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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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 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.

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

Complete State of the State of	ACCIDENT STATEMENT
Date Of Report	02/05/2018 17:55
	09/04/2018 08:10
	ALONG KPE TOWARDS MCE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB557B
Insured/Policyholder	
Name Of Registered Owner	EPOS PTE LTD
Co Reg No	201529028W
Email Address	MINGHONG@EPOS.COM.SG
Mobile Phone No	(LOCAL) +65-98463309
Alternative Phone No	OFFICE-98463309
Vehicle Particulars	
Manufacturer	OPEL
Model	COMBO CDTI
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	5084108819-01
Cover Note Number	
Driver	
Name of Driver	LIM MING HONG (LIN MING FENG)
NRIC No	S8735253F
Date Of Birth	01/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98463309

OTHERS-98463309

MINGHONG@EPOS.COM.SG

Address

BLK 114 EDGEFIELD PLAINS

#01-370

Postcode

820114

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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

WET

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

NO

ambulance?
Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

,,,

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

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

SHC1583S

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category

Name of Driver

NRIC/Passport Number Contact Number

96527523

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 aforesald.
- Consent under the Personal Data Protection Act (PDPA)

l 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
- 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.

Policynolder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

05 /2018

Reporting Centre Personnel's Signature

NRIC/FIN No

Alone KPK TOWARDS SKETCH PLAN

A) GBB 557B B) SHC1583S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 90 April 2018, about fam I was on the way to client's pla	t
by delivery and installation of machine, towards MCE	
There were expline traffic on KPE. At about Q. 10cm, a white	
van jumed his bracke in from the vehicle behand it also brighted	
had I also journel my brake looning to a stop right at the ban	pro-
4 A= cub (SHC (5835).	
He alighted and I alighted Checkent on the it There was any	
dange we agreed have may no danger. Just make me	
dange - we again to the whole and let	
eachings phone numbers them took photos and lett	
	_

DECLARATION

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

Policyholder's Signature Date & Time

Driver's Signature (If driver is not the policyholder)

Date & Time: 02/05/2014 02 it pm

Reporting Centre Person

Name:

NRIC/FIN No

ACCIDENT STATEMENT

ACCI	DENT DATE: 09 / 04 / 2018 (DD	/MM/YYYY), TIME:(08 : 06)(HH:MM)
LOCA	TION: KPE TOWARDS MI	CE.
		7. S.
i 1.	DETAILS OF VEHICLE	in the second
	O) VEHICLE NUMBER: 488557B	
	HUNSURANCE COMPANY: NIUC	·
	CIPOLICY NUMBER: 50 94 10 8819	-01
	d)POLICY TYPE: (COMPREHENSIVE)/	THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e MAKE & MODEL: OFEL COME	so COTI
	TITYPE: (SALOON / COUPE / MPV V	AN/ LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE	OMMERCIAU/ MOTORCYCLE)
	HIPURPOSE OF USING AT ACCIDENT	TIME: PELIVERY
	I) ARE YOU CLAIMING UNDER YOUP	
	IF NO, PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER	
	A)NAME: EPOS PTE LTD	[MALE / FEMALE]
	b) NRIC/FIN/PASSPORT: 2015902	- CONTACT:
	CIADDRESS: 2 LENG KEE LD	¥02-07.
n 1	* CONTINUE TO 3.d IF DRIVER ALSO I	POLICY HOLDER
the of passong&	DRIVER LIM MING HONG	(MALE) FEMALE
(Including driver)	CINAME: LINE	
(1)	DINRIC/FIN/PASSPORT: S 873525	BLOCK 114, #01-370
	STNGAFORE \$20 11	A CONTRACTOR OF THE PROPERTY O
	*dIDATE OF BIRTH: 01 / 14 / 19	
- 3	eJOCCUPATION: (INDOOR / OUTDO	
		19/02/2018
- A-		HE INSURED'S COMPANY? (ES/ NO)
7.	IF NO, RELATIONSHIP OF THE DR	
5	a) WEATHER CONDITION: (CLEAR) / R	
3373	b)ROAD SURFACE: (DRY /WB) / OTH	
6.	WAS ANYBODY INJURED (YES MO)	
	a) REPORTED TO POLICE (YES NO)	
	IF YES, PLEASE STATE WHICH POLIC	E STATION:
8.	THIRD PARTY VEHICLE	
N. Of Jan 14 May 20	a) VEHICLE NUMBER: SHC 15 83	MODEL:
helider sites	b) DRIVER'S NAME: LAM	
	c) NRIC/FIN/PASSPORT:	CONTACT: 45 9652 75
9.	THIRD PARTY VEHICLE	
rsin dinament	d) VEHICLE NUMBER:	
The state of the s	DRIVER'S NAME:	CONTACT:
- This start	f) NRIC/FIN/PASSPORT:	CONTACT:
Sa F		
-3		

Chail = mins hong @ epos com sy.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8735253F





LIM MING HONG (LIN MINGFENG)

明锋

CHINESE

01-11-1967 Cooney of Been

SINGAPORE



A0261258 11-11-2002

APT BLK 114 EDGEFIELD PLAINS #01-370 SINGAPORE 820114

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

EFFECTIVE DATE

Class 3A Motor cars without diutch pedals (Auto) with unladen 19 Feb 2018 weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428LA



eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 + Change Language · Change Password + Log Out My Desktop **Policy Query** Notice of Loss Date of Accident 09/04/2018 13:56 Policy No. Vehicle No.(For Motor) GBB557B Search Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Palicy No. Product Cover Type Expiry Date Select 5084108819-01 19/12/2018 EPOS PTE LTD 201529028W GCV Comprehensive GBB557B GB8557B 20/12/2017 Continue

rsbm

From:

ODsupport <ODsupport@income.com.sg>

Sent:

Thursday, 3 May, 2018 9:03 AM

To:

rsbm

Cc:

Theresa Vimala

Subject:

RE: MT/0989906 GBB557B

Hi Rosli

Thank you for your mail

Please quote this claim nbr when billing invoice MT/0989906-001

From: rsbm [mailto:rsbm@lkkauto.com]
Sent: Wednesday, May 02, 2018 6:15 PM
To: ODsupport <ODsupport@income.com.sg>
Cc: Theresa Vimala <thrsvim.bala@income.com.sg>

Subject: MT/0989906 GBB557B

Hi the above mention claim cannot create ebao thanks.

Thanks & Best Regards,

ROSLI WAHAB

NACS Bukit Merah Tel: 6898 0055 Fax: 6271 8802

Email: rsbm@lkkauto.com

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.