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	6)7	R: Re-inspection		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	08/11/2018 18:20
Date Of Accident	19/10/2018 14:45
Exact Location Of Accident	MARINA BAY SAND HOTEL TOWER 1&2 LOBBY
Country/State of Loss	SINGAPORE
Determine the control of the control	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC3032H
Insured/Policyholder	
Name Of Registered Owner	JON LIMO ENTERPRISE
Co Reg No	53171349X
Email Address	JOHNANG1182@YAHOO,COM
Mobile Phone No	(LOCAL) +65-96731182
Alternative Phone No	OFFICE-96731182
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 D HIGH-ROOF 14 SEATER (A)
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
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	5103551761
Cover Note Number	
Driver	
Name of Driver	ANG KOON SAN
NRIC No	S1372839I
Date Of Birth	10/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1979
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96731182
Fax Number	
Contact Number	OTHERS-96731182

JOHNANG1182@YAHOO.COM

Address

BLK 872 YISHUN STREET 81

#04-133

Postcode

760872

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

COLLIDED INTO PROPERTY

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

1

Was any body injured in the Accident?

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)

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

Vehicle Make/Model/Colour

Details Of Properties

BARRIER

Vehicle Category

NA/UNKNOWN

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.
- 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:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

On 19,10,5018 at IAAS his at Maria boy send
tower one is tower two bottom entrance. What I was
druing vehicle to PC 3032H entering with MBS TWISTWIL
body the barrier but my which and a result from
bande slightly dented.
I NO INJURY.
9 9

DECLARATION Management of the fo

foregoing particulars are true to every respec

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.:

ccident HT/1018960									
relicy No.	5103551761	Vehicle No.	PC3032H		GST Registration	Na.			
ertificate No.									
olicyholder Name	JON LIMO ENTERPRISE				Policyhalder NRI	C	5317134	49X	
roduct Code	BUS INSURANCE	Cover Type	Comprehensive		Loading		0		
Contact No.(Mobile)	96731182	Contact No.(Office)			Contact No.(Hor	ne)	(a)		
mail Address		Special Remark			eCode		No *		
(FK	+ No Yes	TCA	« No Yes		eCode Reason		1123		
NCD Protection	No	NCD Entitlement(%)	15		Private Hire		No		
▼ Accident Details							****		
Report Date	08/11/2018 18:53	Accident Report Within 24 hrs	Yes		Accident Type			i into Propert	TY
Date of Accident	07/11/2018	Time of Accident hhimm	14:45		Country of Accid	ient	Singapo	re	
Reporting Centre		Orange Force			ICM No.				
Accident Location	MARINA BAY SAND HOTEL TOWER 182 LOBBY								
♥ Excess							-2323		
Own damage Excess	2,000.00	Additional Excess			Windscreen Exc	ess	500.00		
Unnamed Driver Excess		Outside Singapore OD Excess							
Third Party Excess	3,000.00	Outside Singapore TP Excess							
♥ Benefits									
GST Registered Informati	on								
ST Registered	No			ration Date	25				
SST Registration No.			GST Status	Verified	No				
Modification History									
	ress								
Address 1	BLK 872 #04-133	Address 2	YISHUN STREET 81		Address 3		SINGA	PORE 76087	72
Address 4	nego transmistratió	Address Type	Singapore address		Post Code		760672	2	
Unit No.		Related Policy Number	5103551761						
♥ OI Driver Info									
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver						
Unnamed driver Name	ANG KOON SAN	Driver NRIC	513728391		Driver DOB		10/06/	1959	
Register Date of Driver License	17/07/1979	Driver Age	59		Driving Experie		39		
Contact No.(Mobile)	96731182	Contact No.(Office)			Contact No.(Ho	ome)			
Address I	BLK 827 #04-133	Address 2	VISHUN STREET 8		Address 3			PORE 76082	27
Address 4		Address Type	Foreign address		Post Code		760827	7.	
Unit No.	04-133								
Does he own a Singapore Registered car?	Yes » No	Criver Vehicle No.	PC3032H		Driver Insurer	Company	NTUC		
Declaration									
Modification History Claim 901 New									
Claim Type *				ор-мх	Insured DOI Name	N LIMO ENTERPRI	ise	Insured NRIC	5317
					Contact No.	out the state of		Contact No.	
					(Home)			(Office)	
Contact No.(Mobile)					Contract				Towns.
					Vehicle PC	3032H		TP Vehicle	BAR
Contact No.(Mobile) Email Address					Vehicle PC Number	3032H		Number Name of	BARR
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Video List						
63	NAC_BUKIT_MERAH_800676(NAT S (BUKIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 08 Nov 2018 18:57	SAS	Normal	SAS 2018-11-8	
197	NAC_BUKIT_MERAH_800676(NAT S (BUKIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 08 Nov 2018 18:57	NRIC/ Driving License	Normal	NRIC/ Driving Libense 2018-11-8	
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	NAC_BUKIT_MERAH_800676(NAT S (BUKIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 08 Nov 2018 18:57	Photos	Normal	Phot	os 2018-11-8

