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MNA418057962 / National Assessment Centre Services - Bulut Merali ENTRY DATE & TIME: 03/05/2018 17:30 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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 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.

- 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.

atoresaid.	A COUNCING CTATCMENT
	ACCIDENT STATEMENT
Date Of Report	03/05/2018 17:30
Date Of Accident	24/04/2018 14:50
ENGOL FACOROLI ST. LIAMANTI	32 TOH TUCK ROAD #01-04
Country/State of Loss	SINGAPORE
Special Company of the Party District Company of the Party Distric	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GQ3168H
Insured/Policyholder	
Name Of Registered Owner	YSB CONSTRUCTION & TRADING PTE LTD
Co Reg No	200006920M
Email Address	WEEKIATYAP@YMAIL.COM
Mobile Phone No	(LOCAL) +65-85041806
Alternative Phone No	OFFICE-67342120
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	DELIVER CARGO
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVC000007068-00-000
Cover Note Number	
Driver	
Name of Driver	YAP WEE KIAT

YAP WEE KIAT Name of Driver S7146922J NRIC No 21/12/1971 Date Of Birth OUTDOOR Occupation 19/12/1990 Date Of Driving Pass 27 YEARS AND 4 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-85041806 Mobile Number

Fax Number

OFFICE-67342120 Contact Number

WEEKIATYAP@YMAIL.COM EMail Address

Address

BLK 934 JURONG WEST STREET 91

#13-329

Postcode

640934

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

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

NO

ambulance?

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)

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

SKW4848X

Vehicle Make/Model/Colour

BMW 740

Details Of Properties

Vehicle Category

PRIVATE CAR

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.
- 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 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.
- 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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Seperting Ceriting Personnel's Signature
Name:
NRIC/FIN Note 1882 WHITES

SKETCH PLAN UNIT 01-04 MALAYLEA TRAILER VEH X. SKW4848X DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	ON 24/04/2018. I YAP WEE KIAT WAR DRIVENT GO 3/1844
DELINER	CARLO BACK TO DUR OFFICE 32 OLD TON TUCK ROAD
	04 , WHEN I ENTER THE FRETURY THE RUMD IS CONJESTED
IM	ARE A SMALLROOT TIMAS GUING TO REVERSE INTO OUR COMPANY PRENISC
AS Z	NAS BEGINNING TO REVERSE BEHIND START HORN I STOP AND
	DOWN VEH NO SKNY848X IS ALREADY IN MY REAR RIGHT SIDE
VEH .	SKW 4848 X HEADYGHT GLASS ALLEADY CRACK.
THAT	T'S THE ABOVE INCIDENT MAPPEN.

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:

Reporting Centre Personnel's Signature Name:
NRIC/FIN No. 100 AU WAHIOS

SKW 4988X.



....

