	e Services	ne"   Jan/95  /	4/4/14/80 CX 00	O	
Date In 19106/2018 09:15	Jeb description		Date &Time Completed	Done	by
Ref No MBAIMUGO 110281V	SAS e-filing				
Veh No GBC 66% H	E-mail (within 8)	hra, AIC Thrai			
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	i-Motor W/O		11116	09'5	17.00
OD (1P) Reporting Only	i-Photo Uploa	Annual Control	1		0.
The Facility factor	Assessment/Sur				5-20
TP Insurer:	Ass't Report by	Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tol: F	ax:	
TP Particulars: Veh No: St	C5624G	. INC (	)/Non-INC( )		*
Owner / Driver: (			Tel:	)	San
Policy No. ( ) Pe	riod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %) [1	Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. F: \$0-1	100%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,0	00()/\$2,000(	)	W-11-10-10-10-10-10-10-10-10-10-10-10-10-		
General Remarks:-	Value image		faski a neba z tilsi	24.75	
Drive-In ( )/ Towed-In ( ); Invoice	EYES( )/N	O( );T	owing Co. (		
Remarks:- (INC horline: 6788 6616)		6.00000	Date&Time Completed	Done	by
	Courtesy Car ( )				
2) QC Check / Post Repair Inspection	( )				
	And the same of th				
3) Upload Resurvey Photo [Repair Cost > \$3	1000] ( )				
3) Upload Resurvey Photo [Repair Cost > \$3  Injury:  ———————————————————————————————————	1000] ( )	25-49616W398988			
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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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	19/06/2018 09:15
Date Of Accident	18/06/2018 00:40
Exact Location Of Accident	JUNCTION OF ORCHARD BOULEVARD AND PATERSON ROAD
Country/State of Loss	SINGAPORE
District Dis	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC6629H
Insured/Policyholder	
Name Of Registered Owner	KSW SERVICES PTE LTD
Co Reg No	200210417K
Email Address	SALES@KSW,COM,SG
Mobile Phone No	(LOCAL) +65-93398055
Alternative Phone No	OFFICE-63920418
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100952248
Cover Note Number	
Driver	
Name of Driver	AFIQ BUDIMAN BIN MD ISA
NRIC No	S8834317D
Date Of Birth	16/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93398055
Fax Number	
Contact Number	OFFICE-63920418
EMail Address	SALES@KSW.COM.SG

Address

BLK 652B JURONG WEST STREET 61

#02-392

Postcode

642652

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO.

soliciting/offering accident claims assistance.

33468

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ROCHER N.P.C

Police Station Address

ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2949999 - FAX NO:

Was notice of intended Prosecution given?

AND THE PARTY OF T

NO

If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE STATEMENT

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

SHC5624G

Vehicle Make/Model/Colour

RENAULT LATITUDE

Details Of Properties

Vehicle Category

TAXI

Name of Driver

LAM CHOON CHAI

NRIC/Passport Number

S1216718J

Contact Number

96834667

Address

Postcode

Insurance Company Name

Nature Of Damage

#### SKETCH PLAN

#### 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 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.
- 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.

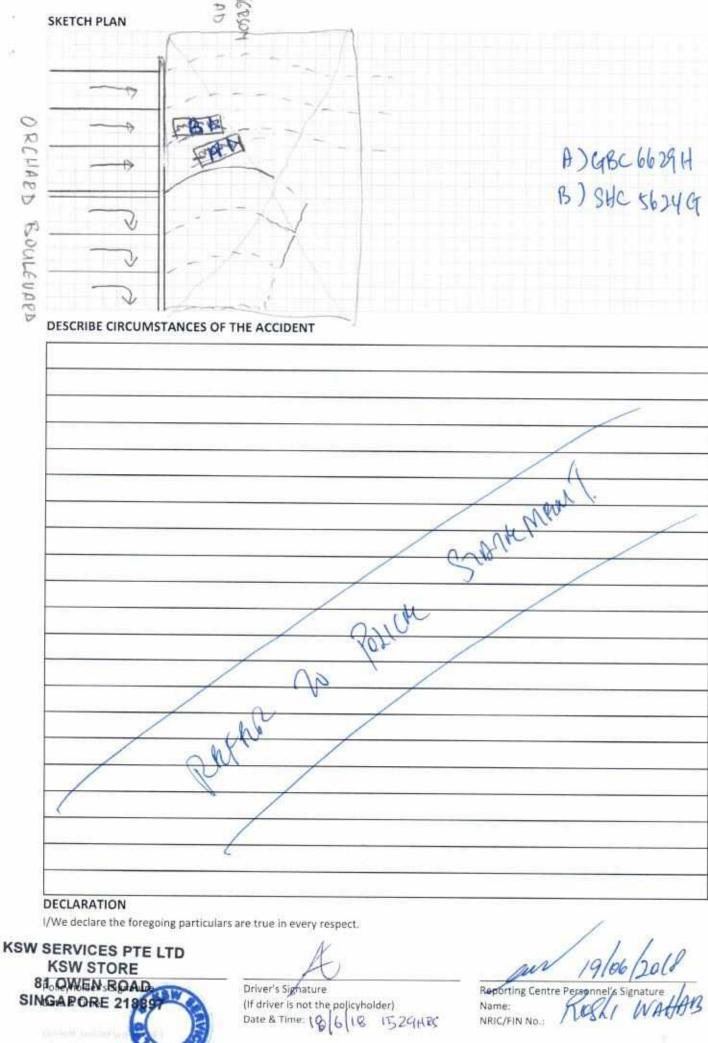
KSW SERVICES PTE LTD KSW STORE 81 OWEN ROAD SINGAPORE 218897

> Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

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



84 QWEN ROAD SINGAPORE 2188

Driver's Signature (If driver is not the policyholder) Date & Time: 18 6 18 1529HRS

#### NOTICE OF REPORTING

This is to confirm that AFIQ BUDIMAN BIN MD ISA, S8834317D.



Has reported to the Police a non-injury traffic accident which

Occurred at Orchard Boulevard on 18/06/2018 at 0040hrs

Involving the following vehicles:

GBC6629H (Complt)

SHC5624G

#### Brief facts:

On 18/06/2018 at about 0040hrs, I was driving along Orchard Boulevard. I was at the 3rd left lane while another taxi vehicle (SHC5624G) was beside me on the 2<sup>nd</sup> lane. As the traffic was green and in my favor, I move my vehicle forward and that is when suddenly, the said taxi hit onto the left side of my vehicle, I managed to exchange particulars with the taxi driver. My vehicle had a minor dent on the left side of my vehicle and my bumper was broken as a result from this incident.

No Traffic Police were at scene and no one was injured.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issu	ing Officer: 3/1 (1) Druss To the
Date: 16/86/2419	Time: _022.0 W 5
S/D Ref: 04	=0
Police Post/Unit :	Rocher NPL

Original - to be issued to informant Duplicate - to be submitted to Traffic Police Claim Handling

Policy No.								
	5100952346	Mehicle No.	GISCHISTER!		GST Registration No	è	20021041	76
Full cytholder Name	KSW SERVICES PTE LTD				Paricynalder WAIC		20021045	PM.
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensiv	NO.	Lueding		0	
Contact No.(Mobile)	93399055	Contact No.(Office)	63920418		Contact No.(Home)		galacterstage	
Emeil Address		Special Remark			nCode		No. 1	
#(FIX	e No Yes	TCA	= No Yes	1	eCode Revision			
NCD Protection	No	NCO Entitlement(%)	29		Private Hire		160	
▼ Accident Details	A TOTAL CONTRACTOR OF THE PARTY				3-32-2-02-715		EDMENT	
Report Date	19/06/2019 09:30	Accident Report Within 24 hrs			Accident Type		Bide Swip	