Display in New Window Scan and uploading

AGCIDENT STATEMENT

ACCIDENT DATE: 19/10,2019 DOMM	MYYY), TIME: (1445) (HH:MM)
LOCATION: Marina Bay Sard &	dil nower 123 10000
OVEHICLE NUMBER	32H : ::
b)INSURANCE COMPANY: BUTTUC	1
OPOLICY NUMBER: 21035517	6
OPOLICY TYPE: (COMPREHENSIVE / THE	D PARTY / IHIRD PARTY FIRE &THEFT
() TYPE: (SALOON / COUPE / MPY /YAN /	LORRY / MOTORCYCLE. / OTHERS
g) VEHICLE CATEGORY; (PRIVATE / COM	MERCIAL/MOTORCYCLEL
h PURPOSE OF USING AT ACCIDENT TIM	
IF NO, PLEASE STATE (THIRD PARTY CLA	
2. INSURED / POLICY HOLDER COL	
S/MANU.	CONTACT!
b) NRIC/FIN/PASSPORT:	
CONTINUE TO 3, d IF DRIVER ALSO POL	ICA HOI DEB
SUB al paperon 3. DRIVER N	io (notock
(Including distinct) a) NAME: The	MALE FEMALE
(1) CIADORESS: Suc 3 D. J. S.	2000年
3 (760472)	
ODATE OF BIRTH: (10) 61 PIZZ	(DD/MM/YYYY) ;
INATE OF DRIVING PASS	
4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVE 5. a) WEATHER CONDITION: (CLEAR / RATE	HNO / OTHERS
DIROAD SURFACE: (DRY / WET / OTHER	
. WAS ANYBODY INJURED (YEST NO)	
' VED DIELEE STATE WUICH BOILCES	INOITAT
8. THIRD PARTY VEHICLE BOSE VEY	MODEL
(Including deliver) b) DRIVER'S NAME:	
, (C) NRIC/FIN/PASSPORTI	CONTACT:
9. THIRD PARTY VEHICLE d) VEHICLE NUMBER:	MODEL!
TO NO OF PRESIDENT OF DRIVER'S NAME!	CONTACTIO
(Including driver) () HRIC/ : N/PASSPORTI	O NI AO II
· ·	
70 Y	1 1

email: Johnang 1185@ yoshwo. fax:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$13728391





ANG KOON SAN

洪坤山 CHINESE

10-06-1959 SINGAPORE

Date of Birth







VOCATIONAL LICENCE

Licence No : \$13728391 Name : ANG KOON SAN

Issue Date : 19/4/2011

Please visit www.lta.gov.sg to check the status of this vocational licence

2311316



Stood Group. Date of sole

25-08-1994

APT BLK 872 YISHUN STREET 81 #04 - 133 SINGAPORE 760872

NRIC No: \$13728391

Date: 25/11/2007 No: 5750361

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

17 Jul 1979

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

22/04/2008 22/04/2008

BUS VL BUS ATTENDANT





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 : 5103551761

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: PC3032H

Chassis Number

Name of Policyholder

: KDH2230020511

3. Effective Date of Insurance

: JON LIMO ENTERPRISE

: 16 Sep 2018

4. Expiry Date of Insurance

: 15 Sep 2019

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.

Limitations as to Use*

(a) Use for the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 13 passengers

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled

* 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

GEOGRAPHICAL LIMIT

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I)

: \$\$2,000

EXCESS (SECTION II)

: \$\$3,000

WINDSCREEN EXCESS

INSURE WITH COE

: S\$500

HIRE PURCHASE COMPANY

: YES MOTORING & CREDIT PTE. LTD.

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

: LQ INSURANCE AGENCY PTE LTD (00000613125)

Date of Issue

: 03 Sep 2018 16:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive