Figure 1 1 at

#### 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 <u>truthful and accurate</u> 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.

Service of the American Service of the Service of t	ACCIDENT STATEMENT
Date Of Report	28/09/2018 12:40
Date Of Accident	26/09/2018 18:40
Exact Location Of Accident	JUNC JALAN BUKIT MERAH & HOYFATT RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL8068J
Insured/Policyholder	
Name Of Registered Owner	CREC CONSTRUCTION PTE LTD
Co Reg No	200618783E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67107158
Vehicle Particulars	
Manufacturer	VOLVO
Model	S60 T4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5094024044-01
Cover Note Number	
Driver	
Name of Driver	LI YAOQIU
NRIC No	S2766818F
Date Of Birth	25/10/1967
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90293758
Fax Number	
Contact Number	OFFICE-90293758
EMail Address	NOEMAIL
	Para 4 of 20

Address 112E TEMBELING ROAD

Postcode 423608

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

2

: MALE

NAME:

GENDER:

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GBE7931S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE Name of Driver MAZLAN BIN UJOD

NRIC/Passport Number S7513103H Contact Number 93366449

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 <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:
  - 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)

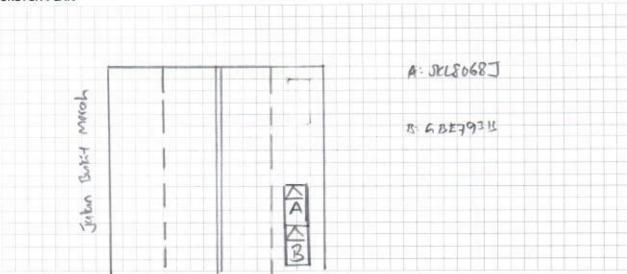
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer t	to statement.		
	7		

## DECLARATION

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

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

Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature Name: ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 1 JALAN BUKIT MERAH AS THE THAFIIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

# **ACCIDENT STATEMENT**

ACCID	DENT DATE: 26/9 / 18	(DD/MM/YYYY), TIME:(_	18:40 )(HH:MM)
LOCAT	ION: John John Bakit	Mergh & Hoyrat	1 d .
1,	DETAILS OF VEHICLE  a) VEHICLE NUMBER: JKL808  b) INSURANCE COMPANY: NT  c) POLICY NUMBER: 5094024  d) POLICY TYPE: (COMPREHENS  e) MAKE & MODEL:  f) TYPE: (SALOON / COUPE / MPY  g) VEHICLE CATEGORY: (PRIVATE  h) PURPOSE OF USING AT ACCIE  i) ARE YOU CLAIMING UNDER YOU  IF NO, PLEASE STATE (THIRD PA	VE / THIRD PARTY / THÍRE  //VAN / LORRY / MOTO E / COMMERCIAL / MOTO DENT TIME: POV 910 DUR OWN INSURANCE (Y	RCYCLE / OTHERS) ORCYCLE)  ORCYCLE)  (ES/NO)
	INSURED / POLICY HOLDER  A) NAME: Crec Continction  b) NRIC/FIN/PASSPORT: 200615  C) ADDRESS:	Pte LIN	(MALE / FEMALE) ACT: 67/07/58
(Including driver)	* CONTINUE TO 3.d IF DRIVER ALDRIVER  DRIVER  D) NAME: 5 Ya 9 in  D) NRIC/FIN/PASSPORT: 57368		(MALE / FEMALE)
$(\underline{L})$	CIADDRESS: In E Tembeling	Roud (423608)	
4. N	*d)DATE OF BIRTH: ( 35 / 10 / )OCCUPATION: (INDOOR / OU )YEARS OF DRIVING EXPRERIENCE WAS DRIVER AN EMPLOYEE OF F NO, RELATIONSHIP OF THE	TDOOR  24 9 1997  F THE INSURED'S COM  DRIVER WITH INSURE	PANY? (YES / NO)
5. 0	a) WEATHER CONDITION: (CLEAR D) ROAD SURFACE: (ORY) / WET /	/ RAINING / OTHERS	
6. V	VAS ANYBODY INJURED (YES / NOTICE (YES / NOTICE) (Y		* :
8. T	HIPD PARTY VEHICLE		
inc of passenger	a) VEHICLE NUMBER: 615797	MODEL	<u> </u>
	DRIVER'S NAME: MOREN TO	Sin Ujou	Om - 1.4.10
(1) 9. 11	C) NRIC/FIN/PASSPORT: 175/7	CONTA	CT: 93366449
	d) VEHICLE NUMBER:	MODEL	100
a bear of harmedet			
. Including driver) f	DRIVER'S NAME: ) NRIC/FIN/PASSPORT:	CONTA	CI
(_)	-		
	90 M		1 9

email = tree-sg@yahoo.com: 59

fax =

VIDEO =







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

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 24 Sep 1997 of the driver; and other motor vehicles =< 2500kg

