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Owner / Driver: () Cover Type: ().
Policy No. () Period: (
Confirmed by : (D 40 1000/3
Insured/Driver Liability: (%) [Note-Est. Status (W)/NO()
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() Total Loss Case : to e-mail Insurer URGENTLY. Drive-in ()/Towed-in (): Invoice: YES ()/N	NO(); Towing Co:(· · ·)
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i) Apply for Transport Allowance ()/ Courtesy Car (2
2) QC Check / Post Repair Inspection (·)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

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.
 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	13/02/2019 10:31
Date Of Accident	12/02/2019 15:10
Exact Location Of Accident	ALONG CTE TOWARDS ANG MO KIO
Country/State of Loss	SINGAPORE
SA SE LES DE LA COMPANION DE L	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB5563A
Insured/Policyholder	
Name Of Registered Owner	SUNLED CO PTE LTD
Co Reg No	197903872C
Email Address	SALES@SPL-SG.COM
Mobile Phone No	(LOCAL) +65-82185523
Alternative Phone No	OFFICE-82185523
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5050715177-07
Cover Note Number	
Driver	
Name of Driver	WONG KOK MENG
NRIC No	S1433430J
Date Of Birth	22/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1983
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82185523
Fax Number	

OTHERS-82185523

SALES@SPL-SG.COM

Address

BLK 119B KIM TIAN ROAD

#05-238

Postcode

162119

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 (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

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)

2

Passenger 1

NAME:

: COLLEGUE

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

...

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKE5925S

Vehicle Make/Model/Colour

BMW

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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Claim Handling(accident reporting Claim Task)

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ACCIDENT STATEMENT

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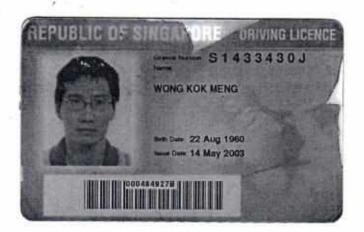




WONG KOK MENG

CHINESE Date of trirth 22-08-1960 Country of birth SINGAPORE







EN 51433430J

29-01-2009

APT BLK 119B KIM TIAN ROAD #05-236 SINGAPORE 162119

YOU ARE LICENSED TO THAT VEHICLES IN THE FOLLOWING CLASSIES



Certificate of Insurance

THE PARTY OF THE PARTY DIEV	(SIA)	72540
	S) RULES, 1959 (MALA	YSIA)
Certificate Number: 5050715177-07		Cover : Third Party
 Index mark and Registration Num 	ber of Vehicle	: GBB5563A : 1TFHT02P000045189
Chassis Number		: SUNLED CO PTE LTD
2. Name of Policyholder		: 15 Jul 2018
3. Effective Date of Insurance		: 14 Jul 2019
 Expiry Date of Insurance Persons or Classes of Persons ent 	itlad to drive#	 (4) 無いた何なのではない。
(a) The Policyholder.	thes to dive	
(b) An other person who is driv	ing on the Policyholde	r's order or with his/her permission.
Provided that the person driv the Motor Vehicle or has bee enactment or regulation in the	ving is permitted in ac en so permitted and is hat behalf from driving	not disqualified by order of a Court of Law or by reason of any
(b) Use for the carriage of passe	ngers or goods in con	nection 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 spec	ed-testing.
(c) Use whilst drawing a trailer	except the towing of a	ny one disabled mechanically propelled vehicle.
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EXCESS (SECTION 2) INSURE WITH COE HIRE PURCHASE COMPANY SUM INSURED I/We hereby Certify that the Policy Vehicles (Third Party Risks and Com Agency : LOOKE	: N/A : N/A : N/A to which this Certifical pensation) Act (Chapt	er 189) and Part IV of the Road Fransport Act, 1987 (Walaysia) AGENCY (00000591250)
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10 Sin Ming Drive Singapore 575701 Tel: 1800-CALL LTA (1800-2255 582) Fax; (65) 6553 5329

15 Jul 2009

Our ref 1507090101N004368961

SUNLED CO. PTE. LTD.
BLK 35 KALLANG PUDDING ROAD
#06-13
TONG LEE BUILDING BLOCK A
SINGAPORE 349314

- Կոլեկերեր հղեկեր

Dear Sir/Madam

NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX

We wish to inform you that you have successfully registered vehicle GBB5563A on 15 Jul 2009. The details of the registration are as follows:

001517/1

A) Owner Particulars

 Name Identification No. Type Identification No. Place Of Passport Issue Registered Address 	: SUNLED CO. PTE. LTD. : Company : 197903872C :- : BLK 35 KALLANG PUDDING ROAD #06-13 TONG LEE BUILDING BLOCK
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SINGAPORE 349314

Mailing Address

B) Vehicle Particulars

1. 2. 3. 4. 5.	Vehicle No. Previous Vehicle No. Effective Date of Ownership Original Registration Date First Registration Date Vehicle Type	: GBB5563A :- : 15 Jul 2009 : 15 Jul 2009 : 15 Jul 2009 : A50 - Goods (Closed) Van/Van Panel
7. 8.	Vehicle Scheme Attachment 1	(Delivery) : Normal
9.	Attachment 2	: No Attachment
10.	Attachment 3	
11.	Vehicle Make	: TOYOTA
12. 13.	Vehicle Model	: HIACE MANUAL
14.	Year of Manufacture Primary Colour	: 2009
15.	Secondary Colour	: Silver
16.	Passenger Capacity	• 2
17.	Chassis/Trailer Chassis No.	: 2
18.	Propellant	: JTFHT02P000045189 / - : Diesel
19.	Engine No./Motor No.	: 1KD1938781 / -