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Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No: hkm	un ·	. INC ()/Non-INC()		
Owner / Driver: (1.1		Tel:)	
Policy No: () Perio	od: ()	Cover Type: (,	
Confirmed by : (Date:	Time:)	
			0%; P: 21-79%. P: 80-	100%]	
	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000		THE RESERVE THE PARTY NAMED IN			
General Remarks				North St.	
() Walk-In Customer: Customer's inform	nation strictly Con	nfidential & St	rictly NO refer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.			14	
Drive-In ()/ Towed-In (); Invoice:	YES()/N	O():T	owing Co: (*1)
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Remarks: (INC hotline: 6788 6616)			Date&Time Completed	Done	by
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Frank to

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 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.
- 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.	to hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	24/10/2018 09:41
Date Of Accident	23/10/2018 12:30
Exact Location Of Accident	OCHARD RD BESIDE MACDONALD HOUSE
Country/State of Loss	SINGAPORE
BANK TO SERVICE SERVICE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP5782M
Insured/Policyholder	
Name Of Registered Owner	MUSIC EXPRESS PTE LTD
Co Reg No	199800070C
Email Address	NOEMAIL
Mobile Phone No	

Alternative Phone No. Vehicle Particulars

Manufacturer MITSUBISHI

Model CANTER FEB21ER4SDEB (CBU)

Exact Purpose for which vehicle was being used at time of accident

WORKING

OFFICE-67424122

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken REPORTING ONLY 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 5088866090-01

Cover Note Number

Driver

Name of Driver MOHAMED NOOR BIN BEYU

NRIC No S1561294J Date Of Birth 03/12/1962 Occupation OUTDOOR Date Of Driving Pass 22/02/1990

Driving Experience 28 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97509556

Fax Number

Contact Number OFFICE-97509556

EMail Address NOEMAIL Address BLK 548 BEDOK NORTH AVENUE 1

#05-408

Postcode 460548

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 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) 4

Passenger 1

NAME: :

GENDER: : MALE

Passenger 2

NAME: :

GENDER: : MALE

. -

Passenger 3

NAME:

GENDER: : MALE

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, I WAS TRAVELLING ALONG LANE 4 ORCHARD ROAD. AS I FEEL ASLEEP, MY VEHICLE ACCELERATE AND HIT ONTO VEHICLE B 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 UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

NAME:

Passenger 1

GENDER:

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:

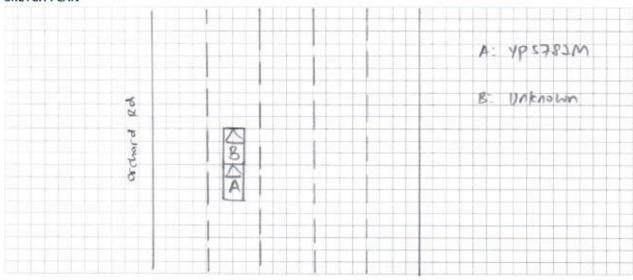
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CONTRACTOR CONTRACTOR	Wichelf West (1995) The 1955 Constituted the Landschip (1905)		
Rolor to	statement.		
	Giriferting		

DECLARATION

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

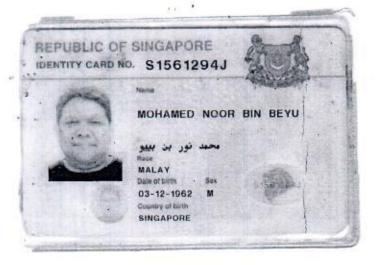
Policyholder's Signature

Date & Time:

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

Name:

NRIC/FIN No.:









2/2/1990

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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	O 50	088866090- 01		MUSIC EXPRESS PTE LTD	199800070C	GCV	Preferred Workshop Plan	YP5782M	8	21/03/2018	20/03/2019
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	MUSIC EXPRESS PTE LTD			Policyholder NR3C	199800070C
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K.	9110000	Special Remark	0.0	eCode	76. V
CD Protection	® No ○Yes	TCA	® No ○Yes	eCode Reason	
Accident Details	No	NCO Entitlement(%)	10	Private Hire	No
port Date	NAME OF TAXABLE PARTY.	VALUES AND			
te of Accident	24/10/2018 11:46	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
porting Centre	23/10/2018	Time of Accident nh:mm	12:30	Country of Accident	Singapore
cident Location	DOHARD RD BESIDE MACDONALD HOUSE	Orange Force		ICM No.	
Excess	COMMO NO DESIDE MACDURALD MOUSE				
vn demage Excess	600.00	Additional Excess			
named Driver Excess	600.00			Windscreen Excess	100.00
and Party Excess	0.00	Outside Singapore OO Excess			
Benefits	0.00	Outside Singapore TP Excess			
GST Registered Inform	atlan				
T Registered	No.		GST Registration Date		
T Registration No.	101		GST Status Verified	Yes	
dification History			NATIONAL PROPERTY.	- 1504	
Policyholder Mailing Ad					
dress 1	35 SELEGIE AGAD	Address 2	#10-28 PARKLANE SHOPPING F	Address 3	SINGAPORE 188307
dress 4		Address Type	Singapore address	Post Code	188307
et No.		Related Policy Number	5088866090-01		
OI Driver Info	Unnamed Driver		1700		
named driver Name	MOHAMED NOOR BIN BEYU	Driver Type : Driver NRIC	Unnamed Driver	12/19/12/20	700000 0 Mag/
gister Date of Driver License			515612943	Driver DOB	03/12/1962
ntact No.(Mobile)	97509556	Driver Age	55	Driving Experience	28
Oress 1	BLK 548	Contact No.(Office) Address 2	0	Contact No. (Home)	0
dress 4	Section 244	Address Type	BEDOK NORTH AVENUE 1	Address 3	SINGAPORE 460548
it No.	05-408	Address Type	Singapore address	Post Code	460548
ses he own a Singapore					
gestered car?	○ Yes (a) No	Driver Vehicle No.		Driver Insurer Company	
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ail Address		OI Vehicle Number	VP5782M	Contact No. (Office) TP Vehicle Number	LINDROGAN
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mant Name *	22	Claimant NRIC *			
mant Address				30	
m Description	VP5782M / UNKNOWN ON 23 Oct 2018			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability +	Fully at Fault		
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