Motor vehicles which are constructed to carry 27 Sep 1999 load or passengers and the unladen weight > 2500kg

Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

Motor vehicles not constructed to carry any load and the unlader weight > 7250kg

Licence No: \$2766\$18F

<b>eBao</b> Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601			- Contraction			• Change I	anguage	• Chang	e Password	+ Log Out
My Desktop	Poli	cy Query									٠
Notice of Loss	Policy N	10.				Date of	Accident	26	3/09/2018 1	8:40	
	Vehicle	No.(For Motor)	SKLBO	0683		Certific	ate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094024044- 01		CREC CONSTRUCTION PTE LTD	200618783E	GPC	drivo CLASSIC	SKL80683	SKL8068)	24/09/2018	23/09/2019
				amount of the	O	ontinue					

olicy No.	5094024044-01	Policyholder	CREC CONS	STRUCTION PTE LTD	Policyholder	200618783E	
Certificate	007102101102	Name	CITE COIL	JANOCHOW FIE EID	NRIC	2000107052	
No.							
Address	11 MANDAI ESTATE #07-04 ELD	IX SINGAPOR	E 729908				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	08/08/2018	Effective Date	24/09/2018	8 00:00	Expiry Date	23/09/2019 23	(59
Excess Type		All Claims Excess					
Third		Own	***		Windscreen	5250	
Party Excess	0	damage Excess	600		Excess	100	
Additional Excess	0	OS Premium	0				
Outside		Outside					
Singapore OD	600	Singapore	0			Young/	Inexperience Driver Excess
Excess		TP Excess				0.0	With the state of
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	11 MANDAI ESTATE	Addre	ess 2	#07-04 ELDIX		Address 3	SINGAPORE 729908
Address 4		Addre	ess Type	Singapore address		Post Code	729908
Unit No.		Relati Numb	ed Policy per	5094024044-01			
	ed Object: SKL8068J						
) Insure							
	MILE CAMPAGE REPORT OF THE PROPERTY OF						

tificate No.					
rt-ficate No.	5094024044-01	Vericle No.	5KL80683	GST Registration No.	2006187836
scyholder Name	CREC CONSTRUCTION PTE LTD			Policyheider NRIC	200618783E
sduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No (Mobile)	O .	Contact No. (Office)	67107158	Contact No.(Home)	0
nail Address		Special Remark		eCode	70. 🕶
K	® No ○ Yes	TCA	® No ○Yes	eCode Reason	Maria Santa
D-Protection	No.	NCD Emitlement(%)	20	Private Hire	No
Accident Details	140	NCD chipement (46)	20	PTIVATE HIPS	NO
		2 4 72 72 72 72 72 72 72 72 72 72 72 72 72		6 5 2	4.0
port Date	28/09/2018 18:16	Acadent Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear
te of Accident	26/09/2018	Time of Accident Nh:mm	16:40	Country of Accident	Singapore
parting Centre		Orange Force		ICM No.	
odent Location	JUNC JALAN BLIKIT MERAH & HOYFA	TT RD			
Excess					
n damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
iamed Driver Excess		Outside Singapore OD Excess	600.00		
ed Party Excess	0.00	Outside Singapore TP Excess	0.00		
Benefits		37.500 (0.45.0 * 38.00 . 0.10.586.0			
GST Registered Informat	tion				
Registered	Yan		GST Registration Date	01/01/2015	
T Registration No.	200618783E		GST Status Ventied	No	
dification History	~1000000000		777		
Policyholder Mailing Add	Iress				
iress 1	LI MANDAL ESTATE	Address 2	#07-04 ELDIX	Address 3	SINGAPORE 729908
Irens 4	101111111111111111111111111111111111111	Address Type	Singapore address	Post Code	
it No.			500 m	- on cood	729908
OI Driver Info		Related Policy Number	5094024044-01		
	NAME OF THE PARTY	TALKED MODEL TO	V.000004.2.1000		
	Unnamed Driver	Oriver Type Oriver NRIC	Unnamed Driver	1223-122	900000
	LI YAOQIU		52766818F	Driver DOB	25/10/1967
		Driver Age	50	Driving Experience	21
ntact No.(Mobile)	90293758	Contact No. (Office)	0	Contact No.(Home)	0
dress 1	112E TEMBELING ROAD	Address 2	SUNGAPORE 423608	Address 3	
dress 4		Address Type	Singapore address	Post Code	423608
it No.					
es he own a Singapore gistered car?	☐ Yes  No	Driver Vehicle No.		Driver Insurer Company	
geranes car.					
claration					
eathalyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
ading?			0.00		
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	OD-MX 💟	Insured Name	CREC CONSTRUCTION PTE LTD	Insured NA3C	200618783E
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