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Owner / Driver: (- 0.20-1.20-1.01		Tel			
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Insured/Driver Liabil		ote-Est. Status (WO): N: 0-20%; I	P: 21-79%. F: 8	0-100%]	
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Injury :						4 /
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Claimant's Particular	18 - 18 - 18 - 18 - 18 - 18 - 18 - 18 -	STANSON STREET	3) TF : Towing Fee	Siller (6.5%)	\$40/\$45 \$120	
Driver/Owner:			4) FT : Follow-Throu	gh Survey gh Survey (Resurvey)	\$30	
Contact No:	84, 84	ATT MERCEN AND AND AND ADDRESS OF THE PARTY	For claiming again	st INC Only (wef 10 J	an 2005)	
			6) TR : Re-inspection		\$75 \$160	
Damäged Portion:		3	7) N1 : Idao DA + SM 8) NTUC Additional	Services:-		
			OD* .	Contract Con	\$5	
QC Checked by (Eng	gr-In-Charge):	*	*N5: Courtesy Car *N6: Repair Co-or	dination	310	
1111	and the second recommendation	THE STATE OF THE S	*N7: Post Repair	Inspection	\$25	
Auditors! Comment	<mark>kjis</mark> (grani vide vedaga)		*N8: DV / Collect	Exocss Coordination on INC) against INC	\$20	
Cat. 1:			9) N12: Idae Mobile	Carlo Carlo	30	E-32
Cat. 2/3;			Invoice dated	10	harged	16.5
-21. 413.			Invoice dated	Fee C	harged	

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	17/08/2018 19:06
Date Of Accident	16/08/2018 11:30
Exact Location Of Accident	SENG POH ROAD
Country/State of Loss	SINGAPORE
D. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD8420Z
Insured/Policyholder	
Name Of Registered Owner	CHUEN HO TRADING
Co Reg No	52906476J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97620981
Alternative Phone No	OFFICE-97620981
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	5091215623-01
Cover Note Number	
Driver	
Name of Driver	LEONG KARM CHUEN
NRIC No	S1527216C
Date Of Birth	19/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1980

Driving Experience

38 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97620981

Fax Number

Contact Number OTHERS-97620981

EMail Address NOEMAIL

Address

BLK 119B KIM TIAN ROAD

#06-238

Postcode

162119

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

*

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

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?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBH2105C

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

Name of Driver

Contact Number

Traine of Briver

COMMERCIAL VEHICLE

NRIC/Passport 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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
 - (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:

Oriver's Signature

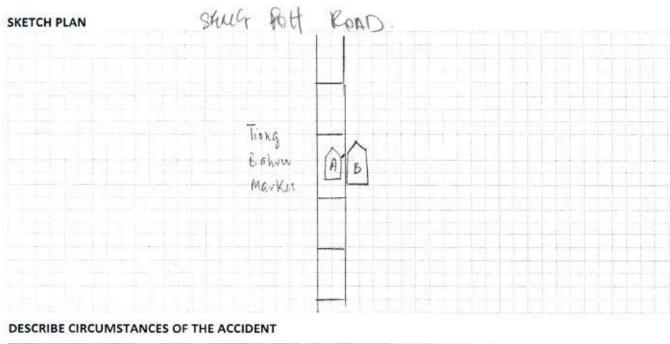
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN NO



May reliable A was texactly fanked at the carpane let. Vehicle B was diving at a rather high speed and damage the right side prirror A my parked vehicle as he was diving past my vehicle. This action was recreded by video carriers.

