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TP Insurer:	Assessment/Survey Report				
	Ass't Report by Fax / Hand to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	ax:		
TP Particulars: Yeh No: SK	W 67874 INC(	)/Non-INC()	1		
Owner / Driver: (		Tel:	)		
Policy No: ( ). Period:	( )	Cover Type: (	.)		
Confirmed by : (	Date:	Times	7		
Insured/Driver Liability: ( %) [Note-	Est. Status (WO): N: 0-20	%; P: 21-79%. P: 80-1	100%]	C Martinese (1971)	
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### 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.
- 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.

- 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.	
	ACCIDENT STATEMENT
Date Of Report	02/02/2019 14:00
Date Of Accident	02/02/2019 12:15
Exact Location Of Accident	UPPER SERANGOON VIADUCT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GV6527J
Insured/Policyholder	
Name Of Registered Owner	COTTON CARE
Co Reg No	52943438E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96484379
Alternative Phone No	OFFICE-96484379
Vehicle Particulars	
Manufacturer	тоуота
Model	LITEACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5045697475-08
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD IBRAHIM BIN HARON
NRIC No	S8304638D
Date Of Birth	28/02/1983

 NRIC No
 \$8304638D

 Date Of Birth
 28/02/1983

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/05/2010

Driving Experience 8 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96484379

Fax Number

Contact Number OTHERS-96484379

EMail Address NOEMAIL

BLK 788 CHOA CHU KANG NORTH 6 Address

#07-220

680788 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

Type Of Accident SIDE SWIPE

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

2

NO

NO

YES

NO

NO

NO

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

PRIVATE CAR

SKW6787Y Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver TEO BENG BENG ( ZHANG MINGMING )

NRIC/Passport Number S7609427F

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.
- 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

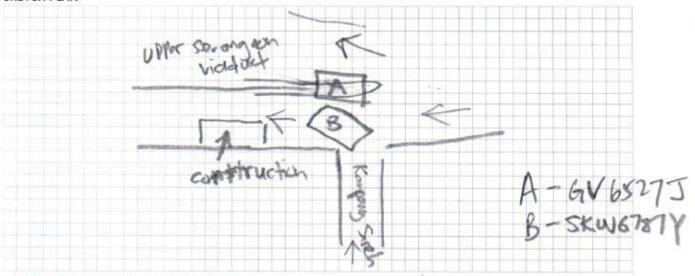
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On 2 Feb 19 @ 12-15pm lim driving toward upper serangeon vident.
Up	on driving there is a construction going on the left sick and thur's a
aire	way to to turn left. However when I go stright Vehicle B without signer
and	way to to turn left. However when I go straight vehicle B without signer stop, just come out from the give way red. Vehicle A try to stop but it's
10	nour and Vehicle B hit my last side on the front and course my Von
to	went up the curp. My loft she tront side is damage, front light broken and right side door wable to open properly due to wont up curb.
ma	right side door wable to open properly due to wont in curh
0	

### 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)

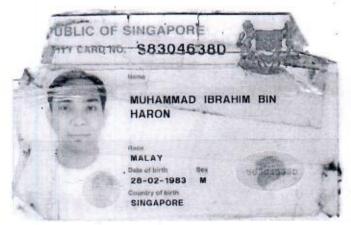
Date & Time:

Reporting Centre Personnel's Signature

Name:

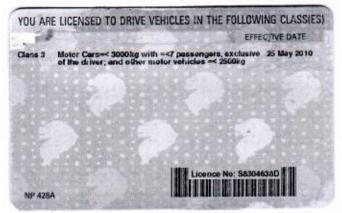
NRIC/FIN No.:

GIARME SketchFlonForm, Vil









R/788 Choa Chu Kenny North (
SENO(880788)



# Certificate of Insurance

MOTOR	VEHICLES	(THIRD PAR	TY RISKS	AND	COMPENS	ATION)	ACT (CHA	PTER 189	))
MOTOR	VEHICLES	(THIRD PAR	TY RISKS	AND	COMPENS	ATION)	RULES, 19	960	
ROAD TI	RANSPORT	ACT 1987	(MAIAVS	IAI					

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5045697475-08

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

GV6527J

Chassis Number

: CR425002321

2. Name of Policyholder

: COTTON CARE

3. Effective Date of Insurance

: 01 Oct 2018

4. Expiry Date of Insurance

: 30 Sep 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

: ETHOZ CAPITAL 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)

: I INSURANCE AGENCY (00000572538)

