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Preferred Wksp / INC Assign Wksp / QW: (TP Particulars:		V Zagr Ataile (
Owner / Driver: (193785	. INC (ax;
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Confirmed by: (Period: (Tel:)
Insured/Driver Lies 12		Date	Cover Type: ()
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Excess: (\$	Warranty: YES ((WO): N: 0-209	Time: %; P: 21-79%. P: 80-10	00%1
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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.
- Any false reporting may be referred to the Police for investigation.
 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

AC	c_{1D}	LINE	CTA:		
AC	CIL		SIA	IEM	ENI

Date Of Report 15/10/2018 12:03 Date Of Accident 14/10/2018 15:15

Exact Location Of Accident JUNC AIRPORT RD & UPP PAYA LEBAR RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD2384J

Insured/Policyholder

Name Of Registered Owner SDL LOGISTICS PTE LTD

Co Reg No 201204803E Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-66361311

Vehicle Particulars

Manufacturer TOYOTA

HIACE 3.0 DX M

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?

If No, Please state action to be taken

THIRD PARTY COMMERCIAL VEHICLE

Vehicle Category

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy

Policy Number 5067752073-03

Cover Note Number

Driver

Name of Driver FONG TING XIAN, BRANDON

NRIC No S9415327A Date Of Birth 05/05/1994 Occupation INDOOR Date Of Driving Pass 11/01/2018

Driving Experience 0 YEAR AND 9 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96490197

Fax Number

Contact Number OFFICE-96490197

EMail Address NOEMAIL Address

BLK 159 BISHAN STREET 13

#01-64

Postcode

570159

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

RAINING

Road Surface

WET

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?

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)

3

Passenger 1

NAME:

: -

GENDER: : MALE

Passenger 2

NAME:

7 ×

GENDER: : FEMALE

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG LANE 2 AIRPORT RD AS TRAFFIC JUNCTION WAS GREEN (NOT GREEN ARROW). SUDDENLY I FELT AN IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION

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 Vehicle Make/Model/Colour

SJN9378J

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN CHENG SAN

NRIC/Passport Number

S1687340C

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Matement.

DECLARATION

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

Policyholder Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





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

EFFECTIVE DATE

Motor cars with unladen weight ≥< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg 11 Jan 2018

NP 428A

31-03-2009

APT BLK 159 BISHAN STREET 13 #01-64 SINGAPORE 570159

NRIC No: \$9415327A

Date: 22/09/2009 No: 6264831

eBao Tech		TO SHARE							Genera	lClaim
Hello, NAC_PAYA_UBI_800 My Desktop Notice of Loss	Policy Query					› Change L	anguage	• Change	e Password	• Log Ou
Notice of Loss	Policy No. Vehicle No.(For Moto	or) GBD23	843			of Accident	14/	10/2018 15	5:15	
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5067752073	F.	SDL LOGISTICS PTE LTD	201204803E	GCV	Comprehensive				17/02/2019

Seque	nce Date of Endorsemen	t	Endorsemen	nt Type	Endorsement	Status	Endorsement Content
♥ Endors	sements						
D Insure	d Object: GBD2384)						
Jnit No.	05-30	Relate Numb	ed Policy er	5102005948			
Address 4			ess Type	Singapore address		Post Code	408830
Address 1	81 UBI AVENUE 4	Addre	ess 2	#05-30 UB. ONE		Address 3	SINGAPORE 408830
□ Policy	holder Mailing Address						
info							
Policy Info Certificate							
Open							
Co- nsurance Flag	No						
Agent	PHILIP Y K SOH	Agent Tel.	67770900		GST Flag	Y	
Excess		TP Excess				Young/Ir	experience Driver Excess
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Excess Additional		Excess OS	8762		Excess	100	
Third Party	0	Own damage	600		Windscreen	100	
Type		All Claims Excess					
ssue Date	09/01/2018	Effective Date	18/02/201	8 00:00	Expiry Date	17/02/2019 23:5	9
Product Name Policy	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Address	81 UBI AVENUE 4 #05-30 UB. O	NE SINGAPOR	RE 408830				
Certificate No.		1. Miles			NRIC	2012040032	
Policy No.	5067752073-03	Policyholder Name	SDL LOGIS	STICS PTE LTD	Policyholder	201204803E	

Hey No.					
	5067752073-03	Vehicle No.	GBD23843	CCV A	
tificate No.				GST Registration No.	
Cyflolder Name	SOL LOGISTICS PTE LTD			E280000000	
stuct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Policyholder NRIC	201204803E
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te of Accident		Accident Report Within 24 hrs	Yes	Academ Type	Collision - Head to Rear
porting Centre	14/10/2018	Time of Accident hh:mm	15:15	Country of Accident	Singapore
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Benefits					
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OI Driver Info	2.77-95	Related Policy Number	5102005948		
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named driver Name	FONG TING XIAN, BRANDON	Driver Type	Unnamed Driver	400000000000000000000000000000000000000	LANGE CONTRACTOR OF THE PARTY O
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ntact No.(Mobile)		Driver Age	24	Driving Experience	o
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dress 4	SINGAPORE 570159	Address Type	Singapore address	Post Code	570159
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