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	B1521C, INC(
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Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [Note-E	st. Status (WO): N: 0-20	0%; P: 21-79%. P: 30-1	00%]
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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,
- 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.

By the lodgement of this report to the insurers, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/08/2018 16:48
Date Of Accident	14/08/2018 21:10
Exact Location Of Accident	ANG MO KIO AVE 1 TWDS BISHAN JUNCTION 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM852X
Insured/Policyholder	
Name Of Registered Owner	HO2 PTE LTD
Co Reg No	201623774E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer HYUNDAI

Model AVANTE (HD) 1.6 DOHC AT ABS AIRBAG 2WD

Exact Purpose for which vehicle was being used at

time of accident

GRAB

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 PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5100572973

Cover Note Number

Driver

Name of Driver WONG TECK YAN

NRIC No S1706473H Date Of Birth 29/03/1965 Occupation OUTDOOR Date Of Driving Pass 27/12/1982

Driving Experience 35 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-99999999

Fax Number

Contact Number OTHERS-99999999

EMail Address NOEMAIL

BLK 373 JURONG EAST STREET 32 Address

#10-438

Postcode 600373

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES NO

Number of Passengers (Including Driver)

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

PLS REFER TO THE ATTACHED 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 SJB1521C Vehicle Make/Model/Colour

TOYOTA / ALTIS

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG TECK YAN

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.
- 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:
 - 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

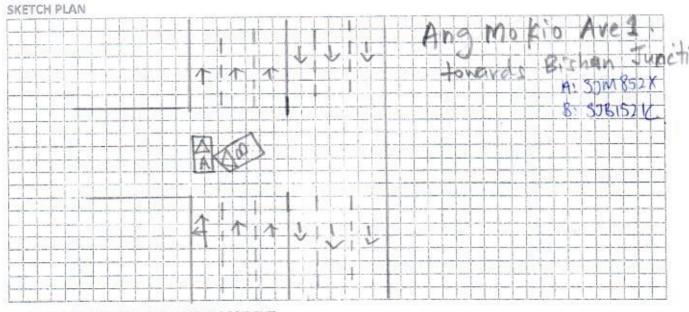
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at the traffic light for the light to turn green along Ang Mo Kio Ave 1, when it turned green the front vehicle made a left turn and I continued to drive straight towards Bishan. Suddenly a car which was on the opposite direction made a right turn and hit onto the right portion of my vehicle.

	(§()e)	()m/
	*	101
SAUGO 17-50 NO. 550 H		

DECLARATION

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

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful 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 traffic police department for investigation.

	14.08.2018	(DD/MM/YY)
Date of accident		(HH:MM)
Time of accident	940Ph	(LILIIAIIAI)
Exact location of accident	Ang Mo Kio Ave 3 towards Bishen Junction &	

	DE ¹	TAILS OF V	EHICLE		· [10] 在 [2] 《 [4] [4] [4] [4]
Vehicle registration number	SJM 851X				
Vehicle make and model	HYUNDIAI	AVANTE			
Type of vehicle	Saloon D	MPV 🗆 Bus 🗅	CRV Motorcy	Van cle 🗆	Others:
Vehicle category	Private 🗆	Comme	ercial	/lotorcy	cle 🗆
Purpose of using at said time	GRAB.				
Are you claiming under your own insurance company?	Yes □ Third part c	No 🗆	if no, please Reporting o		

	INSURANCE INF	ORMATION			
Insurance company	NTUC				
Policy number	KMH DU 41 BR 8 U 632 882				
Type of policy	Comprehensive Z	Third party fire & theft	TP only [

会 不是是这种是一个是现在的。	INSURED / POLICY HOLDER		
Name	HOZ Pte Lid	Male □	Female
NRIC / Fin / Passport number	2016237746		
Contact	419		
Address	30314 WBI ROAD 3 #01-118 Singapore 408659	12	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	WORL TECK YAN	Male Female				
NRIC / Fin / Passport number	S1706473H					
Contact						
Address	Bir 373 Jurany East Sweet 32 #10-438 5(600373)	100				
Email address	The state of the s					
Date of birth	29.03.1965					
Occupation	Indoor Outdoor					
Driving date pass	27.12.1982					

	THE REAL PROPERTY.		OF THE ACCIDENT	SC ALS III
las driver an employee of	Yes 🗆	No D	driver and insured	+ Hirer
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ccident captured by camera?	Yes 🗆	Noe	Others:	
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Contact		- 2211

ALEXA COLUMN	INJURED PERSON 1
Name	Wowh TECK YAN
Injuries sustained	NECK and Shoulder
Which vehicle person in?	SJM 852X
Were seat belts worn?	Yes No D
Was injured conveyed to	Yes 🗆 No 🗗
hospital by ambulance?	
1998年 1998年 1998年 1998年	INJURED PERSON 2
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Name and Address of the State o	
Name	
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	Yes No No D
Was injured conveyed to	163 11 110 11
hospital by ambulance?	



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1706473H





WONG TECK YAN

SINGAPORE

29-03-1965 M

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

NP 428A



S1706473H

Street Group Date of Your APT BLK 373 JURONG EAST STREET 32 #10-438 SINGAPORE 600373

NAIC No. 017084790

Date: 24/03/2008

No: 5952794



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: 5100572973

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJM852X

Chassis Number

: KMHDU41BR8U632882

2. Name of Policyholder

: HO2 PTE LTD

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 15 May 2018 : 14 May 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 or Hirer's business.

This Policy does not cover

EXCESS (SECTION 1)

EXCESS (SECTION 2)

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use for the carriage of goods (other than samples) in connection with any trade or business.

(c) Use for any purpose in connection with the Motor Trade.

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.

: \$\$2,000

: \$\$1,500

WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A 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

: KHC HOLDINGS PTE LTD (00000613934)

Date of Issue

: 08 May 2018 10:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBao Tech							(GeneralClaim			
Hello, NAC_PAYA_UBI_80	0601						· Change Lar	guage	· Change P	assword	Log Out
My Desktop	Poli	cy Query									
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	Vehicle	No.(For Mator)	S3M852	X		Certifica	ste Number				
					Se	earch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry
	0	5100572973		HO2 PTE LTD	201623774E	GFT	drivo CLASSIC	SJM852	X SJM852X	15/05/2018	

Policy No.	5100572973	Policyholder Name	HO2 PTE LTD	Policyholder NRIC	201623774E
Certificate No.		Tealing.		NRIC	
Address	3031A UBI ROAD 3 #01-	118 SINGAPORE 408	8659		
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	08/05/2018	Effective Date	15/05/2018 00:00	Expiry Date	14/05/2019 23:59
Third Party Excess	1500.00	Own damage Excess	2000.00	Windscreen Excess	100.00
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000.00	Outside Singapore TP Excess	1500.00		
Agent	KHC HOLDINGS PTE LTD	Agent Tel.	62538288	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info Certificate					
Info	older Mailing Address				
Address 1	3031A UBI ROAD 3	Address 2	404.440	VVV 12	
	3031A OBI ROAD 3	Address 2 Address	#01-118	Address 3	SINGAPORE 408659
Address 4 Unit No.	01-118	Type Related Policy	Singapore address 5100572973	Post Code	408659
D Insured	d Object: SJM852X	Number			
□ Endors					
15/10/15/2015	Date of		Endonomia		
Sequenc	e Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER
	15/05/2018 00:00	Basic Information Endorsement	000001286819847	Endorsement Take Effective	CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. SJF3196Z 15-05-2018 \$1,401.70 In view of this amendment, a refund of \$1,401.70 (inclusive of GST) will be adjusted against the outstanding premium.
	15/05/2018 00:00	Basic Information Endorsement	000001286819948	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 15 May 2018 the following amendment(s) is/are made to this policy: VEHICLE NUMBER HIRE PURCHASE COMPANY SGD4012K TAI THONG LEE TRADING PTE LTD SGU1016E TAI THONG LEE TRADING PTE LTD SGY8614L TAI THONG LEE TRADING PTE LTD SJA2549Y TAI THONG LEE TRADING PTE LTD SJA2718B TAI THONG LEE TRADING PTE LTD SJA2718B TAI THONG LEE

Claim Handling Accident MT/1007389 Policy No. 5100572973 Vehicle No. S3M852X GST Registration No. Policyholder Name HO2 PTE LTD Policyholder NRIC 2016 Product Code FLEET INSURANCE Cover Type drivo CLASSIC Loading Contact No.(Mobile) Contact No.(Office) Contact No.(Home) o Email Address Special Remark eCode No N KFK No Yes TCA ® No ○ Yes eCode Reason No NCD Entitlement(%) Private Hire Yes 16/08/2018 09:37 Accident Report Within 24 hrs Accident Type Side Date of Accident 14/08/2018 Time of Accident hh:mm Country of Accident Singa Reporting Centre Orange Force Accident Location ANG MO KID AVE 1 TWDS BISHAN JUNCTION 8 **▽** Benefits ♥ Excess Own damage Excess 2,000.00 Windscreen Excess 100.0 Unnamed Driver Excess Outside Singapore OD Excess 2,000.00 Third Party Excess 1,500.00 Outside Singapore TP Excess 1,500.00 GST Registered Information **GST** Registered **GST Registration Date** GST Registration No. **GST Status Verified** Modification History Policyholder Mailing Address Address 1 3031A UBI ROAD 3 Address 2 #01-118 Address 3 SING Address 4 Singapore address Post Code 4086 Unit No. 01-118 Related Policy Number 5100572973 ♥ OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name WONG TECK YAN Driver NRIC 51706473H 29/0 Register Date of Driver License 27/12/1982 Driver Age 51 Driving Experience 35 Contact No.(Mobile) 99999999 Contact No.(Office) Contact No. (Home) 0 Address 1 BLK 373 Address 2 JURONG FAST STREET 32 Address 3 Address 4 Address Type Singapore address Post Code 6003 #10-438 Does he own a Singapore Registered car? Yes . No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test Reading? Any injury? Yes No Modification History Claim 001 OD-MX New Claim Type • DD-MX Insured Name HO2 PTE LTD Insured NRIC 2016 Contact No.(Mobile) 90050110 Contact No.(Home) Contact No.(Office) NIL Email Address OI Vehicle Number SJM852X TP Vehicle Number SJB1 Claim Description S3M852X / S3B1521C ON 14 Aug 2018 Name of Preferred Workshop Preferred Workshop Contact Insured Liability * Not at Fault V Require Finalisation Preferered Repair Option Preferred Workshop, Name unknown V GIA report Rece Date Registered 16/08/2018 09:45 Claim Close Date Date Received 16/0 Report Taken By KRISHNASAMY Workshop Repairer Total Loss but Repaired ✓ Print AK letter Save Submit Attachment Accident No. MT/1007389 Claim No. 001



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