/2018 15:02

Category *	Confidential	Urgency *	Description *
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	
Clear Please Select	NO	Normal	

Choose File No file chosen

Message Read

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CD)	Action
	NAC_BUKIT_MERAH_800676L NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 18 Apr 2018 15:02	Photos	Normal	Photos 2018-4-18		Edit
	NAC_BUKIT_MERAH_800676R NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 18 Apr 2018 15:02	Photos	Normal	Photos 2018-4-18		Edit
	NAC_BUKIT_MERAH_800676Y NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH) on 18 Apr 2018 15:02	Photos	Normal	Photos 2018-4-18		Edit

ACCIDENT STATEMENT

ACCIDENT DATE: 12/04/2018 (DD/MM/YYYY), TIME: 15:30 (HH:MM)

LOCATION: Changi South Ave 2, Singapore

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YK 6399 G
b) INSURANCE COMPANY: NIVE Home Insurance
c) POLICY NUMBER: 5069371236-03
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: MOVERS
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Collins's Movers Pte Ltd (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: 96431694
C) ADDRESS: _____
(JURONG)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JAYABAL RAJKUMAR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G5222643 R CONTACT: 93595593
c) ADDRESS: STREET 42, #2-875, JURONG WEST, SINGAPORE 640410
Blk 410

* d) DATE OF BIRTH: (01/06/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/02/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Sales@collinsmovers.com.sg

Email = Sirajol@gmail.com

Fax =

VIDEO =

Workman's Compensation
4 m

No of passengers
(including driver)
(5)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

EMPLOYMENT PASSEmployment of Foreign Manpower Act (Chapter 91A)
Republic of SingaporeEmployer
COLLIN'S MOVERS PTE. LTD.Name
JAYABAL RAJKUMAR
Occupation
LOGISTICS MANAGERFIN
G5222643RDate of Application
09-06-2017Date of Issue
03-07-2017Date of Expiry
03-07-2019

L8095538

REPUBLIC OF SINGAPORE DRIVING LICENCELicence Number **G 5 2 2 2 6 4 3 R**Name
JAYABAL RAJKUMARDate of Birth **01 Jun 1968**Issue Date **26 Mar 2015**Valid Till **25 Mar 2020**SG
50**VISIT PASS**
Immigration RegulationsName
JAYABAL RAJKUMARDate of Birth **01-06-1968** Sex **M** Nationality **INDIAN**
FIN **G5222643R** Date of Issue **03-07-2017** Date of Expiry **03-07-2019****MULTIPLE JOURNEY VISA ISSUED**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)**

CLASS	VEHICLE CLASSIFICATION	EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	26 Mar 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	26 Mar 2015
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 3500 KILOGRAMS	01 Feb 2016

CR22949H

S / No. 9000244731

NP 426A



Licence No: G5222643R



NTUC INCOME INSURANCE CO-OPERATIVE LTD
 110, North Bridge Road, #02-01,
 Singapore 070110
 Tel: 6337 3612
 Fax: 6337 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)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5069371236-03

Cover : Third Party, Fire & Theft

- | | |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | : YK6399G |
| Chassis Number | : MKB210N02868 |
| 2. Name of Policyholder | : COLLIN'S MOVERS PTE LTD |
| 3. Effective Date of Insurance | : 24 Jan 2018 |
| 4. Expiry Date of Insurance | : 23 Jan 2019 |
| 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. | |
| (b) Use for the carriage of passengers 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, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except 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 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF 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 Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

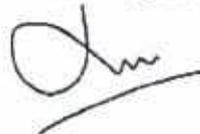
Agency : NLE INSURANCE AGENCIES PTE LTD (00000614580)
 Date of Issue : 17 Jan 2018 09:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



 Authorised Officer


 Chief Executive