Date of Accident	18/08/2018	Time of Accident hhomm	00:40		Country of Accident		Singapore	
Reporting Centre		Orange Force			TOP NO.			
Accident Encetion	JUNICISON OF DRICHARD BOLLEVARD AND R	WATERSON ROAD						
→ Benefits								
v fxcess								
Own damage Excess	600,00	Additional Excess			Windscreen Excess		100.00	
Unnamed Driver Excess	200	Outside Singapore CO Excess						
Third Party Excess  9 QST Registered Inform	0.00	Outside Singapore TP Excess						
GST Registered	Yes		GST #	Registration Date	91/01/291			
GST Registration No.	200210417K			Status Verified	Na			
Hadification History	ALCOHOLOGY CO.		9000	ROESPO TOCOMES	5995			
CHARLES CONTRACTOR								
→ Policyholder Mailing Air	idress							
Address 1	BI OWEN POAD	Address 2	SINGAPORE I	218997	Address 3			
Address 4		Address Type	Singapore add	dress	Pust Code		218607	
Unit No.		Related Policy Number	5100952248					
♥ OI Driver Info								
Driver Name	Unnamed Driver	Driver Type	Unnamed City	Ver				
Unnamed driver Name	AFIQ BUOIMAN BIN MD ISA	Driver NRIC	588343170		Driver DOS		10/08/19	0.0
Register Date of Driver License	17709/2613	Driver Age	29		Ditking Expenence		4	
Contact No.(Mobile)	93398055	Centact No.(Office)	63920418		Contact No.(Home)			
Address I	BLV 6528 #02-392	Address 2		FT STREET OL	Address 3			RE 642652
Address 4		Address Type	Foreign addre	ess	Post Carde		643652	
Unit Ny.	02-392							
Does he own a Singepore Registered car?	Yes a No	Driver Vehicle No.	GBC6629H		Driver Insurer Comp	any	NTUC	
Declaration Sneethalyser or Blood Yest								
Claim 001 New								
Claim Type *	GD-HX. T	Insured Name	KSW SERVIC	ES PTE LTD	Insured NRIC		9002104	176
Claim Type * Contact No.(Plottle)	NII.	Insured Name Contest No.(Home)	KSW SERVIC	ES PIE LTD	Insured NKIC Contact No.(Office)		2002104 03920411	1001
Contact No.(Proode) Email Address	- Control of the Cont	UBSCHIER STAN		ES PTE CTD	Contact No (Office) TP Vehicle Number			1/9
Contact No.(Ploode) Email Address Cleim Description	- Control of the Cont	Contact No.(Home)	NIL	ES PTE LTD	Contact No-(Office)	Norkshap	03920411	1/9
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## Claim Handling(accident reporting Claim Task )