DECLARATION

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

學學生

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.:

Policy No.	5091215623-01	Vehicle No.	G808420Z	for a LOW-Market	U.V.
Certificate No.			10.00 Market	GST Registration No.	NA
Policyholder Name	CHUEN HO TRADENG			250 State 1050 Februaries	
Product Code	COMMERCIAL VEHICLE INSURA!	Cover Type	Commence	Policyholder NRIC	529064761
Contact No.(Mobile)	97620981	Contact No.(Office)	Comprehensive	Loading	0
Email Address		Special Remark		Contact No.(Home)	
KFK	* No Yes	TCA		eCade	No T
NCD Protection	No	NCD Entitlement(%)	v Ng Yes	eCode Reason	
		neo Englement(%)	0	Private Hire	No
Report Date	17/08/2018 19:24				
Date of Accident	16/08/2018	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst pe
Reporting Centre	134 544 644 644	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Accident Location	SENG POH ROAD	Orange Force		ICM No.	100000000
♥ Benefits	SENG POR ROAD				
♥ Excess					
Own damage Excess					
	600.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess		Windscreen Excess	100.00
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Informa	etion				
SST Registered	Yes		GST Registration Date		
35T Registration No.	NA.		GST Status Verified	01/01/2015	
Indification History			son bracus verneg	No	
Policyholder Mailing Add	dress				
Address 1	BLK 119B #06-238	Address 3			
Address 4		Address 2	KIM TIAN ROAD	Address 3	SINGAPORE 162119
Init No.		Address Type	Singapore address	Post Code	162119
♥ OI Driver Info		Related Policy Number	5091215623-01		000000
Privar Name	Unnamed Driver				
nnamed driver Name	LEONG KARM CHUEN	Driver Type	Unnamed Driver		
egister Date of Driver License		Oriver NR3C	\$1527216C	Driver DOB	19/05/1962
ontact No.(Mobile)	23/05/1980	Driver Age	56	Driving Experience	
ddress I	97620981	Contact No.(Office)		Contact No.(Home)	38
ddress 4	BLK 1198 #06-238	Address 2	KIM TIAN ROAD	Address 3	V-022004-0000444
	5INGAPORE 162:19	Address Type	Foreign address	Post Code	KIM TIAN 319
nit No. Ies he men a Singapore	06-238			roat Lade	162119
oes he own a Singapore egistered car?	Yes a No	Driver Vehicle No.	GBD8420Z	Negopias abolico reconocio	
			XXXXXXXXXXXXXX	Driver Insurer Company	NTUC
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	NAC BUKIT MERAN ROOFTS				
	NAC BUKIT NERAH RODA 24	A NATIONAL AND A STATE OF THE S		cident reporting Claim Ta	7.

Date of Accident	Time of Accident	Exact Location of Accident
16 8 18	11.30 am	Seng John Road

DETAILS O	F OWN VEHICLE
Vehicle Registration No:	GBD 8420 Z
Name of Owner:	Chuen Ho Trading
Owner IC:	_
Vehicle Make (Audi/Toyota etc)	Nissan Cabstar
Type of Vehicle (bicycle, big truck, bus, coupe, CRV, Jeep, Lorry mixer, truck, motorcycle, MPV, prime mover, saloon, van, others)	Commercial
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Vehicle Category	Private / Commercial / Motorcycle
Insurance Company	NTul
Type of Policy	Comprehensive / Commercial / Third Party
Policy Number	8

	PRIVER
Name of Driver	Leong Karm Chuen
Driver IC	\$ 1527216/6
Date of Birth	19/6/1962
Occupation	612
Yrs of Driving Experience	23 1 1980
Gender	male
Contact No.	97620981
Address	BIK 119B Kim Tran Eoad #06-238 Singapire 162119
Email Address	no email
Employee of Insured's Company?	Proprietor
If no, state relationship of Driver with Insured.	Proprietor
Driver's own vehicle no. & Insurance company	NO
DETAILS	OF WITNESS
Name	-
Phone	-
Email Address	-

GENERAL INFORMAT	ION OF THE ACCIDENT
Type of Collision (eg. Chain collision, head- on collision, side swipe, front rear)	Parked and damaged
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet / Ory / Others
OTHER IN	FORMATION
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (including Witness)	Yes No
DETAILS OF F	OLICE ACTION
Accident reported to the Police?	Yes / No
if yes, state which police station	
Notice of Intended Prosecution given?	Yes / No

