Date In: 16/1/19 17:32	Jeb description		Date & Time Completed	Done by	
10.1.1.1.1.					
Ref No. MAI [WC19 22 122 / 64.		the AC Ther		1	
Vch No. YK 846.3.	E-mail (within		1	17/1/19 10	02
D.O.A : 16 [1 / 19 10:15.			6147/1028186°02	171111111111111111111111111111111111111	- /
OD TP Peporying Only		(Within: OD 2hi	3, 11' 40(3)		
** ** **	I-Photo Uplo				*****
TP Insurer:	Assessment/St		<u> </u>		
A service of the serv	Ass't Report b	y Fax / Hand	to Owner/Wksp		BOTTON TO
Proferred Wksp / INC Assign Wksp / QW: (b	Tol:	Fax:	-
TP Particulars: Veh No:	SGK 53784.	. INC (.)/Non-INC()		-
Owner / Driver: (Tcl:		
The second secon	Period: ()	Cover Type: (-
Confirmed by : (Dates	Time:	100%	
The same of the last section and the same of the same			0%; P: 21-79%. P: 80	-10076]	
MATERIAL BUTCH CONTRACTOR OF THE PARTY OF TH	Warranty: YBS (<u>) </u>		
THE RESERVE OF THE PROPERTY OF THE PARTY OF	1,000 ()/\$2,000	()	AND DESCRIPTION OF THE PROPERTY OF THE PARTY	SAPETH THE STREET	unana
conceathean hare a fine that the	in the continue	(168),从40000	5人4。455年43年6月18日	12.75.04 31.	-
() Walk-In Customer : Customer's la	nformation strictly Co	nfidential & S	trictly NO refer of repaire	r.	
() Total Loss Case : to e-mail Ins	THE RESERVE AND ADDRESS OF THE PARTY OF THE				
The second secon	ice: YES () / I	10();	Towing Co: (· , ')
	niemasinomonimasivolov	avecessisting	DOTEST PROPERTY AND A SECOND PROPERTY OF THE PARTY OF THE	THE SECOND NAME OF THE PARTY OF	HOUSE
Communication of CON Communication and Control of Contr	D) page transfer against	WAARS IN THE SAME	Dure Station Soluble and	Paris Action of the	
1) Apply for Transfort Allowance ())		-	
2) QC Check / Post Repair Inspection	(:)				
Upload Resurvey Photo [Repair Cost >	\$3000] ()			
	\$3000] ()			
Injury:	\$3000] (4:75
Injury:	\$3000] (Well-Michigan	4.707
Injury:	\$3000] ()		Other Property of the Control of the	4.707
Injury:	\$3000] ()		Other Property of the Control of the	4:55
Injury:	\$3000] ()		Other Property of the Control of the	4: 55
Injury:	\$3000] ()		Other Property of the Control of the	4.707
Injury:					hiçki
Injury:)			hiçki
Injury :		inviole l'il	traction (330);	To 00	hicks
Injury : Poletrine Actions Lease Language Lease Lease Language Lease		2) DA : Damage 3) TF : Towing	t Reporting (530); Assessment (5100); INC	70.0° (SAO)	hicks
Injury: Patèrrine / Actions / Lease arimanas Particulars is		2) DA: Damage 3) TF: Towing 4) FT: Follow-1	tReporting (330); Assessment (5100); INC	70.00 (SAO) 30.00 (SAO) 5120 530	hicks
Injury: Paterphy Actions arimulas Particulars iver/Owner:		2) DA : Damego 3) TP : Towing 4) PT : Follow-1 5) PT : Follow-1 For claiming.	t Reporting (330); Assessment (5100); INC Fee Through Survey Through Survey (Resurvey) acoust UNC Only (wef 10 Jan 20	70.000 (300) (40/545 5120 530	hicks
Injury: Polégring Actions: Actions: Actions: Actions: Actions: Actions: Actions: Actions: Actions: Actions: Actions: Actions: Actions: Actions:		2) DA: Damege 3) TF: Towing 4) FF: Follow-I 5) FF: Follow-I For claiming. 6) TR: Re-inspe 7) NI: Ideo DA	tReporting (530); Assessment (5100); INC Fee brough Survey brough Survey (Resurvey) against UNC Only (wof 10 Jan 20 betton + SMRT Survey	70.00 (SAO) 30.00 (SAO) 5120 530	hiçki
Injury: Date Tung Actions Actions iver/Owner: ontact No:		2) DA: Damege 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For elainding 6) TR: Re-Impe 7) NI: Idao DA 8) NTUC Additi	tReporting (530); Assessment (5100); INC Fee brough Survey brough Survey (Resurvey) against UNC Only (wof 10 Jan 20 betton + SMRT Survey	(SAP) 10.000 (SAP) 540/545 5120 530	hicks
Injury: Darkeribas Actions Lumantes Particulars: river/Owner: ontact No: muäged Portion:		2) DA: Damege 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming. 6) TR: Re-inspe 7) NI: Idea DA 8) NTUC Additi OD: *NS: Courtes	tReporting (530); Assessment (5100); INC Fre brough Survey brough Survey (Resurvey) against UNC Only (wof 10 Jan 20 action + SMRT Survey onal Services:	(SAP) (S	hicks
Eumants Particulars is priver/Owner: ontact No: nmaged Portion: Checked by (Engr-In-Charge):		2) DA: Damege 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For elainding. 6) TR: Re-inspe 7) NI: Idea DA 8) NTUC Additi OIL* *N5: Courtes *N6: Rapair (*N7: Post Re-	t Reporting (530); t Reporting (530); t Reporting (5100); INC five statement (5100); INC five statemen	(SAP) (S	hiq 3
Injury: Darkeribas Actions Lumantes Particulars: river/Owner: ontact No: muäged Portion:		2) DA: Damage 3) TF: Towing 4) FF: Follow-1 5) FF: Follow-1 For elainding 6) TR: Re-inspe 7) NI: Idea DA 8) NTUC Additi OIL* *N5: Courtes *N6: Repair (*N7: Fost Re *NR: DV / Ce	tReporting (330); Assessment (5100); INC Five Through Survey Through Burvey (Resurvey) Assalust INC Only (Nof 10 Jan 20 aution + SMRT Survey onal Services:	(\$A0) (\$	hiq 3
Injury: Date Portion: Checked by (Engr-In-Charge):		2) DA: Damage 3) TF: Towing 4) FF: Follow-1 5) FF: Follow-1 For elainding 6) TR: Re-inspe 7) NI: Idea DA 8) NTUC Additi OIL* *N5: Courtes *N6: Repair (*N7: Fost Re *NR: DV / Ce	Application (530); Assessment (5100); INC Free Prough Survey Prough Survey (Resurvey) against INC Only (Not 10 Jan 20 and Services: Over / Tpt Allowerse Deprimation pair Inspection Silect Excess Coordination P (Kyn INC) against INC	(\$A0) (\$3) (\$3) (\$3) (\$3) (\$3) (\$3) (\$3) (\$3	hoga h