	Uploaded By/Date	Fallier Dete	File Name	9	Source	Action
/ Video List						
43	NAC_BURIT_HERAH_BOOK76 UKIT ME	( NATIONAL ASSESSMENT CENTRE SERVICES (B RAM)) en 19 Jun 2018 09:36	545	Marrial	SAS 2018-5-19	Edit
7	NAC_BURTT_MERAN_BODG76 UKIT ME	( NATIONAL ASSESSMENT CENTRE SERVICES (B. RAM)) un 19 Jun 2018 09:30	WRIC/ Driving Urense	Normal	NRDC/ Orlving License 2018-6-19	Edit
图27	NAC_BURIT_MERAH_BUUD76 URIT ME	( NATIONAL ASSESSMENT CENTRE SERVICES (B. RAH)) on 19 Jun 2018 09:36	Photos	Morntal	Phinton 2018-6-18	Edit
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	NAC_BURIT_MERAH_800676 URIT ME	( AATIONAL ASSESSMENT CENTRE SERVICES (B AAH)) on 19 Jun 2018 09:36	Photos	Normal	Process 2018-6-19	Edit
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# ACCIDENT STATEMENT

ACCI	DENT DATE: 18/08/2018 (DD/	MM/YYYY), TIME:(O	2 : 40 )(HH:MM)
LOCA	TION: ORCHARD BOULEVARD	7 PATERCON	RUAD JUNCTION
1.	DETAILS OF VEHICLE	12	
	a) VEHICLE NUMBER: GBC 667	19 H	8 1
	DINSURANCE COMPANY: MTUC	HEOME	
20	CIPOLICY NUMBER: 510095272 40	8	Francisco de la companya del companya de la companya del companya de la companya
	dIPOLICY TYPE: (COMPREHENSIVE)	HIRD PARTY / THIRD	PARTY FIRE &THEFT)
	BIMAKE & MODEL: TOYOTA HIA	CE .	OVOLE ( OTHERS)
	f)TYPE:(SALOON / COUPE / MPV (VA g) VEHICLE CATEGORY: (PRIVATE CO	N/LORRY/MOTOR	DOVOLE!
	h) PURPOSE OF USING AT ACCIDENT	IME WORKING	KG (CLE)
	I) ARE YOU CLAIMING UNDER YOUR		
	IF NO, PLEASE STATE (THIRD PARTY C		
2	INSURED / POLICY HOLDER	THE REPORT OF THE	
	AINAME: KOW SERVICES	PIELID	MALE / FEMALE)
	b) NRIC/FIN/PASSPORT:	CONTAC	CT: 6392 0418
	CLADDRESS: 61 OWEN ROA	D SIMORPO	RE 218897
1 = 1			(A) (A) (A)
A Comment	<ul> <li>CONTINUE TO 3.d IF DRIVER ALSO P</li> </ul>	OLICY HOLDER	75 PE
Ho of passanga	DRIVER AFIN BUDIMAN	B MINICA A	MALE / FEMALE)
Including driver)	b)NRIC/FIN/PASSPORT: 98634317	D CONTAG	T: 93394055
( )	CIADDRESS: BLK 652B JURG	12 193W HIM	61 HOZ-342
	(CPURE) 642632		
	*d)DATE OF BIRTH: (16 / 09 / 19	HDD/MM/YYYY	177
35	e)OCCUPATION: (INDOOR) OUTDO		i
	DATE OF DRIVING PASS - 11	7 9 13	00
4.	WAS DRIVER AN EMPLOYEE OF TH	E INSURED'S COMP	ANY? (YES: NO)
7741	IF NO, RELATIONSHIP OF THE DRI		):
5.	GIWEATHER CONDITION: CLEAR RA		
76	b) ROAD SURFACE: (DRY / WET / OTHE WAS ANYBODY INJURED (YES (NO))	:K2	
			2 2
	IF YES, PLEASE STATE WHICH POLICE	STATION: ROCHO	OR MPC
8.	THIRD PARIT VEHICLE	Section 200	August 1
is all warrance	OL VEHICLE NUMBER CHC 562	44 MODEL:	LATITUDE (REMUL
historation statem)	b) populents statute   Am / Hou		
7 T	of the child the control of the control	CONTA	CT: 4005466 T
9.	THIRD PARTY VEHICLE		
en et permine	d) VEHICLE NUMBER:		
	AL DRIVER'S NAME.		(A)
e e e komungari. Na disaman aktao A	Of Dilly City of Thirties.	32/200429	
landarding desiran)	e) DRIVER'S NAME:	CONTA	OT: <u></u> ,

Plax = 6392 0417

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8834317D





Name

AFIQ BUDIMAN BIN MD ISA

افیق بودمان بن محمد عیسی

9

MALAY

Date of birth 16-09-1988

M

Country/Proce of birth SINGAPORE



5439903



03-03-2015

APT BLK 6528 JURONG WEST STREET 61 #02-392 SINGAPORE 642652 MPJ ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc 12 Apr 2010
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive 17 Sep 2013
at the driver; and other motor vehicles =< 2500kg



Lipence No: S6834317D



# **Certificate of Insurance**

ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 19:	59 (MALAYSIA)
Certificate Number: 5100952248	Cover : Comprehensive
1. Index mark and Registration Number of Vehicle	: GBC6629H
Chassis Number	: JTFHT02P000116830
2. Name of Policyholder	: KSW SERVICES PTE LTD
3. Effective Date of Insurance	: 13 Jun 2018
4. Expiry Date of Insurance	: 12 Jun 2019
5. Persons or Classes of Persons entitled to drive	f .
(a) The Policyholder.	
(b) Any other person who is driving on the Po	licyholder's order or with his/her permission.
Provided that the person driving is permit the Motor Vehicle or has been so permitte enactment or regulation in that behalf fro	ted in accordance with the licensing or other laws or regulations to drive ed and is not disqualified by order of a Court of Law or by reason of any m driving the Motor Vehicle.
6. Limitations as to Use#	
<ul> <li>(a) Use for social domestic and pleasure purp</li> </ul>	oses and in connection with the Policyholder's business or profession.
(b) Use for the carriage of passengers or good	ds 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 tria	al or speed-testing.
(c) Use whilst drawing a trailer except the to-	wing of any one disabled mechanically propelled vehicle.
headings.	oad Transport Act, 1987 (Malaysīa), are not to be included under these
WINDSCREEN EXCESS : S\$100	
INSURE WITH COE : YES	
HIRE PURCHASE COMPANY : N/A	
SUM INSURED : MARK	ET VALUE OF INSURED VEHICLE AT TIME OF LOSS
EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 INSURE WITH COE : YES HIRE PURCHASE COMPANY : N/A SUM INSURED : MARK I/We hereby Certify that the Policy to which this G	
Agenda POO LINE INCLUSIONS	AGENCY (00000571869)
Agency : PRO-LINK INSURANCE Date of Issue : 24 May 2018 11:36 h	
Date of Issue : 24 (Viay 2010 11.50 ))	
	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
/	50.50 V
7.1	
Morting	/ /w_
11:47	
N'A	
Countersigned By:  Authorised Of	ficer Chief Executive