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# 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,
- 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.
- 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 aforewaid.

	ACCIDENT STATEMENT
Date Of Report	28/05/2018 18:43
Date Of Accident	27/05/2018 14:40
Exact Location Of Accident	ANG MO KIO AVE 10 TURNING INTO 409A MARKET
Country/State of Loss	SINGAPORE
STATE OF STA	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB6102R
Insured/Policyholder	
Name Of Registered Owner	VANETTA TRADING
Co Reg No	53148668X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82922590
Alternative Phone No	OFFICE-82922590
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	
N	

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5056452393-05

Cover Note Number

## Driver

Name of Driver ELVIN TAN KAI BOON

 NRIC No
 S9570670C

 Date Of Birth
 06/09/1995

 Occupation
 OUTDOOR

 Date Of Driving Pass
 04/10/2014

Driving Experience 3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82922590

Fax Number

Contact Number OTHERS-82922590

EMail Address NOEMAIL

Address

BLK 259 BUKIT PANJANG RING ROAD

#05-28

Postcode

671259

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?

Number of vehicles involved in the accident

Was any body injured in the Accident?

2 NO

NO

Was any injured conveyed to hospital by

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)

Passenger 1

ambulance?

NAME:

: VANESSA

GENDER:

: FEMALE

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

SJN6270E

Vehicle Make/Model/Colour

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

- 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.
- 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.
- 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:

DEE: 100

- 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

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

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

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(SIN	6270E)	had	Knock	donto	my	vehicle	car	using	damo	ues.			
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# DECLARATION

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

Policyholder's Signaturines NO. Date & Time:

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

Beporting Centre Personnel's Signature
Name:
NRIC/FIN No.: ABU AHABB

5854467



HRIC No. S9570670C



17-01-2018

Address

APT BLK 259 BURIT PANJANG RING ROAD W05-28 SINGAPORE 671259

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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000 kg with =<7 passangers, exclusive 04 Oct 20,14 of the driver; and other motor vehicles =< 2500kg



REPUBLIC OF SINGAPORE

Name



0

ELVIN TAN KAI BOON

凯文



CHINESE Date of birth 06-09-1995

M

M

595706700

Country/Place of birth MALAYSIA

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Serve Number S 9 5 7 0 6 7 0 C

ELVIN TAN KAI BOON

Burn Date: 06 Sep 1995



NP 428A

Claim Handling													+ Ext
Accident MT/0996305													
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Policytuder Name	VANETTA TRADING					p	Policyhulder NR3C			5314	1866BW		
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party	E		1	Lisadiyig			87			
Contact No.(Moore) Email Address	H2922590	Contact No.(Office)					Contact No.(Horse	47					
KEK.	P. 111 - 011	Special Remark				96	Chor			No	*		
NCD Protection	n No. Yes	TCA	- No	Yes			Clide Remon						
♥ Accident Details	tio	NCD Entitlement(%)	9			p	Private Hire			Dis			
Report Date	The state of the s	V. 14 . 14											
Date of Acodest	28/05/2018 18:56	Accident Report Within 24 firs				A	Accident Type			Cotto	sion - Head to Ne	de F	
Reporting Contre	27/05/2018	Time of Accident his men	14:40				Country of Accide	est.		5115	appris		
Accident Location	5.44.25	Orange Force				Đ	CM No.						
♥ Benefits	ANG MO KIO AVE 10 TURNING INTO 409A	MARKET											
∨ Excess													
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Own damage Excess	0.00	Additional Excess				V	Windstreen Exces	i i		0.00			
Unnamed Driver Excess		Outside Singapore DD Excess.											
Third Party Excess	0.00	Outside Societies 17 Escess											
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→ Policyholder Maiting													
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Address #	SINGAPORE 871259	Address Type	Singapore			P	Post Code			6712	159		
CI Driver Info	05-28	Related Policy Number	505645231	13-05									
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Unnamed driver Name	PE-VIN TAN IOLI BOON	Oriver Type Oriver NRIC	Unnamed 3			(3)	THE STATE OF THE S						
Augister Date of Driver Licen		Oriver Age	595706700				Oniver DOB				8/1995		
Contact No.(Hoose)	82922590	Contact No.(Office)	12				Этіуінд Екрепенся			3			
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Address 4	MINGAPORE 671259	Address Type	Foreign add				Address 3 Yest Clide				T PANIANG NEW	TOWN	
Unit No.	05-28	3000000000000	County) and	or was		25	Jose Crida			6712	59:		
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Declaration.													
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Upleaded By/Date

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Wideo List	NAC_BURIT_MENAN_BOSG?B  NATIONAL ASSESSMENT CENTRE SERVICES (B UK27 MERAH)) on 28 May 2016 19:00	NRIC: Driving Literase	Normal	NRIC/ Driving Literae ID16-5-2

Folder Date

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Email: <u>sm@idac.com.sg</u> Tel no: 6555 6888 Fax no: 6454 3279

