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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 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.

- 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

CONTRACTOR A SERVICE TO THE OWNER OF THE OWNER.	ACCIDENT STATEMENT
Date Of Report	26/10/2018 17:48
Date Of Accident	26/10/2018 07:45
Exact Location Of Accident	SLIP ROAD FROM KJE TOWARDS CHOA CHU KANG DRIVE
Country/State of Loss	SINGAPORE
The same of the same of the same of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC1855M
Insured/Policyholder	
Name Of Registered Owner	TOPSTEEL SOLUTIONS ASIA PTE LTD
Co Reg No	200915808N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90261472
Alternative Phone No	OFFICE-62616866
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5102002312
Cover Note Number	
Driver	
Name of Driver	TEO YONG HWA
NRIC No	S1551824C
Date Of Birth	15/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	03/01/1986
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90261472
ax Number	
Contact Number	OFFICE-66648298

NOEMAIL

Address

BLK 419 FAJAR ROAD

#06-463

Postcode

670419

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?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: IVAN TEO

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

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

PZ676Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

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.
- 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.
- 6. 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) of:
 - (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
- (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.: (Of) WIND

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Date & Time: NRIC/FIN No.: VOLVE IN INC.	te & Time:		/ C 0		39U

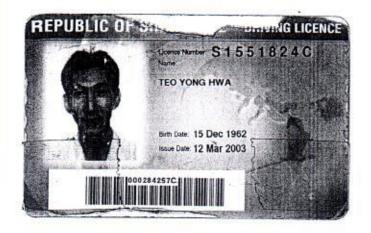
Accident MT/1017366							
Policy No.	5102002312	Vehicle No.	PC1855M		Personalis		
Certificate No.			PCIBSSH		GST Registration No.		
Policyholder Name	TOPSTEEL SOLUTIONS ASIA PTE LTD				Policyholder NRIC	200915808N	
Product Code	BUS INSURANCE	Cover Type	Comprehensive		Loading	0	
Contact No.(Mobile)	90261472	Contact No.(Office)	62616866/666482	GR GR	Contact No.(Home)		
Email Address		Special Remark			eCode	No *	
KFK	+ No Yes	TCA	= No Yes		eCode Reason	[140 .]	
NCD Protection	No	NCD Entitlement(%)	20		Private Hire	No	
→ Accident Details						0.00	
Report Date	26/10/2018 17:59	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head to	n Pase
Date of Accident	26/10/2018	Time of Accident hh:mm	07:45		Country of Accident	Singapore	D. Franço
Reporting Centre		Orange Force			ICM No.	unigapore	
Accident Location	SLIP ROAD FROM KJE TOWARDS CHOA CHU	KANG DRIVE					
♥ Excess							
Own damage Excess	2,000.00	Additional Excess			Windscreen Excess	500.00	
Unnamed Driver Excess		Outside Singapore OD Excess					
Third Party Excess	3,000.00	Outside Singapore TP Excess					
▽ Benefits							
GST Registered Informa	tion						
GST Registered	No		GST Regis	tration Date			
GST Registration No.			GST Statu	s Verified	No		
Hodification History							
Policyholder Mailing Add	iress						
Address 1	58 # TUAS BASIN LINK	Address 2	SINGAPORE 63877	40	Address 3		
Address 4		Address Type	Singapore address		Post Code	638774	
Unit No.		Related Policy Number	5102002312			See L. T.	
▽ OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	TEO YONG HWA	Driver NRIC	51551824C		Driver DOB	15/12/1962	
Register Date of Driver License	D3/01/1986	Driver Age	55		Driving Experience	32	
Contact No.(Mobile)		Contact No.(Office)			Contact No.(Home)		
Address 1 Address 4	BLK 419 #09-463	Address 2	FAJAR ROAD		Address 3	SINGAPORE 6704	19
Unit No.	****	Address Type	Foreign address		Post Code	670419	
Does he own a Singapore	09-463						
Registered car?	Yes . No	Driver Vehicle No.	PC1855M		Driver Insurer Company	NTUC	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes + No				
Claim 001 New							
Claim Type +				оо-мх	Insured TOPSTEEL SQLUTS	ONS ASIA PT Insured	20091
Control No Ottobio					Contact	Contact	20032
Contact No.(Mobile)					No. (Home)	No. (Office)	
Email Address				1	01	79	-
					Vehicle PC1855M Number	Vehicle Number	PZ676.
Daim Description				PC1855M / PZ676Z ON 26	Oct 2018	Name of Preferred	-
Preferred					1010	Workshop	
Workshop Sessies No. Yes	Preferred Workshop, N	t v GIA Francis					
Pinalisation 1788 Date Registered	Preferred Workshop, N Option	ame unknown GIA report Received			Claim	Date	
				26/10/2018 18:03	Close Date	Received	26/10/
Report Taken By				ROSLI WAHAB			
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Attachment			romania en				
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Accident No. ast Doc. Received	MT/1017366	Claim No.		101			
AND PROPERTY OF	● Yes ○ No	Upload Date	2	6/10/2018 18:14			
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	IT_MERAH_800676(NATIONAL ASSESSMENT CE		1	Urgency	Description		, etc
	5 (BUKIT MERAH)) on 26 Oct 2018 18:14	583		Normal	SAS 2018-10-26		

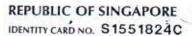
	Uploaded By/Date	Folder Date	File 0	iame	? Source
Video List					
3	NAC_BUKIT_MERAH_800676(NA S (BUKIT MERAH	ATTONAL ASSESSMENT CENTRE SERVICE 3) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
3,	NAC_BUKIT_MERAH_800676(N/ S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (1) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NU S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (i) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
3	NAC_BUKIT_MERAH_800676(N S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE ()) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
	NAC_BUKIT_MERAH_800676(NU S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE ()) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
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	NAC_BUKIT_MERAH_800676(N. S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (1)) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
3	NAC_BUKIT_MERAH_800676(N. S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (1) on 26 Oct 2018 18:03	Photos	Normal	Photos 2018-10-26
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(3)	NAC_BUKIT_MERAH_800676(N S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE	Photos	Normal	Photoe 2018-10-26
E3 (-)	NAC_BUKIT_MERAH_BDD676(N S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (1) on 26 Oct 2018 18;14	NRIC/ Orlving License	Normal	NRIC/ Driving License 2018-10-26
643					

Display in New Window Scan and uploading

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report *Date of Accident: 26/10 *Time of Accident: 7. 45 one *Accident Location: Slip Rd From & KJE Towards Vehicle Details * Make & Model: *Vehicle Number: Insured / Policyholder ORSTELL Solutions Asia Pte Hd *NRIC: 200918+58N *Owner Name: *Address: *Email: * HP: (Indoor / Outdoor) * Tel/H/Other: 62616866 *Occupation: Jenister : 66648298 Driver () same as above *Driver Name: Teo Your Hwa *NRIC: 155-1824 *Address: \$/k4/9 #68 *Date of Birth: 15/12/1962 *Driving Pass Date: 03 01/986 *HP: 902 6 14 *Email: *Gender: Male / Female *Occupation: Drive((Indoor / Outdoor) * Tel /H /Other: *Driver an employee: Yes / No (*If no, what is relationship with the policyholder: Passengers Details * P/Name: Van Teo (Male/Female) * P/Name: / (Male/Female) * P/Name: _____ (Male/Female) * P/Name: (Male/Female) Insurance Company *Coverage: C /TPFT / TPO *Policy No: _____ *Insurer: Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No.: PZ 676 Z Vehicle No.: _____ Make & Model: Make & Model: Vehicle Category: Vehicle Category: Name of Driver: Name of Driver: NRIC NRIC : HP No. of Passengers (Including Driver): No. of Passengers (Including Driver): For Official Use Only *Claiming against Own Ins.: Yes No (If No, Reporting Only TP Claims) General Information of the accident *Type of accident: Head-Rear / Side swipe / others: _____ *Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No *Road Surface Dry / Wet / others: *Witness: Yes No (Name: ____ _____ NRIC :______ HP:_____) *Accident reported to police: Yes No *Summon against whom: *Injured party: Yes / No *No. of passengers (include driver): -I/Name: _____*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No -I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No









TEO YONG HWA

張勇华

CHINESE Date of Birth 15-12-1962

15-12-1962 Country of Birth

SINGAPORE

S1251024C

2603502

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms fleavy Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms of 3 Jan 1985 weight of which unladen exceeds 2500 kilograms

NRICNO S1551824C

Blood

Blood Grove - Date of insura

A+ 30-03-1995

ddress

APT BLK 419 FAJAR ROAD #09-463 SINGAPORE 2367



Certificate of Insurance

-		ceremea		modrance	
	OTOR VEHICLES (THIRD PARTY)				
	OTOR VEHICLES (THIRD PARTY I		ON) RU	LES, 1960	
	AD TRANSPORT ACT, 1987 (MA	A CONTRACTOR OF THE CONTRACTOR	7 200020 000		
_	OTOR VEHICLES (THIRD PARTY I	A STATE OF THE PARTY OF THE PAR	LAYSIA)		
0.300	rtificate Number : 51020023			Cover : Comprehensive) 4
1.	Index mark and Registration	Number of Vehicle	:	PC1855M	
	Chassis Number		:	JTFHT02P900119645	
2.	Name of Policyholder		•	TOPSTEEL SOLUTIONS ASIA PTE	LTD
3.	Effective Date of Insurance			06 Aug 2018	
4.			:	05 Aug 2019	
5.	Persons or Classes of Persons (a) The Policyholder.	entitled to drive*			
				der or with his/her permission.	
	the Motor Vehicle or has	n driving is permitted in a s been so permitted and in that behalf from drivi	is not d	nce with the licensing or other la isqualified by order of a Court of Motor Vehicle.	ws or regulations to drive Law or by reason of any
6.	Limitations as to Use*		376		
	(a) Use for the carriage of p	assengers in connection	with th	e Policyholder's business.	
	(b) Limited to carry 13 passe	engers			
Thi	s Policy does not cover				
	(a) Use for racing, pace-make	cing, reliability trial or spe	eed-tes	ting.	
	(b) Use whilst drawing a trai vehicle.	ler except the towing (O	ther th	an for reward) of any one disable	d mechanically propelled
	Act (Chapter 189) and Se headings.	ection 95 of the Road Tra	insport	tor Vehicle (Third Party Risks and Act, 1987 (Malaysia), are not to b	e included under these
GE	OGRAPHICAL LIMIT	: WITHIN THE REP	PUBLIC	OF SINGAPORE ONLY	
EXC	CESS (SECTION I)	: \$\$2,000			1. 1.
EXC	CESS (SECTION II)	: \$\$3,000			
WII	NDSCREEN EXCESS	: \$\$500			
INS	URE WITH COE	: NO			
HIR	E PURCHASE COMPANY	: N/A			
SUI	/I INSURED	: MARKET VALUE LOSS	OF INSI	JRED VEHICLE LESS RESIDUAL CO	E/ PARF VALUE AT TIME OF
Veh	icles (Third Party Risks and Cor	mpensation) Act (Chapte	er 189) a	s is issued in accordance with the and Part IV of the Road Transport	provisions of the Motor Act, 1987 (Malaysia)
		MYCAR.COM.SG (000006	615275		
Dat	e of Issue : 06 Jul 2	018 12:42 hrs			
		20.00		For NTUC INCOME INSURAN	CE CO-OPERATIVE LIMITED
		1			
	601	lank-		()	
	// 512	1		() war	5
Cou	ntersigned By:				
	CONTRACTOR OF THE PROPERTY OF	Authorised Officer	-	Chief Ever	rutiva