ACCIDENT STATEMENT

	ACCIDENT DATE: 24, 04 ZOS (DD/M	M/YYYY), TIME: (14:50-)(HH:MM)
9.54	LOCATION: 32 OLD TOH TUCK	Roan Holpy
5	LOCATION: 192 OCO (OT) LOCK	1000
	1. DETAILS OF VEHICLE OF VEHICLE NUMBER: GR 3168 H	8 2
	HINSUPANCE COMPANY (KC) AN	TERICAN INSURAING CU
	CIPOLICY NUMBER: MOMVCOODO	07608-00-000
	d)POLICY TYPE: (COMPREHENSIVE / TH	IRD PARTY / THÍRD PARTY FIRE & LHEFT)
	EJMAKE & MODEL: TOJUTA DYNA .	Z TOTAL TOTA
	TITYPE: (SALOON / COUPE / MPV /VAN.	(LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE COM h) PURPOSE OF USING AT ACCIDENT TIME	MERCIAL MOTORCICLES
	1) ARE YOU CLAIMING UNDER YOUR OW	IN INSTIDANCE IVES NOT
	IF NO, PLEASE STATE (THIRD PARTY CLA	
	2. INSURED / POLICY HOLDER	ALL ON THE OTHER
	ALNAME . YSB CONSTRUCTION & TR	OF P. L. (MALE / FEMALE)
	HINRIC/FIN/PASSPORT: 20000692	20 M CONTACT: 6-1342126
	CIADDRESS: 32, OLD TOH TUCK	ROAD # 01-04.
	1. BZ CENTRE	5 (59765.8)
1	 CONTINUE TO 3.d IF DRIVER ALSO POL 	LICY HOLDER
After of bas	SUNGA DRIVER YAP WEE KIAT	(MALE / FEMALE)
Claduding a	divar) DINRIC/FIN/PASSPORT: S714924-	
(1)	CLADDRESS: 8934, JURENT WEE	8791 #13-327
553.97 (C.)	5(640934)	
	*d) DATE OF BIRTH: (21/12/1971	
	e)OCCUPATION: (INDOOR (OUTDOOR	25.1000
	(3) 10 1, 10	9 DEC 1990 . INSURED'S COMPANY? (YES) NO)
	 WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIVE 	
	5. GIWEATHER CONDITION: CLEAR / RAIN	
	bIROAD SURFACE: (DRY) WET LOTHER	
	6. WAS ANYBODY INJURED (YES (NO)	
	7. a) REPORTED TO POLICE (YES NO)	
	IF YES, PLEASE STATE WHICH POLICE ST	TATION:
K W	8. THIRD PARTY VEHICLE NUMBER: SKW4848	X MODEL BMW 740
day of least	Taylor a) VEHICLE NUMBER: TOTAL	MODEL
of properties	CI NRIC/FIN/PASSPORT	CONTACT:
()	c) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: 7. THIRD PARTY VEHICLE	
		MODEL:
A SAR	d) VEHICLE NUMBER:	
s to bedding	PRIC/FIN/PASSPORT:	CONTACT:
1 1	e e	

Amail = WEEKINTYAP@YMAIL. COM.

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7146922J

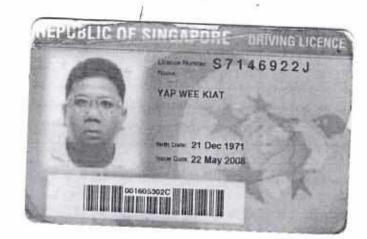




YAP WEE KIAT

Rece CHINESE

21-12-1971 SINGAPORE



5230588



21-10-2013

APT BLK 934 JURONG WEST STREET 91 #13-329 SINGAPORE 640934

TYOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING LIASSIES!

A SS DATE

Class 3 Motor Cars=< 3000kg with = 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg Motor vehicles which are constructed to bary.

Motor vehicles which are constructed to bary.

Motor vehicles which are not constructed to carry lead and the unlaten weight < 7250kg

Class 6 Motor vehicles not constructed to carry any load and the unlaten weight < 7250kg

23 Jain 1998

22 Jan 1968



GREAT AMERICAN INSURANCE COMPANY

GST REG. NO.: M90370081T UEN: T15FC0029B 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

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 (Mataysia) Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia)

Policy Details

Certificate Number

MOMVC000007068-00-000

Cover

Commercial Vehicle (Comprehensive)

Policyholder Name

YSB Construction & Trading Pte

Chassis Number

: JTFAT35Y20K203835

Ltd

NCD Entitlement

20% Fleet Discount

Engine Number

: 1KD2457344

Hire Purchase

Period of Insurance

UNITED OVERSEAS BANK

Registration Number

GQ3168H

LIMITED

From 24/11/2017 (00:00) To 23/11/2018 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

Use in connection with Policyholder's business a)

Use for carriage of passengers (other than for hire and reward) in conection with the Policyholder's business

This Policy does not cover:

Use for Hire and Reward

Use for racing, pace making, reliability trial or speed testing

 Limitations rendered inoperative by Section 8 of the Motor Vehicles (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)

SGD 600.00

Excess (Section 2)

N/A

Windscreen Excess

SGD 100.00

ADDITIONAL EXCESS

Please refer overleaf

Driver Details

Named Driver 01

Any persons who is driving on the policyholder's order or with their permission

Name of Intermediary

LCH Lockton Pte. Ltd.

Date of Issue

23/11/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory