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i-Photo Uploaded  Assessment/Survey Report  Assest Report by Fax/Hand to Owner/Wssp  Preferred Wksp/INC Assign Wksp/QW: ( Tel: Fax:  TP Particulars: Veli No: Fax/ INC ( )/Non-INC ( )  Owner / Driver: ( Tel: )  Policy No: ( Tel: )  Confirmed by: ( Date: Time: )  Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; P: 80-160%]  Year of Registrativn: ( ) Warranty: YES ( )/NO ( )  Excess: (\$ ) Loading: \$1,000 ( )/\$2,000 ( )  General Remarks: ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO rafer of repairer.  ( ) Total Luss Case : to e-mail Insurer URGENTLY.  Drive-In ( )/Towel-In ( ); Invoice: YES ( )/NO ( ); Towing Co. (  Remarks: (ING horline: 6788 6616) Date&Time Completed Done by  1) Apply for Transport Allowance ( )/Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury:  Date/Time Actions  Invoice Preparation Checklist Is Bill Additional Confidential Confiden	# 1				1011	with the last time of the last
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Insured/Driver Liability: ( %) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]     Year of Registration: ( ) Warranty: YES ( ) / NO ( )     Excess: (S ) Loading: \$1,000 ( ) / \$2,000 ( )     General Remarks:- ( ) Walk-In Constoner: Customer's information strictly Confidential & Strictly NO refer of repairer. ( ) Yould Loss Case : to e-mail Insurer URGENTLY.	cy No: ( ) Peri	od: (				
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*N3: Courtesy Car / Tpt Allowance \$5	Owner: No: d Portion:	(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	T: Follow-Throug or claiming against TR: Re-inspection VI: Idae DA + SMI VTUC Additional S	h Survey (Resurvey)  JNC Only (wef 10 Jan 2005)  RT Survey	\$75	
*N6; Repair Co-ordination \$10	Owner: No:	(a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	T: Follow-Throug or claiming against TR: Re-inspection NI: Idae DA + SMI VTUC Additional S DD* NS: Courtesy Car /	h Survey (Resurvey)  JNC Only (wef 10 Jen 2005)  RT Survey  survices:-	\$75	
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1. 2/3:  Invoice dated Fee Charged  Invoice dated Fee Charged	Owner:  No:  d Portion:  cked by (Engr-In-Charge):	3) (4) (5) (4) (5) (4) (5) (4) (6) (7) (7) (8) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6	T: Follow-Throug or claiming against R: Re-inspection N1: Idae DA + SMI NTUC Additional S DD* N5: Courtesy Car / N6: Repair Co-ordi N7: Post Repair Ins N8: DV / Collect E P (N11): TP (Non	h Survey (Resurvey)  INC Only (wef 10 Jan 2005)  RT Survey  services:-  Tpt Allowance ination spection xcess Coordination	\$75 1160 \$5 \$10 \$25 \$5 \$20	

# 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
- 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

D-1- 04P	ACCIDENT STATEMENT
Date Of Report	10/10/2018 12:41
Date Of Accident	04/10/2018 11:00
Exact Location Of Accident	RIVER VALLEY ROAD TOWARDS TOWN B/F JERVOIS ROAD
Country/State of Loss	SINGAPORE SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE8454X
Insured/Policyholder	
Name Of Registered Owner	CHIAMAY FURNISHING CO
Co Reg No	32276600A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98759116
Alternative Phone No	OFFICE-98759116
Vehicle Particulars	3.1102-30/33116
Manufacturer	NISSAN
Model	CABSTAR
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
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
nsurance Company	A STATE OF THE PROPERTY OF THE
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5089665480-01
Cover Note Number	
Driver	
lame of Driver	ANG BOON HUEY
IRIC No	S1496087B
ate Of Birth	04/10/1961
occupation	OUTDOOR
late Of Driving Page	29/05/1979
riving Experience	39 YEARS AND 4 MONTHS
ender	MALE
lobile Number	(LOCAL) +65-98759116
ax Number	10/12/ 100-00/108/10
ontact Number	OTHERS-98759116
Mail Address	- 11-10-30133110

Address

BLK 2 JALAN BUKIT MERAH

#01-5146

Postcode

150002

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 - 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

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)

1

### **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?

NO

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHF233T

Vehicle Make/Model/Colour

TOYOTA

**Details Of Properties** 

TAXI

Vehicle Category Name of Driver

MR. SIM

NRIC/Passport Number

Contact Number

93869112

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.

は 単 塚 体 公 つ CHIAMAY FURNISHING CO. Blk 2, J n Bukit Merah #01-5146 Singapore 150002 Tel: 6272 1294

Policyholder's Signature

Date & Time:

3 TLR 26 10/10/18.

Driver's Signature

(If driver is not the policyholder)

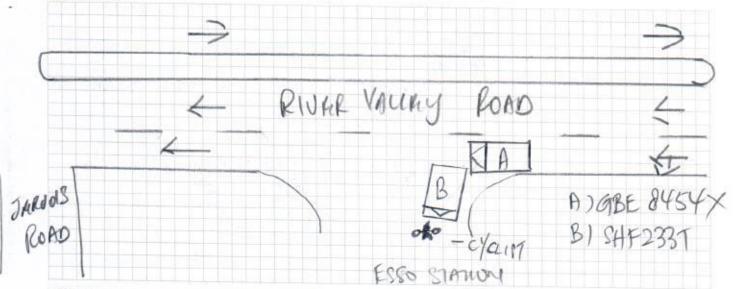
Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No

Name

GIARME SkatchBlankova U.



DESCRIBE CIRCONSTANCES OF THE ACCIDENT
ALONG RIVER VALLEY ROBY TOWARDS TOWN & BY 14h
ESSO SIATUM BEFORE THRUOIS ROAD A PAKI SHE 237
SUDDANLY TURN 1470 7th fish STATION & STOP TO GIVE
AT THE RIGHT SIDE OF THE RADR TOIL LAMD & SCA
THE EDGES OF THE PAXI

# **DECLARATION**

I/We declare the foregoing particulars are true in every respect. (体 公 可

IAMAY FURNISHING CO. Blk 2, J an Bukit Merah #01-5146 Singapore 150002

Policyholder's Signature Date & Time:

CHIAMAY FURNISHING CO. Bull J an Bukit Merah 46 Singapore 150002

Driver's Signature el: 6272 1294 (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No .:

cident HT/1014876	2700222-34-07	9500000000000000			VALUE OF THE PARTY	evil edity.			
licy No.	5089665480-01	Vehicle No.	GBE8454X		GST Regist	ration No.			
rtificate No.	202000000000000000000000000000000000000								
Ecyholder Name	CHIAMAY FURNISHING CO				Policyholde	r NRIC	3227660	OA	
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Loading		0		
ontact No.(Mobile)	NA.	Contact No.(Office)			Contact No	.(Hame)			
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CD Protection  Accident Details	No	NCD Entitlement(%)	50		Private Hir	0	No		
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Third Party Excess	0.00	Outside Singapore TP Excess							
<b>▽</b> Benefits	4,000	Conside Singapore In Cacess							
♥ GST Registered Informat	ion								
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ST Registration No.			GST Status V			Yes			
fodification History	10/10/2018 08:41:49 De	borah Mui changed GST Status Verified fr	om No to Yes						
one Charles to the Charles of the Charles	Mark 171								
Policyholder Mailing Add		Miles 2	become accommon		1000	.0			
Address 1	BLK 2 #01-5146	Address 2	JALAN BUKIT MERAH		Address 3			PORE 150002	2
Address 4 Unit No.		Address Type	Singapore address		Past Code	8	150000	2	
OI Driver Info		Related Policy Number	5089565480-01						
Driver Name		Private Toron							
Unnamed driver Name		Driver Type Oriver NRIC			Driver Do				
Register Date of Driver License		Driver Age							
Contact No.(Mobile)		Contact No.(Office)				xperience			
Address 1		Address 2				io.(Home)			
Address 4		Address Type	Foreign address		Address Post Cod				
Unit No.		readings type	runeigh deal eas		Post Coo	4,0			
					Debute to		SV.		
Does he own a Singapore Registered car?  Modification History  Claim 002 New	Yes a No	Oriver Vehicle No.			Urner III	surer Compan	,		
Modification History  Claim 002 New	Yes a No	Oriver Vehicle No.					7.23		
Registered car?	Yes a No	Oriver Vehicle No.		ОО-МХ	▼ Insure	CHIAMAY F	urneshing co	Insured NRIC	3227
Modification History  Claim 002 New	Yes a No	Oriver Vehicle No.		ОО-МХ	Traute Name Contac	CHIAMAY F	7.23	NRIC Contact No.	prom
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♥ Video List	Industry S. In.	W-000-004-00			
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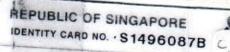
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# ACCIDENT STATEMENT

ACCIDENT DATE: 4/10/2018 (DD/	MM/YYYY TIME! // And
LOCATION: / Phito: M/To To a	(HH:MM)
LOCATION: LOWER DELTA TO AV	on VELLEY ESSO STOTION.
1. DETAILS OF VEHICLE	
alvehicle Number: GBF 84	101. 10
DINGLE NUMBER: GIST 84	24 X
DINSURANCE COMPANY:	THRISHING GO. NIM
THOMBER.	Mar V HA
DIPOLICY TYPE: (COMPREHENSIVE)	HIRD PARTY / THIRD PARTY FIRE & THEFT
e)MAKE & MODEL: 5089665	480
F)TYPE: (SALOON / COUPE / MPV /V AN G) VEHICLE CATEGORY: (PRIVATE / CO	LORRY / MOTORCYCLE / OTHERS
9) VEHICLE CATEGORY: (PRIVATE / CO	MMERCIAL / MOTORCYCLEL
TO COUNTY ALCOHOLING	ME: 1.10/01/21/7
MANE TOU CLAIMING UNDER YOUR OF	WALL TOTAL OF WARE
THE PARTY CI	AIM / REPORTING ONLY
DINRIC/FIN/PASSPORT: 13221660	HING CO. IMALE / EEMALE)
	OF CONTACT:
C)ADDRESS:	
* CONTINUE TO 2 1 15 -	
Ho of passing DRIVER DRIVER ALSO PO	LICY HOLDER
The state of the s	
(Including driver) a) NAME: ANG BOON HUI	(MALE / FEMALE)
(1) b NRIC/FIN/PASSPORT: 5/49608  CIADDRESS: BIV 7 7/11/12	7/B_CONTACT: 98759116
CIADORESS. DIE 514 67	MERRY.
'd)DATE OF BIPTHET OF A 100	
ODATE OF BIRTH: ( 04 101 196	(DD/MM/YYYY)
FIDATE OF DRIVING PASS	3)
4. WAS DRIVER AN EMPLOYEE OF	
4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIVE	INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVE  5. DIWEATHER CONDITION: (CLEAR / RAIN DIROAD SUPER CE: (DDV)	R WITH INSURED:
TO THE PROPERTY OF THE PROPERT	ING / OTHERS
O. WAS ANTBODY INJURED IVES INCO	
7. a) REPORTED TO POLICE (YES / NO)	4
IF TES, PLEASE STATE WHICH POLICE ST	ATION
8. THIRD PARTY VEHICLE	A110N:
The St Designate of Venicus and CIT 722	IMODEL: TOVATA
Addeding do any b) DRIVER'S NAME: MR. SIM	MODEL: TOYATA
c) NRIC/FIN/PASSPORT:	CONTACT: 93869112
7. IDIKU PARIT VEHICLE	
d) VEHICLE NUMBER:	MODEL
DRIVER'S NAME:	WOUGE:
d) VEHICLE NUMBER:  DRIVER'S NAME:  NRIC/FIN/PASSPORT:	CONTACT
(Denni)	CONTACT:

EMPLL =

VIDEO =





ANG BOON HUEY

洪 汶

CHINESE 01-10-1961 INTRY OF BIRTH







REPUBLIC AUTO PTE LTD

301 ALEXANDRA ROAD MERCEDES-BENZ CENTER 24-19 CAPORE 159968 TEL: 6844 4448 FAX: 6866 1717

APT BLK 2 JALAN BUKIT MERAH #01-5146 SINGAPORE 150002

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

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 29 May 1979 of the driver; and other motor vehicles =< 2500kg load or passengers and the unladen weight > 2500kg oarry loadjand the unladen weight > 2500kg oarry loadjand the unladen weight < 7250kg

NP 428A





# Certificate of Insurance

Cover : Comprehensive

GBE8454X

: 07 Apr 2017

: 06 Apr 2018

: JN1SC2F24Z0858213

: CHIAMAY FURNISHING CO

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: 5089665480

1. Index mark and Registration Number of Vehicle

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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 business or profession. (b) Use for the carriage of passengers or goods 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 trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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

EXCESS (SECTION 1) EXCESS (SECTION 2) : \$\$600 WINDSCREEN EXCESS : N/A INSURE WITH COE : 55100 HIRE PURCHASE COMPANY : YES SUM INSURED : HL BANK

: 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 YEO KENG TEE (00000521615)

Date of Issue

: 04 Apr 2017 10:11 hrs

Countersigned By:

**Authorised Officer** 

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive