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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.
- 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.
- 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.

aforesaid.	
PERSONAL SALES AND ASSESSED.	ACCIDENT STATEMENT
Date Of Report	14/02/2019 15:44
Date Of Accident	14/02/2019 08:50
Exact Location Of Accident	UPP CHANGIRD NORTH TWRDS TANAH MERAH BESAR RD
Country/State of Loss	SINGAPORE
Service Mineral Miles Graphs	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX4716H
Insured/Policyholder	
Name Of Registered Owner	MR PLUMBER SINGAPORE PTE, LTD.
Co Reg No	201719820R
Email Address	LEON@MRPLUMBER.SG
Mobile Phone No	(LOCAL) +65-92227888
Alternative Phone No	OFFICE-92227888
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE DIESEL
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	THIRD PARTY
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	5096646271
Cover Note Number	
Driver	
Name of Driver	AHMED MD MAHFUZ
Passport No/FIN	G6607323N
Date Of Birth	01/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92227888
Fax Number	UACTOR OF MICROSPACESCES
Contact Number	OTHERS-92227888
- Parity and the Control of the Cont	

LEON@MRPLUMBER.SG

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

PAID DRIVER

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)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

NO

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)

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

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YN2108R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

MANI SHANMUGAM

NRIC/Passport Number

O 34167737

Contact Number

94480819

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

Maria Salam	of other last	Table to the skill	
CVET	(H	PLAN	
anc.	-	P. Police	

Vehicle No:		
DOA:		

IMPORTANT NOTICE

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance 31 companies to repudiate policy liability.
- The issue & acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. 41
- Any false reporting may be referred to the Police for Investigation. 51
- 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 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.
- Consent under the Personal Date Protection Act (PDPA): I understand, acknowledge, agree and consent that:-
 - My insurer, my workshop & 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 & 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 & any relevant government agency/authority (such as the police), for the purpose(s) of:-(1) processing, handling and/or dealing with my claims including the settlement of the claims & any necessary investigations relating to the claims; (II) 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 invoive 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")
 - All insurer(s) involved in this accident and the insurers' law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - 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.

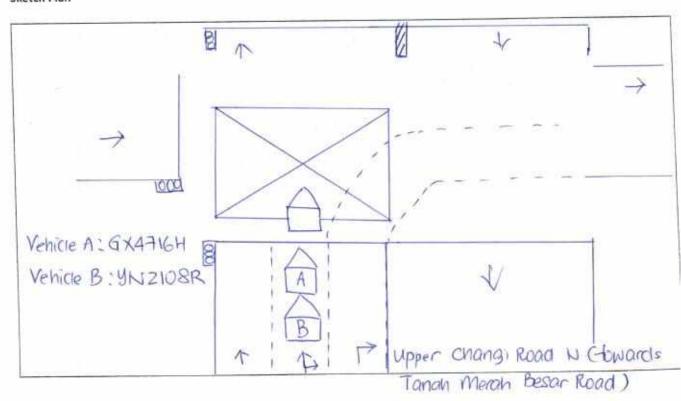
PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAY-TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY.

Policyholde

Date & Time

Driver's Signature (Date & Time) (If driver is not the policyholder) Witnessed by Reporting Center Personnel

Sketch Plan



Describe Circumstances of the Accident Road N. Howards Tonah Upper Changi along 85 am about Merah Besar Road) on The vehicles fort Stopped slow and followed - Few seanch later, Vehicle B came from behind 80 and hit outo me

Declaration

I/We declare the foregoing particulars are true in every aspect.

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not policyholder)

Date & Time

Witnessed by Reporting Centre

14/02/2019

Personnel

Claim Handling Accident MT/1032099 GST Requirement No. Vehicle No. 574736H Policy No. 5096646271 Policyholder NASC 2017198208 HR PLUMBER SINGAPORE PTE, LTD. Policyholder Name Third Party, Fire & Theft. Cover Type Product Code COMMERCIAL VENICLE INSURAL Contact Ne (Horse) Contact to (Motole) 92227888 Contact No. (Office) No.Y **e**Code Special Samans Erreif Address «Code Raisson e No Yes NO. Private Hims tro NCO Entitlement(%) NCD Pretection No: P Accident Details Colleion - meed to Rear Accident Report Within 24 hrx Accident Type Report Date 14/03/2019 15:57 Country of Acodem Singapore Time of Accident Nr. mm Date of Accident 14/02/2019 ICM No. Drange Force Reporting Centre UPP CHANGERD NORTH TWINDS TANAH HERAH BESSAR RD. - Excess Windscreen Excess Owir damage Excess 0.00 Additional Excess Cutside Singapore Ot: Excess Umarried Driver Excess Outside Singapore TP Excess 0.00 Traind Party Excess w Banefitz ₩ GST Registered Information **GST Registration Date GST Registered** GST Status Verified GST Aggistration No. Modification remove Policyholder Hailing Address #07-07 SINGAPORE 169201 Address 2 Address 1 1000 LOWER DELTA ROAD Post Code Singapore autóricas Appress 4 Address Type Related Policy Number 5105521323 → OI Driver Info Urmaned Driver Unnamed Driver Driver hame Q6607323R Driver DOB 01/02/1989 Unnamed Stiver Name ARMED HIS MARKUZ Driving Experience Driver Age Register Date of Driver Commi 17/06/2013 Contact No.(Home) Contact Nu.(Mobile) 42227888 Carried No.(Office) прогесс 3 Address I Post Cade Address Type Foreign address Address 4 LINE NO. Zinver Insurer Campany NTUC Does he own a Singapore Registered car? U.Yes. or No. Orther Vetricle No. G84715H Deciaration Breathelyser or Blood Tirel Reading? Yes - No Any injury? a ma MidRicación History Claim 001 Man . Stoured MR PLUMBER SINGAPORE FTE | NRIC 00-MX 2017199206 Claim Type * No. (office) Contact No.(Mobile) Vehicle Gx471gh NM21049 Email Address 634718H / YN2108R GN 14 Feb 2019 Insured Liability Rot at Fault Repair Preferred Workship Profession Workshop Editable No. Yes Pinalisation Preferred Workshop, Name unknown Date 14/02/2019 00:00 14/02/2019 16:12 Date Registered AOSLI WAHAB Report Taken By F Print AK letter Save Submit Attachment HT/1032059 Claim No. Upload Date 14/02/2019 18:13 Last Duc. Received # Tes D No. 7 Normal † MO Choose File No file chosen Clear * Normal * NO Choose File No file chosen Clear Please Select Cear Plante Select * NO T Normal Chause File No file chasen * NG * Normal . Chat Please Select Chapse File No file shasen ٠ Class Please Select 7 NO * Normal Choose File No file chosen * Normal * NO Please Select Chapse File No file chosen Clear Sant Hemate Heisings Read V Attachment List Msq Sent? Uploaded By/Date Category Description NAC_BUNCT_MERAH_BOOGFEL NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUNCT MERAH)) on 14 Feb 2019 10:13 Printer 2019-2-18 PROTES Sermal 200 NAC_BUNIT_MERAM_BUDGNE NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAM)) on 14 Feb 2019 16:13 Protos 2019-2-14 Perken Normal NAC_BUKIT_MERAH_BODE76; NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 14 PMS 2019 26:13 Flotos 2019-2-14

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NAC_BLN11_HERAH_BOSCIS; NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 14 Peb 2019 16:12

Folder Date

Uploaded By/Date

Action.

PERSONAL PARTICULARS

	8 : 50 (24Hrs)
Vehicle No: 4×4716H Vehicle Make/Model	Toyota Hique Diesel 2986CC
Exact Location of Accident: Along junction of upper	Changi Road N Toward Taman Metal
Owner's Name/NRIC: MR. Plumber Singapore Pte	1201719820R
Driver's Name/NRIC: Ahmed mo manfuz 063	3234761/G6607323 N
Driver's Contact: 9222 7888 Insurance Co & Po	olicy No: NTUC Inc 5096646271
Driver's Email Address: Leon @ mrplumber. Sq	
Relationship between Owner & Driver: Spouse/Children/Friend/Paren	ts/Others specify:
What do you wish to claim (Please circle one only) 1) Own Insurance 2) Other Vehicle (The one you want to claim a	gainst) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was being used at time of Private Use /- Work Purpose	accident? (Please circle one only)
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & V	Vet
Occupation Indoor Outdoor	
Any Injuries? (MC of 3 Days or more, police report is required	<u>n</u>
Yes / No If Yes, which police station?	
The Other Party (Vehicle B) Details Driver's Name/IC: Mani Shanmugam 0 34167737.	Vehicle No: 1N 2108 R
Insurance Company:	Driver's Contact: 9448689
(If more than 2 vehicles involved, please indicate the other p	arty vehicle numbers below)
Other Vehicle (Vehicle C) :	
Independent Witness (if Any):	Contact:
Preferred Workshop (If Any); * If no proper document are produced, IDAC should not file the	Contact:
* If no proper document are produced, IDAC should not file the	report.

^{*} If no proper document are produced, IDAC should not file the report

^{*} Information will be discarded after one week.







Check your employment details

If you find a problem, please contact your employer or employment agent.

आभनात ठाक्तित विदातिष याठारे कत्न

কোল সমস্যা দেখলে, অনুমূহ করে আপনার নিয়োগকর্তা বা নিয়োগকারী এজেন্টের সাথে যোগাযোগ কর্ন।

VOUR NAME আণনার নাম

AHMED MD MAHFUZ

PASSPORT NUMBER नामरनार्ध नचत

BN0297527

NAME OF EMPLOYER ঢাকরীদাভার ৰাম

MR PLUMBER SINGAPORE PTE, LTD.

BASIC MONTHLY SALARY मृत मानिक (वंडन

S\$ 880

MONTHLY HOUSING, AMENITIES AND MANCES DEDUCTIONS

মাসিক ঘর ভাড়া, সুযোগ-সুবিধাদি ও পরিবেবা খরচ বাবদ কওঁল সমন্ত্র

S\$ 0

HOUSING PROVIDED খাকার জানগা দেনা হর

YES

DATE OF BIRTH / SEX अन्य सार्तिथ / नित्र

01 FEB 1983 / MALE

WORK PERMIT NUMBER / FIN ওয়ার্ক পারমিট নম্বর / FIN

0 63234761 / G6607323N

PERSON

CONSTRUCTION

HXED MONTHLY ALLOWWELES নিৰ্দিষ্ট মানিক ভাষা

S\$ 124

MONTHLY DEDUCTION FOR OTHERS মাসিক অস্যান্য খরত বাবদ কর্তন সমন্ত্র

SPORE EMPLOYMENT AGENCY (EA) সিংগাশুর এমপ্রয়েশেউ এজেলী

N.A.

প্রমান্তম্পর্যাশ জাতীয়তা

BANGLADESHI

DATE OF APPLICATION আবেদন পরের ভারিখ

14 JAN 2019

OCCUPATION

(পশা

PLUMBER & PIPE FITTER

FIXED MONTHLY SALARY নির্দিষ্ট মাসিক বেতন

S\$ 1004

MONTHLY SALARY AFTER TAKING INTO ACCOUNT PIXED MONTHLY ALLOWATERS AND DEDUCTIONS निर्मिष्ठ मामिक सामा ३ वित्यागगूनित हिमादत

नत माप्रिक वजन

S\$ 1004

AGENCY FEE TO BE PAID TO SPORE EA (EXCLUDE

PEES FOR OVERSEAS EXPENSES) সিসাপুর এসর্যুমেন্ট এজেলীকে শ্রমিক ছারা গ্রদত এজেলী ডি (বিদেশী থরচের পরিমাণ বাদ দিয়ে)

N.A.

A IMPORTANT

Get a copy of your employment contract. It should state your job scope, working days and hours, basic monthly salary and terms such as deductions and leave entitlements.

আপুনার চাকুরির চুক্তিপতের একটি কৃপি সংগ্রহ করুন। এতে কাজের সুযোগ, কম্পিবস ও কর্মাণ্ডা, মাসিক মূন বেতর এবং বেতন কাটা ও দুটির সুবিধা প্রকৃতি শর্ত অবশাই উল্লেখ থাকা উচিত।

Do not pay any fees for the \$5000 security bond, levy, work permit application or renewal or cancellation, medical insurance or examinations, training courses and the cost of your journey home. These fees are to be paid by your employer.

\$5000 মিকিউরিটি বন্ত, দেডি, কাজের অসুমোনদের (ওয়ার্ক দারমিটের) আবেনদ বা মবায়ম বা আবেনদ বাতিব, চিকিসি। বীমা বা ডাজারী পরীক্ষা, প্রশিক্ষণ সংক্রম্ভ কোসসমূহ, এক আপলার দেশি যাওয়া গুড়ুজির জন্য কোল টাকা দেবেন না। এসব ফি আপলার নিয়োগকর্তা প্রদাস করবে।



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< 7 17 Jun 2013 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:G6607323N



Certificate of Insurance

	OTOR VEHICLES (THIRD PARTY RISK	S) RULES, 1959 (MALAY	SIA)	÷
e	rtificate Number: 5096646271			Cover : Third Party, Fire & Theft
L	Index mark and Registration Num	ber of Vehicle	1	GX4716H
	Chassis Number		3	LH1726119891
2	Name of Policyholder		- 3	MR PLUMBER SINGAPORE PTE. LTD.
3.	Effective Date of Insurance			21 Dec 2017
١.	Expiry Date of Insurance			30 Apr 2019
	Persons or Classes of Persons ent	itled to drive#		
	(a) The Policyholder.			The same state of the same sta
	(b) Any other person who is driv			
5	the Motor Vehicle or has bee enactment or regulation in the Limitations as to Use# (a) Use for social domestic and p	en so permitted and is n nat behalf from driving to bleasure purposes and i	ot dis the M n con	nection with the Policyholder's business or profession.
	(b) Use for the carriage of passe	ngers or goods in conne	ction	with the Policyholder's business.
T	is Policy does not cover			
	(a) Use for hire or reward.			
	BORY REPORT BOOK REPORT FOR THE PARTY OF THE			
		reliability trial or speed		
	(c) Use whilst drawing a trailer of the Limitations rendered inoperations.	except the towing of an	y one Mot	ing, disabled mechanically propelled vehicle. or Vehicle (Third Party Risks and Compensation) Act, 1987 (Malaysia), are not to be included under these
E)	# Limitations rendered inopera Act (Chapter 189) and Section	except the towing of an	y one Mot	disabled mechanically propelled vehicle. or Vehicle (Third Party Risks and Compensation)
	(c) Use whilst drawing a trailer of # Limitations rendered inopera Act (Chapter 189) and Section headings.	except the towing of an ative by Section 8 of the ri 95 of the Road Transp	y one Mot	disabled mechanically propelled vehicle. or Vehicle (Third Party Risks and Compensation)
E)	# Limitations rendered inopera Act (Chapter 189) and Section headings. CESS (SECTION 1)	except the towing of an ative by Section 8 of the n 95 of the Road Transp : N/A	y one Mot	disabled mechanically propelled vehicle. or Vehicle (Third Party Risks and Compensation)
E)	# Limitations rendered inopera Act (Chapter 189) and Section headings. CESS (SECTION 1) CESS (SECTION 2)	except the towing of any stive by Section & of the n 95 of the Road Transp N/A N/A	y one Mot bort A	disabled mechanically propelled vehicle. or Vehicle (Third Party Risks and Compensation) Act, 1987 (Malaysia), are not to be included under these
E) IN	# Limitations rendered inopera Act (Chapter 189) and Section headings. CESS (SECTION 1) CESS (SECTION 2) SURE WITH COE	except the towing of any stive by Section & of the n 95 of the Road Transp : N/A : N/A : YES : LAKE-VIEW CREE	Mot bort A	disabled mechanically propelled vehicle. or Vehicle (Third Party Risks and Compensation) Act, 1987 (Malaysia), are not to be included under these
E) IN HI SI	# Limitations rendered inopera Act (Chapter 189) and Section headings. CESS (SECTION 1) CESS (SECTION 2) SURE WITH COE RE PURCHASE COMPANY IM INSURED We hereby Certify that the Policy tehicles (Third Party Risks and Comp	except the towing of any stive by Section 8 of the ri 95 of the Road Transp : N/A : N/A : N/A : YES : LAKE-VIEW CREE : MARKET VALUE o which this Certificate	y one Mot A DIT PT OF IN relate 189)	or Vehicle (Third Party Risks and Compensation) (act, 1987 (Malaysia), are not to be included under these FE LTD (SURED VEHICLE AT TIME OF LOSS) (es is issued in accordance with the provisions of the Motor and Part IV of the Road Transport Act, 1987 (Malaysia)
EN HI SI	# Limitations rendered inopera Act (Chapter 189) and Section headings. CESS (SECTION 1) CESS (SECTION 2) SURE WITH COE RE PURCHASE COMPANY IM INSURED We hereby Certify that the Policy tehicles (Third Party Risks and Comp	except the towing of any stive by Section 8 of the on 95 of the Road Transp : N/A : N/A : N/A : YES : LAKE-VIEW CREE : MARKET VALUE to which this Certificate bensation) Act (Chapter	y one Mot A DIT PT OF IN relate 189)	or Vehicle (Third Party Risks and Compensation) (act, 1987 (Malaysia), are not to be included under these FE LTD (SURED VEHICLE AT TIME OF LOSS) (es is issued in accordance with the provisions of the Motor and Part IV of the Road Transport Act, 1987 (Malaysia)