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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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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. 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.	6~ () Carlotter (1944) - 1945 (1955) - 1955 (1
A THE WAY SHE WAS A STREET	ACCIDENT STATEMENT
Date Of Report	05/10/2018 12:30
Date Of Accident	04/10/2018 10:40
Exact Location Of Accident	TUAS RD TWDS AYE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV2660H
Insured/Policyholder	
Name Of Registered Owner	GLUVM
Co Reg No	53358832D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TIGUAN 2.0T AUTO 5N12T3 4WD
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5089018945-01
Cover Note Number	

Driver

Name of Driver MAH JIUNN PING (MA JUNPING)

 NRIC No
 S7723704F

 Date Of Birth
 15/08/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 23/09/1998

Driving Experience 20 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93376599

Fax Number

Contact Number OFFICE-93376599

EMail Address NOEMAIL

BLK 538 ANG MO KIO AVENUE 5 Address

#04-4036

Postcode 560538

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 - ROUNDABOUT

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? YES

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

NAME: : ANG MARRY

GENDER: : FEMALE

NO

2

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

REFER TO STATEMENT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBE9913G

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver LEONG KIM WENG

NRIC/Passport Number S9308937E Contact Number 97817205

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MAH JIUNN PING (MA JUNPING)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGV2660H

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name ANG MARRY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGV2660H

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please raport sprractly the details of the accident to speed up the claims process.
- This Form must be sampleted 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 lacts 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
- 3. 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 Insurence. Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you havely consent to the archiving of this report at the centre and to copies of
- Consent under the Personal Data Protection Act (PDPA)

understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the Garieral 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 Insurarys) who have insured vahicle(s) involved in this accident (all insurer(s) who have insured veincle(s) involved in this acadent 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary

 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the
- (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
- my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers on ogents (including their Jawyers/lew firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal information will also be collected and used to compile claims history for the purpose of freud 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 assiss in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (iii) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

(If oriver is not the motion was a

Reporting Centre Per

DESCRISE CIRCUIVISTANCES OF THE ACCIDENT

I was travelling along PIE towards to AY	E
Toll road, That was two land of the Roma	
About, I was driving in the Second Lane	
with my signal turning left into AYE.	
Suddenly Vehicle GBE 9913 G came out fr	vn,
Slip read and hit on my Vehicle rear 14	
portion.	

ECLARATION

designs the foregoing particulars are true in every respect.

1

(if driver is not the policyholder)

Name: NAICFFW No.:

MAKE & MODEL: Volkswagen tiquan SGV JGLDH 04/ 10/3018 DATE OF ACCIDENT 4D AND PM 10 EXH to PIE Towards to Aye (Toil Read) 12 and about. LOCATION OF ACCIDENT GLUVM NAME OF OWNER 533588320 OD / THIRD PARTY YES/NO NTUC Income Comprehensive / Third Party / Third Party Fire & Theft 5089018945 -01 Junfing) Pina (ma mah Jiunn S77 23704 F Any passengers: 1977 15 / 08 1998 933+ 6599 Office: Ave #04 - HO36 BIR 538 And mo kill NO) / If yes : Reg No: / If No: Employee / Raining / 580 21423E 1 Darsenael . S: Who? Any Marry Bir Drivar mah Junn 99136 GBE S 9308937E kam Weng Leona 9781 7201 Any Passenger: Any Passenger: Any Passenger: Have you been approach by unknown person soliciting (s) / offering accident claims assistance? 6 Speed Autowerkz Pte Ltd Sme Motor Pte Ltd 1 Waki bulat ave 6 #02-15 68 Kaki Bukit Avenue 6 #02-05 ARK @ KB, Singapore 417896 Singapore 417883 Tel: 6384 7037 Fax: 6384 7039 Telp /67476106 (6 lines) Email: 6speedautowerkz@gmail.com

LINE LINE RESIDENCE

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of GLUVM (53358832D)

Date: 05/10/2018

The Following Are The Brief Particulars of :

Name of Business

GLUVM

Former Name(s) if any

Date of Change of Name

+

Registration No.

53358832D

Registration Date

20/03/2017

Commencement Date

20/03/2017

Status of Business

Live

Status Date

20/03/2017

Renewal Date

Expiry Date

20/03/2020

Renewal via GIRO

NO

Constitution of Business

Sole-Proprietor

Principal Place of Business

538 ANG MO KIO AVENUE 5

#04-4036

CHENG SAN VIEW SINGAPORE (560538)

Date of Change of Address

Principal Activities

Activities (I)

PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR

AND TRISHAWS) (49219)

Description

PASSENGER PICK N DROP

Activities (II)

Description

aivities (II)

Particulars of Authorised Representative(s)

Name

10

Nationality

Address

Address Source Date of Appointment

Authentication No.: K18715171C

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)

DIZ

LONG COLUMN RESIDENCE

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of GLUVM (53358832D)

Date: 05/10/2018

	Existing	Sole-Pro	prietor(s)	/ Partner(s)
--	----------	----------	------------	--------------

Name

ID

Nationality/Place of incorporation/Origin Address

Address Source Date of Entry

Position

MAH JIUNN PING (MA

JUNPING)

S7723704F

SINGAPORE CITIZEN 538 ANG MO KIO AVENUE 5 #04-4036

ACRA

20/03/2017

CHENG SAN VIEW SINGAPORE (560538) Owner

Withdrawn Partner(s)

Name

ID

Nationality/Place of incorporation/Origin Address

Address Source Date of Entry

Date of Withdrawal

Position

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note:

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

Direction in Citiz

RECEIPT NO. : ACRA181005133318

DATE : 05/10/2018

This is computer generated. Hence no signature required.

Authentication No.: K18715171C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7723704F





MAH JIUNN PING (MA JUNPING)

俊

CHINESE

15-08-1977

SINGAPORE



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

PASS DATE

Class 2B Motorcycles =< 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors /vehicles =< 2500 kg
Class 4 Heavy motor cars and motor tractors > 2500 kg
Motor vehicles > 7250 kg not constructed to carry any load

13 Apr 1994 12 Aug 1996 23 Sep 1998

10 Jan 2002 07 Feb 2002



MICNE S7723704F

B+

15-01-2002

APT BLK 538 ANG MO KIO AVENUE 5 #04-4038

NRIC No: \$7723704F

Date: 15/01/2016

A0096908



SINGAPORE 560538

NP 428A



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MOTOR VEHICLES (THIRD PARTY MOTOR VEHICLES (THIRD PARTY ROAD TRANSPORT ACT, 1987 (N	RISKS AND COMPENSATI		189)
MOTOR VEHICLES (THIRD PART)	RISKS) RULES, 1959 (MAI	LAYSIA)	
Certificate Number : 50890189	15-01	Cover :	Comprehensive
Index mark and Registration Chassis Number	Number of Vehicle	: SGV2660	
Name of Policyholder		: WVGZZZS : GLUVM	NZAW108721
Effective Date of Insurance		: GLUVIVI : 09 Jul 201	g
4. Expiry Date of Insurance		: 08 Jul 201	
5. Persons or Classes of Person	s entitled to drive#	. 00101202	
(a) The Policyholder.			
(b) Any other person who is	driving on the Policyhold	er's order or with h	is/her permission.
the Motor Vehicle or ha enactment or regulation 6. Limitations as to Use#	s been so permitted and is in that behalf from drivin	s not disqualified by ng the Motor Vehicl	
(a) Use for social domestic	and pleasure purposes an	d in connection wit	h the Policyholder's or Hirer's business.
	assengers or goods in con	nection with the Po	olicyholder's or Hirer's business.
This Policy does not cover			
(a) Use for racing, pace-mal			echanically propelled vehicle.
Act (Chapter 189) and Se headings.	ection 95 of the Road Tran	ne Motor Venicie (1 Isport Act, 1987 (M	Third Party Risks and Compensation) alaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$2,000		
EXCESS (SECTION 2)	: \$\$2,000		
WINDSCREEN EXCESS	: S\$100		
INSURE WITH COE	: YES		
HIRE PURCHASE COMPANY	: N/A		
SUM INSURED	: MARKET VALU	E OF INSURED VEHI	CLE AT TIME OF LOSS
Agency : AON	cy to which this Certificate ompensation) Act (Chapte SINGAPORE PTE LTD (000 I 2018 11:46 hrs	er 189) and Part IV (n accordance with the provisions of the Motor of the Road Transport Act, 1987 (Malaysia)
Countersigned By:	Authorised Officer	For NTU	IC INCOME INSURANCE CO-OPERATIVE LIMITE



Policy No.	5089018945-01	Policyholder Name	GLUVM		Policyholder NRIC	53358832D	
Certificate No.		Marine			NRIC		
Address	BLK 538 #04-4036 ANG MO KIO	AVENUE 5 C	HENG SAN VI	EW SINGAPORE 5	660538		
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy Issue Date	09/07/2018	Effective Date	09/07/2018	00:00	Expiry Date	08/07/2019 2	3:59
Excess Type		All Claims Excess					
Third Party Excess	2000	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	AON SINGAPORE PTE LTD	Agent Tel.	62397608		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	BLK 538 #04-4036	Addre	255 2	ANG MO KIO AV	ENUE 5	Address 3	CHENG SAN VIEW
	SINGAPORE 560538	Addre	ess Type	Singapore addre	ss	Post Code	560538
\ddress 4		Relat	ed Policy	5089018945-01			
WASSERS OF THE	04-4036	Numi	per				
Unit No.	04-4036 ed Object: SGV2660H	Numi	per				
Address 4 Unit No. Insure Endors	d Object: SGV2660H	Numl	per				

laim Handling					
licy No.	5089018945-01	Vehicle No.	SGV2660H	- 222 200 000 000 20	
tificate No.	3003010343-01	Petiticie reg.	5GV2660H	GST Registration No.	
cyholder Name	GLUVM				
luct Code	COMMERCIAL VEHICLE INSURA	Cover Type		Policyholder NRIC	533588320
fact No.(Mobile)	NA	Contact No.(Office)	Comprehensive	Loading	0
ell Address	145			Contact No.(Home)	
111 140 14 14 14	® No ○ Yes	Special Remark TCA	S O	eCode	No. 🕶
O Protection	No.		® No ○ Yes	eCode Reason	
	No.	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
sort Date	05/10/2016 13:45	Acadent Report Within 24 hrs	Yes	Accident Type	Others
e of Accident	04/10/2018	Time of Accident thomm	10:40	Country of Accident	Singapore
orting Centre		Orange Force		ICM No.	
ident Location	TUAS RD TWDS AYE				
Excess					
damage Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Outside Singapore OD Excess			
rd Party Excess	2,000.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa	stion				
Registered	No		GST Registration Date		
Registration No.			GST Status Venfied	No	
afication History					
Policyholder Mailing Ad	dress				
iress i	BLK 538 #04-4035	Address 2	ANG MO KID AVENUE 5	Address 3	CHENG SAN VIEW
dress 4	SINGAPORE SE0518	Address Type	Singapore address	Post Code	560538
it No.	04-4036	Related Policy Number	5089019945-01		
OI Driver Info					
ver Name	Unnamed Driver	Oriver Type	Unnamed Driver	Article Control	
lamed driver Name	MAH JIUNN PING [MA JUNPING;	Onver NRIC	57723704F	Driver DOB	15/08/1977
ister Date of Driver License	23/09/1998	Onver Age	41	Driving Experience	20
Mact No.(Mobile)	93376599	Contact No. (Office)		Contact No.(Home)	
iress 1	BLK 538 #04-4035	Address 2	ANG MO KIO AVENUE 5	Address 3	CHENG SAN VIEW
dress 4	SUNDAPORE 560538	Address Type	Singapore address	Post Code	560538
t.No.	04-4036				30030
es he own a Singapore	○ Yes No	Driver Vehicle No.		24.000 (Bit 100 CO) (Bit 100 CO)	
gistered car?	0.000	Onver venicle so.		Driver Insurer Company	
claration					
eathelyser or Blood Test	0 mg	Any injury?	○ Yes ® No		
ading?		read index h.	0740		
dification History					
Claim 002 New					
THE REAL PROPERTY.					
m Type *	00-MX V	Insured Name	GLUVM	Insured NRIC	53358832D
cact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	NIL
si Address		OI Vehicle Number	9GV2660H	TP Vehicle Number	GBE9913G
	Please Select:	Type of Benefit *	Please Select	A STATE OF THE PARTY OF THE PAR	INDEXING TO THE
mant Name *	22	Claimant NRIC *			
mant Address	122				
m Description	5GV2660H / GBE9913G DN 4 Oct 2018				
erred Workshop Contact	3045600 L. OBE 33130 OM + OCT 5018			Name of Preferred Workshop	
		Insured Liability *	Not at Fault	and an annual section of the section	-
uire Finalization	Yes 🗸	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	05/10/2018 15:05	Claim Close Date		Date Received	05/10/2018 00:00
ort Taken By	Jackson				
Print AK letter					
the charact			Save Submit		
ttachment					
	Menanage	620000	200		
ident No.	MT/1014446	Claim No.	002		
t Doc. Received	● Yes ○ No	Upload Date	05/10/2018 15:06		
	Path *	1000	Category *	Confidential Urgen	cy * Description *
		Browse.	Dear Please Select	V Normai	¥
		Browse.	Clear Please Select	V Normal	V
		Browse	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	V No V Normal	▼
		U-OH90.		St. 1900 V Promise	