Vehicle Reg. No.	68H 2105 C
/ehicle Make / Model / Colour / Properties	
Name of Driver	
C / FIN / Passport Nbr	
Contact Nbr	
Address	
Insurance Company	
Nature of Damage	

DETAILS OF INJURE	D PERSONS 1
Name	
Address	
Approximate age	>+. ///
Injuries Sustained	-
f vehicle occupants, state in which vehicle?	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	Yes / No



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1527216C

Namo



LEONG KARM CHUEN





Date of birth 19-06-1962 Country/Place of birth SINGAPORE

576066

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

I'ASS DATE

Class 3

Class 2B Motorcycles not exceeding 200 cc Class 2A Motorcycles between 201 cc and 40 Motorcycles between 201 cc and 400 cc Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 hillograms 10 Aug 1994 24 Feb 1997 23 May 1980

Licence No: \$1527216C

28-06-2017

APT BLK 1198 KIM TIAN ROAD #06-23B SINGAPORE 162119

NP 420A



Certificate of Insurance

OR VEHICLES (THIRD PARTY RISKS A D TRANSPORT ACT, 1987 (MALAYSIA OR VEHICLES (THIRD PARTY RISKS) F Ficate Number: 5091215623-01 Index mark and Registration Number Chassis Number	4)	I) RULES, 1960
OR VEHICLES (THIRD PARTY RISKS) F ficate Number: 5091215623-01 ndex mark and Registration Number		
ficate Number: 5091215623-01 ndex mark and Registration Number	RULES, 1959 (MALAY	
ndex mark and Registration Number		SIA)
		Cover : Comprehensive
hassis Number	of Vehicle	: GBD8420Z
		: JN1SC2F24Z0857113
lame of Policyholder		: CHUEN HO TRADING
ffective Date of Insurance		: 08 Jun 2018
xpiry Date of Insurance		: 07 Jun 2019
ersons or Classes of Persons entitled	d to drive#	
Any other person who is driving a	on the Policyholder's	s order or with his/her permission.
the Motor Vehicle or has been so	permitted and is no	ot disqualified by order of a Court of Law or by reason of any
mitations as to Use#	The state of the s	A STATE OF A CONTRACT OF A STATE
	ure purposes and in	connection with the Policyholder's business or profession
) Use for the carriage of passenger	s or goods in connec	tion with the Policyholder's business of profession.
	0	and the residential and aniess.
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\$300.00 PA	hility trial or speed	terting
# Limitations rendered inoperative Act (Chapter 189) and Section 95	by Section 8 of the N	Motor Vehicle (Third Party Risks and Compensation) ort Act, 1987 (Majaysia), are not to be included under these
# Limitations rendered inoperative Act (Chapter 189) and Section 95 headings.	by Section 8 of the N of the Road Transpo	Motor Vehicle (Third Party Risks and Compensation) ort Act, 1987 (Malaysia), are not to be included under these
Act (Chapter 189) and Section 95 headings.	by Section 8 of the P of the Road Transpo \$\$600	Motor Vehicle (Third Party Risks and Compensation) ort Act, 1987 (Malaysia), are not to be included under these
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	a) The Policyholder. b) Any other person who is driving of Provided that the person driving the Motor Vehicle or has been so enactment or regulation in that be mitations as to Use# b) Use for social domestic and pleas b) Use for the carriage of passenger b) Use for hire or reward. b) Use for racing, pace-making, reliable to the province of the passenger b) Use for racing, pace-making, reliable to the province of the province o	The Policyholder. Any other person who is driving on the Policyholder's Provided that the person driving is permitted in account the Motor Vehicle or has been so permitted and is not enactment or regulation in that behalf from driving the mitations as to Use# Use for social domestic and pleasure purposes and in Use for the carriage of passengers or goods in connectors does not cover