Date of Issue

: 07 Sep 2018 13:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

**Chief Executive** 

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Password · Change Language Log Out My Desktop **Policy Query** Notice of Loss 02/02/2019 12:15 Policy No. Date of Accident Vehicle No.(For Motor) GV65271 Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Insured Object Vehicle No. Commence Date Product Cover Type Select Policy No. Expiry Date Third Party, Fire & Theft 5045697475-COTTON CARE 52943438E **GCV** GV65273 GV65273 01/10/2018 30/09/2019 08 Continue

## Policy Information

Policy No.	5045697475-08	Policyholder Name	COTTON CARE	Policyholder NRIC	52943438E
Certificate No.					
Address	53 UBI AVENUE 1 #01-29 PAYA	UBI INDUSTR	IAL PARK SINGAPORE 408934		
Product Name	COMMERCIAL VEHICLE INSURA	Plan		Group Policy Flag	N
Policy Issue Date	07/09/2018	Effective Date	01/10/2018 00:00	Expiry Date	30/09/2019 23:59
Third Party Excess	0	Own damage Excess	0	Windscreen Excess	0
Additional Excess		OS Premium	0.		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	I INSURANCE AGENCY	Agent Tel.	67026779	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	older Mailing Address				
Address 1	53 UBI AVENUE 1	Address 2	#01-29 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.		Related Policy Number	5045697475-08		
▶ Insure	d Object: GV6527J				
	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type Endorsemen	nt Status	Endorsement Content

### Claim Handling

Accident MT/1030924				
Policy No.	5045697475-08	Vehicle No.	GV6527J	GST Registration No
Certificate No.				
Policyholder Name	COTTON CARE			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA!	Cover Type	Third Party, Fire & Theft	Loading
Contact No.(Mobile)	96484379	Contact No.(Office)	0	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
			Ť	
Report Date	07/02/2019 18:21	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	02/02/2019	Time of Accident hh:mm	12:15	Country of Accident
Reporting Centre	374.704.704.	Orange Force	A CONTRACTOR OF THE CONTRACTOR	ICM No.
Accident Location	UPPER SERANGOON VIADUCT			2511.000
♥ Excess	DITER SERVICES IT VINDE			
Own damage Excess	0.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		Windscreen Excess
	50.00			
Third Party Excess	0.00	Outside Singapore TP Excess		
₩ Benefits				
♥ GST Registered Informat  SST Registered	N		GET Basistantias Data	
GST Registered GST Registration No.	No		GST Registration Date GST Status Verified	No
Modification History			GST Status Vernieu	NO
	ress			
Address 1	53 UBI AVENUE 1	Address 2	#01-29 PAYA UBI INDUSTRIAL F	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5045697475-08	
OI Driver Info			3013031113-00.	
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	MUHAMMAD IBRAHIM BIN HARC	Driver NRIC	S8304638D	Driver DOB
Register Date of Driver License	25/05/2010	Driver Age	35	Driving Experience
Contact No.(Mobile)	96484379	Contact No.(Office)	0	Contact No.(Home)
Address 1	BLK 788 #	Address 2	CHOA CHU KANG NORTH 6	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore Registered car?	√Yes ⊕ No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊕ Yes ⊛ No	
Modification History				
Claim 001 OD-MX New				
Stairn Tune #			An HV	Insured Correct
Claim Type *			QD-MX	Name COTTO
			OD-MX	Name Contact No.
			OD-MX	Contact No. (Home)
Claim Type * Contact No.(Mobile) Email Address			OD-MX	Name Contact No.
Contact No.(Mobile) Email Address				Contact No. (Home)
Contact No.(Mobile)  Email Address  Claim Description	Insured Liability   Partially	ar Sault		Contact No. (Home) OI Vehicle Number
Email Address  Claim Description  Preferred Workshop	Insured Liability Partially Preferred Workshop,	Name unknown V GIA Received		Contact No. (Home)  O1 Vehicle Number  6787Y ON 2 Feb 2019
Email Address  Claim Description  Preferred Workshop Bontier No. Finalisation  Yes	Preference Partially	GIA C	Gv6527) / SKW6	Name Contact No. (Home) OI Vehicle Number 6787Y ON 2 Feb 2019 Claim
Email Address  Claim Description  Preferred Workshop Bondiket No. Finalisation  Yes	Preferered Preferred Workshop,	Name unknown V GIA Received	Gv6527) / SKW6	Name Contact No. (Home) OI Vehicle Number 6787Y ON 2 Feb 2019 Claim
Contact No.(Mobile)  Email Address  Claim Description  Preferred  Workshop	Preferered Preferred Workshop,	Name unknown V GIA Received	Gv6527) / SKW6	Contact No. (Home) OI Vehicle Number GV6527 G787Y ON 2 Feb 2019  Ctalm Close

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