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	16/01/2019 17:32
Date Of Accident	16/01/2019 10:15
Exact Location Of Accident	KAMPONG BAHRU RD TRAFFIC JUNC
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YK8460Z
Insured/Policyholder	
Name Of Registered Owner	GEK HO PTE LTD
Co Reg No	201224357R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63483239
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO FK617MJ
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5075675218-02
Cover Note Number	3.3
Driver	
Name of Driver	CHOO TENG HAI
NRIC No	S1195696C
Date Of Birth	18/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	20/02/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96170950
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 6 BEDOK SOUTH AVE 2 #14-346

Postcode

460006

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 - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

100

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) 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

I WAS AT THE TRAFFIC JUNC OF KAMPONG BAHRU RD WAITING TO TURNING INTO PSA BUILDING, WHEN THE TURNING ARROW LIGHT TURN GREEN, I PROCEED TO TURNING RIGHT INTO PSA BUILDING, WHILE HALF WAY TURNING, SUDDENLY I FELT AN IMPACT FROM RIGHT SIDE. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SGK5378L) FROM BEHIND HIT ONTO MY VEH RIGHT 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

SGK5378L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

ruplying 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.:

ETCH PLAN	1			
	B		PSA Buildi	ng
1 1			A = 8 =	YK 8460 SGK 537
		Kampong	Bahru Rd.	
CRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
n,				
Please	Refer	to sta	itement	
			/	
			/	
		/		
		/		
		/		
LARATION	St 27 W C1		W 30	
declare the foregoing part	iculars are true in every re	spect.	//	
6:1	11	4	11	
(2) m	14.13	jan 1	me	
yholdet's signature	Driver's Signature	1	Reporting Centre Perso	nnel's Signature
& Time:	(If driver is not the	policyholder)	Name:	mier a signature
	Date & Time:	1821 M. 1880 (1884 180 187) [Fe]	NRIC/FIN No.:	











Certificate of Insurance

Contiferate Name to CONTRACTOR OF	CONTRACTOR DESCRIPTION
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULE	5, 1960
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (

Certificate Number: 5075675218-02 Cover: Third Party, Fire & Theft

Index mark and Registration Number of Vehicle : YK8460Z

Chassis Number : FK617MB00284

2. Name of Policyholder : GEK HO PTE LTD
3. Effective Date of Insurance : 01 May 2018

4. Expiry Date of Insurance : 30 Apr 2019

5. 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.

