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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Mobile Number

Fax Number 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 willul 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.

<b>第一次是不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一</b>	ACCIDENT STATEMENT
Date Of Report	05/03/2019 17:39
Date Of Accident	04/03/2019 14:30
Exact Location Of Accident	ALONG BUKIT BATOK STREET 23
Country/State of Loss	SINGAPORE
mandata; medantakan wijaraka mak D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP6532L
Insured/Policyholder	
Name Of Registered Owner	NYQ SERVICES PTE LTD
Co Reg No	199102353Z
Email Address	NYQSPL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-93393800
Alternative Phone No	OFFICE-93393800
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LORRY
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091718852-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SYAHIR BIN MD DALI
NRIC No	S8635423C
Date Of Birth	06/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	02/01/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE

(LOCAL) +65-93393800

NYQSPL@SINGNET.COM.SG

OTHERS-93393800

Address

BLK 214 TAMPINES STREET 23

#07-69

Postcode

520214

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 - OPENING DOOR OF VEHICLE

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

Was any body injured in the Accident?

NO

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)

Passenger 1

NAME:

: COLLEGUE

GENDER:

: MALE

Passenger 2

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 ATTACHMENT

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

SLM2530M

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM SIEW GEOK

NRIC/Passport Number

Contact Number

93629589

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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) 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.

NYO SERVICES PTE LTD

WQ SERVICES PTE LTD

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatu

NRIC/FIN No :

driver is not the policy

Policyholder's Signature Date & Time: REFER DO PAREHMAN

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

0 6 0	STANCES OF THE ACCIDENT
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# DECLARATION

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

NYQ SERVICES PTE LTD

5/3/19

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature
Name:
NRIC/FIN No.: 484

· huagge was (8 7 7859 86 (8 TZE59 dk By Bothel St 23 2 Way Street HDB Carpark

# Accident on 4/3/19 Between My truck YP6532L and Vehicle Honda Vezel 3LM 2530M.

On 4/3/19 at around 2.30pm I was driving along B+ Batck St. 23 when I heard a sound like I had knock on something. So I put on my hazardest light and stopped by the side of the road to check Before opening my door I check to see if there was on comming vielicles, the road was clear. But when I opened my door slightly (about 450) suddenly Vehicle SIM2530M came very jast to overtake my Stationery truck and slamped onto my cloor.
My door was badly damaged, and front right side light cover was clamaged. We had problem closing the door.

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NYO SERVICES PTE LTD

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# ACCIDENT STATEMENT

ACCIDENT DATE: 104/03/2019 (DD/	MM/YYY), TIME:(14:30)(HH:MM)
	2-3
*	
a) VEHICLE NUMBER: 48 653 L	
DINSURANCE COMPANY: NTW	
CIPOLICY NUMBER: 50917189	
a)POLICY TYPE: (COMPREHENSIVE / T	HIRD PARTY / THIRD PARTY FIRE &THEFT)
ALWAYER WODEL: WILLSHIP	HT
T)TYPE:(SALOON / COUPE / MPV /VAI	N / LORRY / MOTORCYCLE / OTHERS)
.9) VEHICLE CATEGORY: (PRIVATE / CO	MMERCIAL / MOTORCYCLEI
n/PURPOSE OF USING AT ACCIDENT TO	IME:
I) ARE YOU CLAIMING UNDER YOUR O IF NO, PLEASE STATE (THIRD PARTY CL	WN INSURANCE (YES (MO) LAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	1899 and Control of the Control of t
	(MALE / FEMALE)
chance (2 m) b) NRIC/FIN/PASSPORT:	CONTACT:
c) ADDRESS:	
CONTINUE TO 3.d IF DRIVER ALSO PO	DLICY HOLDER
THO OF passenges DRIVER	9
(Including driver) DINAME: MUHAMMAD SYAHIR	(MACE)
CO STANIC/FIN/FASSPORT: DYGS 54 LS	
CJADDRESS: BLK 214 TAMP	INES 5723 #07-69
-d) DATE OF BIRTH: 106/12/1980	
e OCCUPATION: (INDOOR / OUTDOO	2_1(DD/MM/YYYY)
	2/01/2-19
4. WAS DRIVER AN EMPLOYEE OF THE	INCLIPEDIS COMPANIAS (CESTIVA)
IF NO, RELATIONSHIP OF THE DRIV	ED WITH INCLIDED
5. GIWEATHER CONDITION: (CLEAR / RAIL	NING / OTHERS
DIROAD SURFACE: (DRY / WET / OTHER	es :
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	1.0
IF YES, PLEASE STATE WHICH POLICE S	TATION:
8 THIPD PARTY VEHICLE	20000000000000000000000000000000000000
# No of passenger a) VEHICLE NUMBER: SLM 2530	OM MODEL: HONOY VEZZE
(Including driver) D) DRIVER'S NAME: LIM SIEW GE	OK
( ) KIC/HN/PASSPORT: 5/8/97/2	68 CONTACT: 9362 955
9. THIRD PARTY VEHICLE	
Ho of passenger d) VEHICLE NUMBER:	MODEL:
( landy Arm data ) Of DRIVERS HAME.	
( NRIC/FIN/PASSPORT:	CONTACT:
	The state of the s
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email = 17495PL@ SINGHET. Com. SO

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8635423C



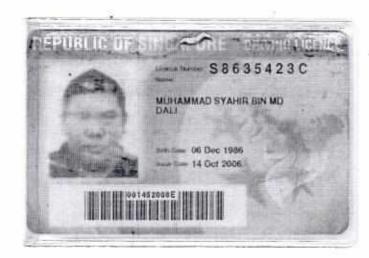
MUHAMMAD SYAHIR BIN MD DALI



محمد شاهير بن محمد دالي MALAY

06-12-1966

SINGAPORE



5678656



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thele of lease. 09-12-2016

APT BLK 214 TAMPINES STREET 23 #07-69 SINGAPORE 520214

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSICS! FALS DATE Materiopiles = 200 CC Materiors = 2000 kg with == 7 percenters, enclaids of the driver; and mader transcription == 2500 kg S / No 9000287555 \$8635423C



# Certificate of Insurance

MOTOR VEHICLES (THIRD DANK	
	TY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PART	TY RISKS AND COMPENSATION) ACT (CHAPTER 189)  TY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (N	MALAYSIA
	TY RISKS) RULES, 1959 (MALAYSIA)
Certificate Number: 50917188	
	cover : comprehensive
<ol> <li>Index mark and Registration</li> </ol>	n Number of Vehicle : YP6532L
Chassis Number	FEB71EAZ0400
Name of Policyholder	NYQ SERVICES PTE LTD
3. Effective Date of Insurance	: 08 Jun 2018
4. Expiry Date of Insurance	: 07 Jun 2019
5. Persons or Classes of Person	ns entitled to drive#
(a) The Policyholder.	
(b) Any other person who is	s driving on the Policyholder's order or with his/her permission.
Provided that the person	in driving is permitted in accordance with the licensing or other laws or regulations to dis-
the Motor Asuicle of us	is been so permitted and is not disqualified by order of a Court of Law or by coases of any
6. Limitations as to Use#	n in that behalf from driving the Motor Vehicle.
	AND THE RESERVE TO THE PARTY OF
(a) Use for social domestic a	and pleasure purposes and in connection with the Policyholder's business or profession.
(D) Use for the carriage of p	passengers or goods in connection with the Policyholder's business.
This Policy does not cover	
<ul><li>(a) Use for hire or reward.</li></ul>	
(b) Use for racing, pace-mak	king, reliability trial or speed-testing.
(c) Use whilst drawing a trai	iller except the towing of any one disabled mechanically propelled vehicle.
# Limitations rendered ino Act (Chapter 189) and Se headings.	operative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) action 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these
instruction and	
EXCESS (SECTION 1)	: 5\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	± \$\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
/We hereby Certify that the Police	cy to which this Certificate relates is issued in accordance with the provisions of the Motor
Agency : S & M	ompensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)  M ALLIANCE PTE LTD (00000614373) In 2018 15:32 hrs  For NTUC INCOME INSURANCE CO-OPERATIVE LIMIT