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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.
- 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.
- 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/03/2019 15:50
Date Of Accident	07/93/2019 17:15
Exact Location Of Accident	JUNC OF JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF3774A /
Insured/Policyholder	
Name Of Registered Owner	YONG SENG COFFEE POWDER /
Co Reg No	09891600M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86465533
Alternative Phone No	OFFICE-86465533
Vehicle Particulars	
Manufacturer	NISSAN
Model	(Sec)
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	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 5094319495-01

Cover Note Number

Driver

Name of Driver TAY WENG HOCK S0878355A NRIC No Date Of Birth 27/09/1946 OUTDOOR Occupation Date Of Driving Pass 31/10/1964

Driving Experience 54 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86465533

Fax Number

Contact Number OTHERS-86465533

EMail Address NOEMAIL Address

BLK 64 TELOK BLANGAH DRIVE

#07-204

Postcode

100064

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

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)

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

PLS REFER TO THE ATTACHED STATEMENT.

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

SBS7400J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

FOO KIM WEI

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)

Lunderstand, 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.

水生咖啡粉 YENG SENG COFFEE POWDER BLE 77, SENG POH ROAD #01-75 SINGAPORB 161077

Policyholder skignacure 2232893

Date & Time:

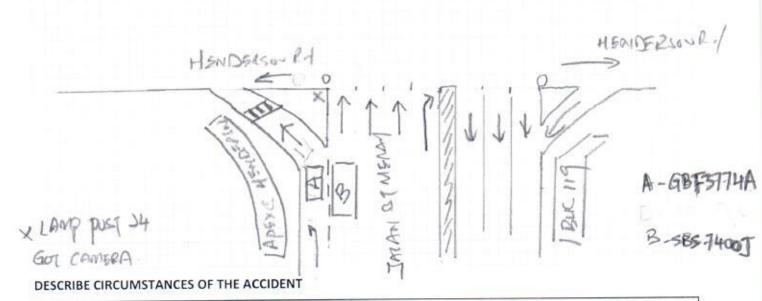
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Aersonnel's Signature

NRIC/FIN No.:



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DECLARATION

AWO declare the foregoing particulars are true in every respect.

BLE 77, SENG POH ROAD #01-75 SINGAPORE 161077

Policyholder's Signature 2232895

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 83-2019 48M12

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:



MT/NB/WELCOM/001

05 Sep 2018

YONG SENG COFFEE POWDER BLK 77 #01-75 SENG POH ROAD TIONG BAHRU ESTATE SINGAPORE 161077

Dear Policyholder

COMMERCIAL VEHICLE INSURANCE POLICY NUMBER: 5094319495-01

Thank you for insuring with Income. We are pleased to be able to help you with your protection and financial planning needs.

Please read the enclosed policy documents to make sure that the benefits meet your needs.

The main documents in this pack carry the Crystal Mark, an international seal of approval for the clarity of a document. It guarantees that a document is written in plain English and offers simple, clear and concise information. We are the first insurance company in Asia to carry out a major Crystal Mark initiative. We know that our customers want information that is easy to understand. By being as clear as possible, we help our customers make informed decisions.

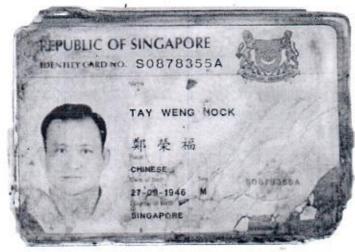
For any correspondence on your Commercial Vehicle Insurance policy, please quote your policy number. This will allow us to help you quickly. Please also let us know if there are any changes to your home address and contact numbers.

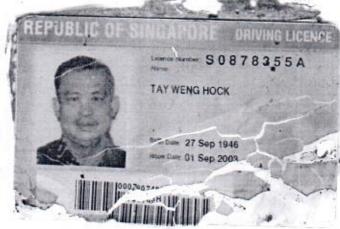
If you have any queries, please contact our customer service officers on 6788 6616 or email us at csquery@income.com.sg. Alternatively, you may contact your agent META AGENCY PTE. LTD. at 98585076 or email charliembpl@gmail.com. Thank you.