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) : N/A

EXCESS (SECTION 2) : N/A

INSURE WITH COE : YES

HIRE PURCHASE COMPANY : EFIZZIG 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

: NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue

: 23 Apr 2018 10:05 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

recorded trip added to								
Policy No.	5075675218-02		Vehicle No.	YK8460Z		GST Regis	stration No.	
Certificate No.	CERTINO DEL TEN					On the second	COLUMN TO THE CO	No. Co.
Policyholder Name	GEK HO PTE LTD		74000400		*******	Policyholo	ier NRIC	20122-
Product Code	COMMERCIAL VE	EHICLE INSURAT	Cover Type	Third Party, Fire & T	hert	Loading	to difference V	0
Contact No.(Mobile) Email Address	NA		Contact No.(Office) Special Remark	63483239		eCode	io.(Home)	No T
KFK	- No Yes		TCA	e No. Yes		eCode Re	*****	140
				* No Yes				*10
NCD Protection	No		NCD Entitlement(%)	15		Private Hi	ire .	No
→ Accident Details								271777
Report Date	17/01/2019 09:4	47	Accident Report Within 24 hrs	Yes		Accident		Collisio
Date of Accident	16/01/2019		Time of Accident hh:mm	10:15			of Accident	Singap
Reporting Centre			Orange Force			ICM No.		
Accident Location	KAMPONG BAHR	U RD TRAFFIC JUNC						
♥ Excess								
Own damage Excess			Additional Excess			Windscree	en Excess	
Unnamed Driver Excess			Outside Singapore OD Excess					
Third Party Excess			Outside Singapore TP Excess					
→ Benefits								
Coverage				Sum Insur				
Third Party Working Risk	C2000			99999999	99			
	tion	NO.000		93222000	151020 UST 100			
GST Registered		No		GST Regist GST Status			663	
GST Registration No. Modification History				GST Status	verined		Yes	
Prodification Piscory								
	dress							
Address 1	BLK 3016 #02-1	47	Address 2	UBI ROAD 1		Address 3	3	SINGA
Address 4			Address Type	Singapore address		Post Code		408700
Unit No.	02-147		Related Policy Number	5100996080				1921/1970
			83	533500000				
Driver Name	Unnamed Driver		Driver Type	Unnamed Driver				
Unnamed griver Name	CHOO TENG HAI		Driver NRIC	S1195696C		Driver DO	98	18/11/
Register Date of Driver License	20/02/1978		Driver Age	63		Driving E	xperience	40
Contact No.(Mobile)	96170950		Contact No.(Office)			Contact N	lo.(Home)	
Address 1	BLK 6 #14-346		Address 2	BEDOK SOUTH AVE	NUE 2	Address 3	1	SINGA
Address 4			Address Type	Singapore address		Post Code		460001
Unit No.	14-346							
Does he own a Singapore	Yes = No		Driver Vehicle No.			Driver Ins	surer Company	
Registered car?								
Declaration								
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes • No				
Modification History								
W 16 K								
Claim 002 New								
					VOT.	1000		
Claim Type *					OD-MX	Insured Name	GEK HO PTE LTD	
Control to Markey						Contact		
Contact No.(Mobile)					-	No. (Home)	-	
Email Address						O1 Vehicle	YK8460Z	
ACCOUNT COUNTY						Number	P.No.1996	
Claim Description					YK8460Z / SGK5378L ON 16	Jan 2019		
Preferred		Insured Liability Partially a						
Workshop 0 Contest No. Finalisation Yes	Prefer • Repair	ered . Farbany a	GIA Baceira	ed v				
Finalisation Tes Date Registered	Option	1	report Receive		17/01/2019 10:05	Claim		
erana programmas					STATISTICS TO:03	Date		
Report Taken By					LIEW SHAN HUI			
Print AK letter								
				Save Submit				



Display in New Window Scan and uploading