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Personal Particulars of Owner & Driver (Vehicle A)  Date of Accident: 27 / 05/2018 (dd/mm/yy) Time of Accident: 14 40 (24-HR-FORMAT)  Vehicle No.: GBB 6102 R Vehicle Make & Model: Nissam Culstan  Exact location of Accident: Any Nu leto Ave to twain into 4094 many  Policyholder's Name / IC No.: Valutta Twaling   53/48668X  Driver's Name / IC No.: Elvin Tan kai local 595 70670C (As Above)  Driver's Contact No.: 8292 2590 Company Contact No:
Vehicle No.: GBB 6102 R Vehicle Make & Model: Nissam Collston  Exact location of Accident: Any No Kelo Ave 10 furing 14to 4094 more  Policyholder's Name / IC No.: Vantha Trading 53/48668X  Driver's Name / IC No.: Elvin Tan Fail Board 595 70670C (As Above)  Driver's Contact No.: 8292 2590 Company Contact No:  Driver's Address: 259 8W it Panjany Ling 21 #05-28 SC671
Exact location of Accident: Any Min leio Ave 10 twains into 4094 many Policyholder's Name / IC No.: Vantta Tunking   53/48668X  Driver's Name / IC No.: Elvin Tan kai local 595 10610C (As Above) [  Driver's Contact No.: 8292 2590 Company Contact No:   Driver's Address: 259 Subit Panjay Rin Rd #05-28 SC671
Driver's Address: 259 SURIT Payjay Ring Dd #05-28 SC671
Driver's Address: 259 SURIT Payjay Ring DN #05-28 SC671
Driver's Address: 259 SURIT Paying Ring DN #05-28 SC671
Driver's Address: 259 SURIT Paying Ring DN #05-28 SC671
Driver's Address: 259 SUBIT Payjay Ring Dd #05-28 SC671  Insurance Company: NTUC Email address (if any):
Insurance Company: NTUC Email address (if any):
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle
Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose No. of Pussengers (Including Driver):
Passenger Name: Gender: Male / Female  Passenger Name: Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Was there any video captured by your Car Camera? Yes / No
Any Injuries: Yes / No (If YES) Injured Person' Name:
Injuries Sustain: Injured Person in Which Vehicle:
Police Report filed: Yes / No (If YES) Which Police Station:
78900 VARIAGE 1700 N. TANADAS ACTION
The Other Party(s) Details:  1. Driver's Name / IC No:
Driver's Contact No:Insurance Company (If any):
2. Driver's Name / IC No:
Driver's Contact No:Insurance Company (If any):
Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:

<sup>\*</sup>If no proper documents are produced. IDAC should not file the report, Information will be discarded after one week.



	Certifica	ate of Insu	irance	
MOTOR VEHICLES (THIRD PARTY MOTOR VEHICLES (THIRD PARTY ROAD TRANSPORT ACT, 1987 (M MOTOR VEHICLES (THIRD PARTY	RISKS AND COMPENSAT ALAYSIA)	TION) RULES, 19	1 THE RESERVE AND THE RESERVE	
Certificate Number: 505645239	3-05	Cove	r : Third Party	
1. Index mark and Registration	Number of Vehicle	: GBB6	102R	
Chassis Number		: JN150	CZF24Z0801001	
<ol><li>Name of Policyholder</li></ol>		; VANE	TTA TRADING	
3. Effective Date of Insurance		: 11 M	ar 2018	
4. Expiry Date of Insurance		: 10 M	ar 2019	
<ol><li>Persons or Classes of Persons</li></ol>	entitled to drive#			
(a) The Policyholder.				
(b) Any other person who is				
Provided that the person the Motor Vehicle or has enactment or regulation	been so permitted and i	is not disqualifi	ed by order of a Court of	ws or regulations to drive Law or by reason of any
6. Limitations as to Use#				
(a) Use for social domestic a				
(b) Use for the carriage of pa	issengers or goods in cor	nnection with the	he Policyholder's busines:	6
This Policy does not cover				
<ul><li>(a) Use for hire or reward.</li></ul>				
<ul><li>(b) Use for racing, pace-mak</li></ul>				
(c) Use whilst drawing a trail	er except the towing of	any one disable	ed mechanically propelled	vehicle.
# Limitations rendered ino Act (Chapter 189) and Se headings. EXCESS (SECTION 1)	ction 95 of the Road Tra	nsport Act, 198	7 (Malaysia), are not to b	e included under these
EXCESS (SECTION 2)	: N/A			
INSURE WITH COE	: N/A			
HIRE PURCHASE COMPANY	: N/A			
SU M INSURED	: N/A			
100 m - 10	y to which this Certificat mpensation) Act (Chapte WEI CREDIT PTE. LTD. (0 b 2018 15:38 hrs	er 189) and Par	ied in accordance with th t IV of the Road Transpor	e provisions of the Motor t Act, 1987 (Malaysia)
	b 2018 15:39 hrs			
Marketines Economic	2 2020 23,33 1113			
Countersigned By:	#	For	NTUC INCOME INSURAN	NCE CO-OPERATIVE LIMITED
	Authorised Officer		Chieff	neutium
	Authorised Officer		Chief Ex	ecutive