Yours sincerely

Ken Ng Chief Executive TP

SBS 7400 J SV14 79310 Foo kim WZI 17:15 JLn Butti Merah





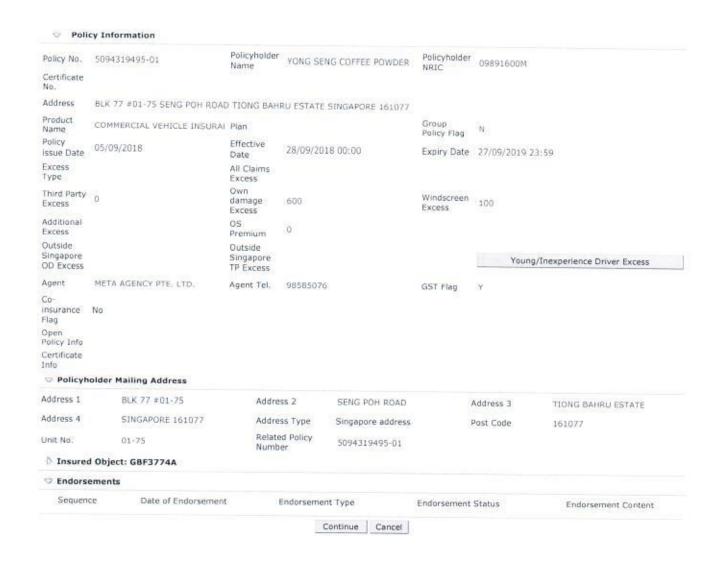






C	ertificate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND CO MOTOR VEHICLES (THIRD PARTY RISKS AND CO ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES	OMPENSATION) RULES, 1960
Certificate Number: 5094319495-01	Cover ; Comprehensive
1. Index mark and Registration Number of Ver Chassis Number 2. Name of Policyholder 3. Effective Date of Insurance 4. Expiry Date of Insurance 5. Persons or Classes of Persons entitled to decense of the Policyholder. (b) Any other person who is driving on the Provided that the person driving is perturbed the Motor Vehicle or has been so per enactment or regulation in that behalon. 6. Limitations as to Use#	chicle : GBF3774A : VM20099677 : YONG SENG COFFEE POWDER : 28 Sep 2018 : 27 Sep 2019 Irive# The Policyholder's order or with his/her permission. Formitted in accordance with the licensing or other laws or regulations to drive mitted and is not disqualified by order of a Court of Law or by reason of any lif from driving the Motor Vehicle. Purposes and in connection with the Policyholder's business or profession. goods in connection with the Policyholder's business.
Act (Chapter 189) and Section 95 of the headings.	Section 8 of the Motor Vehicle (Third Party Risks and Compensation) the Road Transport Act, 1987 (Malaysia), are not to be included under these
	N/A
	\$\$100
	YES
HIRE DURCHASE COMPANY	N/A
SUM INSURED : 1	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS
Vehicles (Third Party Risks and Compensation	this Certificate relates is issued in accordance with the provisions of the Motor on) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) PTE. LTD. (00000573430) :47 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITI
Countersigned By: Authoris	sed Officer Chief Executive

eBaoTech							No.		Genera	Claim	
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					Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5094319495- 01		COFFEE POWDER	09891600M	GCV	Comprehensive	GBF3774A	GBF3774A	28/09/2018	27/09/2019
					10	Continue					



Claim Handling

Contact No.(Mobile) Contact No. (Mobile) Contact No. (Home) OI	Accident MT/1035298						
Pulcy-indices Name	Policy No.	5094319495-01	Vehicle No.	GBF3774A		GST Regi	stration N
Project Code	Certificate No.	5.		85			
Content No. (Member)	Policyholder Name	YONG SENG COFFEE POWDER				Policyhok	der NRIC
Special Remark Spec	Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Loading	
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Date of Accident							250
Date of Accident 07/03/2019 Time of Accident Number 17:15 Country of Accide	Report Date	11/03/2019 11:05	Accident Report Within 24 hrs	Yes		Accident	Туре
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Address 4 SINGAPORE 161077 Address Type Singapore address Post Code Unit No. 01-75 Related Policy Number 5094319495-01 Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name Tay WENG HOCK Driver RBLC 50978355A Driver Doss Register Date of Driver License 31/10/1964 Driver Age 72 Driving Experient Contact No. (Mobile) 84645533 Contact No. (Office) 0 Contact No. (Home) Address 1 BLK 64 # Address 7 TELOK BLANGAH DRIVE Address 3 Address 4 SINGAPORE 100064 Address Type Singapore address Post Code Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Co Driver Insurer Co Driver Insurer Co Driver RBLC Songapore Registered and Singapore Registered and Singapore RB No. (Home) N	Policyholder Mailing Add	ress					
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