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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
- 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.

By the lodgement of this report to the insurers, you aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	01/04/2019 20:42	
Date Of Accident	01/04/2019 10:35	
Exact Location Of Accident	EUNOS LINK TURNING INTO PIE	
Country/State of Loss	SINGAPORE	
《中国》,中国中国的	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH4729P	
Insured/Policyholder		
Name Of Registered Owner	HYS TRADING SERVICE	
Co Reg No	53364590E	
Email Address	HON4857@YAHOO.COM.SG	
Mobile Phone No	(LOCAL) +65-96664857	
Alternative Phone No	OFFICE-96664857	

Vehicle Particulars

Manufacturer TOYOTA Model HIACE

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 REPORTING ONLY 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 5101369005

Cover Note Number

Driver

Name of Driver HON YONG SENG (WEN RONGSHENG)

NRIC No S7515108Z Date Of Birth 23/05/1975 Occupation OUTDOOR Date Of Driving Pass 19/06/1997

21 YEARS AND 9 MONTHS **Driving Experience**

Gender MALE

Mobile Number (LOCAL) +65-96664857

Fax Number

Contact Number OFFICE-96664857

EMail Address HON4857@YAHOO.COM.SG

BLK 156 RIVERVALE CRESCENT Address

#12-150

Postcode 540156

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

1

Was any other material or property damaged?

I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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 SKR7956X Vehicle Make/Model/Colour HONDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEE MING XUAN NRIC/Passport Number S9003527D

Address Postcode

Insurance Company Name

Nature Of Damage

Contact Number

No. Of Passenger (Including Driver)

91712507

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)

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.

HYS TRADING SERVICE BLK 156 RIVERVALE CRESCENT 12-150 SINGAPORE 540156

Policyholder's Signature Date & Time:

Driver's Signature

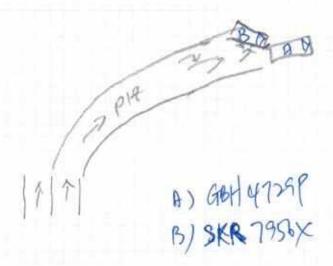
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along euons link and turning right into PIE along the slip road DAVER LEE MING XUAN OF SKR 7956X hit my van from behind causing damages to my van on the left side of my van

DECLARATION

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

TRADING SERVICE 156 RIVERVALE CENT 12-160

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre P Name:

NRIC/FIN No.:

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Claim Handling(accident reporting Claim Task)

		37.5		HOG 7571 - 107
1	NAC_BURIT_MERAN_BIDDLYG; PARTICINAL ASSESSMENT CENTRE SERVICE S (BURIT MERANL) ON SJ ANT JUDY 10-93	Photos	Normal	Photos 2019-4-1
	NAC_BURIT_PRESAN_BURG ON WATCHAL ASSESSMENT CENTRE SERVICE B DEALLT MERAN)) on 02 Apr 2019 20101	Phytos.	Skirmal	Plutos 2013-4-2
	NAC_BENCE_MINAH_RODE?A(NATIONAL ASSESSMENT CENTRE BENVICE 6 (BURST MERANII Nº 02 Apr 2018 10-0)	Photos	Atomal	Photos 3018-+-2
	NAC_BLACT_MERAN_BYCK?NL NATIONAL ASSISSMENT CENTRE SERVICE S (BURIT MENANT) on 0.2 Apr 2018 19:52	Makes	Normal	Phone 2523-4-3
	TACL BURIT HERAH BOOKING KATIDINAL ASSESSMENT CURTIC SERVICE 6 (RINGT MERAH) on UZ AND 2018 19:02	-Photos	Nermal	Ameias 2018-4-2
	NAC MUNIT, MERRY, SOCKER, WATLOWAL ASSESSMENT CENTRE SENGLE S (BLACT MERRY) on QJ Age 2019 10:07	Philos	Teormax	Photos 2019-4-2
墨	NAC_BURIT_HERAN_RODGEN; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAN)) on G7 ADF 2014 VIL S2	Protoc	Normal	Whates 3018 2
199	NOC_BURIT_MERAH_BIDG/0(NATIONAL ABBESSMENT CENTRE SERVICE 5 (BURIT MERAH)) or 02 Apr 1013 10 02	5A5	Normal	SAS 2019-6-2
KI G	NAC_RURLT_MERAH_STIEFFE NATIONAL ASSESSMENT CENTRE SERVICE 5 (BLRIT MERAHL) on 02 AUT 2018 12-02	NOC/ Diving Limite	Majorin al	WING Edining Literature 2019-4-2
 Video List 				

Filliage Date

Dropfey in New Wrindles | Street and upspacing

ACCIDENT STATEMENT

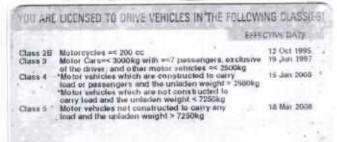
ACCIDENT DATE: 1 4. 3019 HDD MAN	YYYY). TIME: (10. 35)(HH:MM
LOCATION: EGNUS LINK TURN	INTO PIE
1. DETAILS OF VEHICLE GIVEHICLE NUMBER: GBH 4129 / DINSURANCE COMPANY: NTUC CIPOLICY NUMBER: DIMAKE & MODEL: TO VOTA	A DA DTV / TI WITE IS A DEVICE OF THE PARTY
f) TYPE: (SALOON / COUPE / MPV (VAN)/ LI .9) VEHICLE CATEGORY: (PRIVATE / COMM h) PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN	ORRY / MOTORCYCLE / OTHERS) ERCIAL MOTORCYCLE) DELIVERY
2. INSURED / POLICY HOLDER AINAME: HYS TROOMS SVC	/ REPORTING ONLY)
b) NRIC/FIN/PASSPORT:	CONTACT:
CONTINUE TO 3.d IF DRIVER ALSO POLICY DRIVER Clincluding driver) DINAME: HON YOUG SENG DINAME: HON YOUG SENG DINAME: STS 15108/2 CLADDRESS: BIK 156 RIVERVAL	(MALE / FEMALE)
e)OCCUPATION: (INDOOR / OUTDOOR) f)DATE OF DRIVING PASS 19/1/ 4. WAS DRIVER AN EMPLOYEE OF THE INSI	IG97 JRED'S COMPANY? (YES! NOT
b)ROAD SURFACE: (DRY / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. D)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIC	/ OTHERS
Mo of passinger a) VEHICLE NUMBER: STR 7956X Including deliver) b) DRIVER'S NAME: Like MINELY	MODEL: HONDA
(2) SPOSSONIE SP	Z OOMACI, IT MAN
We of passenger of VEHICLE NUMBER:	MODEL:
()	CONTACT:

email = hon4857 @ Yahoo com sig









NP 4284

Licence No: 575151062



	Certificate	e of Insurance
MOTOR VEHICLES (THIRD PARTY RISI MOTOR VEHICLES (THIRD PARTY RISI ROAD TRANSPORT ACT, 1987 (MALA: MOTOR VEHICLES (THIRD PARTY RISI	(S AND COMPENSATION YSIA)	N) RULES, 1960
Certificate Number : 5101369005	O) HOLLS, 1939 (MINEM)	
Index mark and Registration Num	haracter to the	Cover : Preferred Workshop Plan
Chassis Number	per of Vehicle	: GBH4729P
Name of Policyholder		: JTFHT02P200243112
3. Effective Date of Insurance		: HYS TRADING SERVICE
Expiry Date of Insurance		: 14 Jun 2018
5. Persons or Classes of Persons enti	tled to drive#	: 13 Jun 2019
(a) The Policyholder.	GEO TO GLIACH	
	ng on the Policyholderk	s order or with his/her permission.
Provided that the person driv	ing is permitted in according to permitted and is no	ordance with the licensing or other laws or regulations to drive
6. Limitations as to Use#		me Motor verible.
(a) Use for social domestic and p	leasure purposes and in	connection with the Policyholder's business or profession.
(b) Use for the carriage of passer	igers or goods in connec	ction with the Policyholder's business.
This Policy does not cover		The state of the s
(a) Use for hire or reward.		
(b) Use for racing, pace-making, r	eliability trial or speed-	festing
(c) Use whilst drawing a trailer ex	cept the towing of any	one disabled mechanically propelled vehicle.
Act (Chapter 189) and Section headings.	95 of the Road Transpo	Motor Vehicle (Third Party Risks and Compensation) ort Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	SS600	
EXCESS (SECTION 2)	= N/A	
WINDSCREEN EXCESS	: S\$100	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY	: UNITED OVERSEAS	S BANK LIMITED
SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS		
	nsation) Act (Chapter 18	elates is issued in accordance with the provisions of the Motor 89) and Part IV of the Road Transport Act, 1987 (Malaysia)
Date of Issue : 11 Jun 201	E LTD (00000614234) 8 15:22 her	
[3]	D 42/22 1H3	
Zm	4	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:		
Auti	norised Officer	Chief Executive