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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

oresaid.	ACCIDENT STATEMENT
	22/10/2018 18:14
Date Of Report	20/10/2018 12:20
Jate Of Accident	JUNCTION OF FORT ROAD TOWARDS MCE
Exact Location Of Accident	SINGAPORE
Country/State Of Lubb	ETAILS OF OWN VEHICLE
The second secon	GBD3323D
Vehicle Registration Number	GDDOCES
Insured/Policyholder	REGAL CONSTRUCTION CO. PTE. LTD.
Name Of Registered Owner	
Co Reg No	200009606W ADMIN@REGALCONST.COM.SG
Email Address	
Mobile Phone No	(LOCAL) +65-98271458
Alternative Phone No	OFFICE-67341005
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
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?	
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	5098519099
Cover Note Number	
Driver	
Name of Driver	TENG TAI WEI DAVID (DENG DAWEI DAVID)

TENG TAI WEI DAVID (DENG DAWEI DAVID) Name of Driver S8206900C NRIC No 18/03/1982 Date Of Birth OUTDOOR Occupation 30/04/2001 Date Of Driving Pass 17 YEARS AND 5 MONTHS **Driving Experience** MALE Gender (LOCAL) +65-98271458 Mobile Number Fax Number OFFICE-67341005 Contact Number ADMIN@REGALCONST.COM,SG

BLK 299A COMPASSVALE STREET Address #07-136 541299 Postcode 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 COLLISION - HEAD ON COLLISION Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 7 Number of Passengers (Including Driver) : COLLEGUE NAME: Passenger 1 MALE GENDER: : COLLEGUE NAME: Passenger 2 : MALE GENDER: : COLLEGUE NAME: Passenger 3 : MALE GENDER: : COLLEGUE NAME: Passenger 4 : MALE GENDER: : COLLEGUE NAME: Passenger 5 : MALE GENDER: : COLLEGUE NAME: Passenger 6 : MALE GENDER: **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident PLEASE REFER TO SKETCH PLAN

YES

NO NO

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBG3096T

Vehicle Make/Model/Colour

NISSAN CABSTAR

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category

JANAKIRAMAN SARAVANAKUMAR

Name of Driver

G2002243X

NRIC/Passport Number Contact Number

86554227

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 withholding 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.
- 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.
- 7. 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)
 - (i) 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
 - 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.
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

Reporting Centre Person

gal Construction Co. Pte Ltd Blk 13, Yark Hill #01-04 Singapore 162013

T 6734 1015 F 6734 1082 admin@regalconst.com.so

East Coast water was Jal Construction Co. Pte Ltd Blk 13, York Hill #01-04 Singapore 162013 T 6734 1015 F 6734 1082 Imin@regalconst.com.sg

ii wan	5008519099	Wehicle No.	68033230		GST Registration No.	200009606W	
No.	200001041				CHARGE CONTRACTOR NO.	200009606W	
holder Name	REGAL CONSTRUCTION CO. PTS. LTD.				Pulicyholder NRDC : Loading	5	
at Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Contact Na (Home)	2	
act No [Mubile]	96271458	Contact No.(Office)	67341005		eCode	740 W	
i Address	ADSTONES II	Special Remark			eCade Reason	In the second	
THE STORE	+ No. Yes	104	a fee Yes		Private Hint	No	
Protection	No	NCD Energlament(%)	.0		Titoda and L		
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pri Date	23/38/2018 10:36	Accident Report Witter 24 hrs	Yes.		Country of Accident	Singapore	
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Policyholder Mailing Adr		Address 2	YORK HILL		Address 3	SINGAPORE 16	100
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egister Date of Driver License	36/04/3001	Contact Nex (Office)			Contact No.(Home)		
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ACCIDENT STATEMENT

ACCIDENT DATE: 10 1 10 1 2018 (DD/MM/Y	YYY), TIME:[/2 : 20)(HH:MM)
/ *= /	Ronal towards MCE
1. DETAILS OF VEHICLE a)VEHICLE NUMBER: GBD 333 b)INSURANCE COMPANY: NTUC 3 c)POLICY NUMBER: SO 985 19 d)POLICY TYPE: (COMPREHENSIVE) THIRD a)MAKE & MODEL: N(3500) MY f)TYPE:(SALOON / COUPE / MPV / VAN / LO g)VEHICLE CATEGORY: (PRIVATE / COMMIN) PURPOSE OF USING AT ACCIDENT TIME: i) ARE YOU CLAIMING UNDER YOUR OWN	PARTY / THIRD PARTY FIRE &THEFT) PARTY / THIRD PARTY FIRE &THEFT) ORRY / MOTORCYCLE / OTHERS) ERCIAL / MOTORCYCLE) WORK INSURANCE (YES/NO)
IF NO. PLEASE STATE (THIRD PARTY CLAIM 2. INSURED / POLICY HOLDER A) NAME: Regal Confronting Co. PH b) NRIC/FIN/PASSPORT: CLADDRESS: B/13 York Hill HO1-04	CONTACT: 6734 1005
(MINUS)	- 01
eloccupation: (INDOOR / OUTDOOR)	CONTACT: 980 HUSE
4. WAS DRIVER AN EMPLOYEE OF THE IN: IF NO, RELATIONSHIP OF THE DRIVER	SURED'S COMPANY? (YES / NO)
 a) WEATHER CONDITION: (CLEAR / RAININ b) ROAD SURFACE: (DRY / WET / OTHERS_ 	IG / OTHERS
6. WAS ANYBODY INJURED (YES / NO) 7. GIREPORTED TO POLICE (YES (NO) 1F YES, PLEASE STATE WHICH POLICE STA	TION:
8. THIRD PARTY VEHICLE 4 He of passenger a) VEHICLE NUMBER: GBG 3090 (Including driver) b) DRIVER'S NAME: Jangkiraman	T MODEL NISSON Cabston
9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:	MODEL:
(Induding driver) f) DRIVER'S NAME:	CONTACT:
	e ii s
omast - admin	& regal const. com. str

email = admin@regal const. com. 34
fax =

VIDEO =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8206900C



TENG TAI WEI DAVID (DENG DAWEI DAVID)

邓大卫 CHINESE Date of pirth

18-03-1982 M Country of birth SINGAPORE





4900584

NC No. S8206900C

Date of laster 20-11-2012

APT BLK 299A COMPASSVALE STREET #07-136 SINGAPORE 541299

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

HASS DATE

Class 28 Motorcycles not exceeding 200 oc Class 3 Motor Cers and Motor Tractors the weight of which unlader does not exceed 2500 kilograms

15 Feb 2002 30 Apr 2001

NP 428A





Certificate of Insurance

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 : 5098519099

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: GBD3323D

Chassis Number 2. Name of Policyholder

JN1MC2E26Z0003056

3. Effective Date of Insurance

: REGAL CONSTRUCTION CO. PTE. LTD.

4. Expiry Date of Insurance

: 02 Mar 2018

Persons or Classes of Persons entitled to drive#

: 08 Mar 2019

(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 headings.

EXCESS (SECTION 1)

55500

EXCESS (SECTION 2)

I N/A

WINDSCREEN EXCESS

: \$\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: UNITED OVERSEAS BANK LIMITED

SUM INSURED

: 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

: KCB AGENCY (00000614904)

Date of Issue

: 02 Mar 2018 11:15 hrs

Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive