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Owner / Driver: (Telt ,)	
Policy No: () Period: () Cover Type: ()	
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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.
- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	03/04/2019 16:48
Date Of Accident	30/03/2019 00:50
Exact Location Of Accident	SELEGIE ROAD TOWARDS FORT CANNING
Country/State of Loss	SINGAPORE
SAME ASSOCIATION OF THE PROPERTY OF THE D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH8985P
Insured/Policyholder	
Name Of Registered Owner	SAPHAD SERVICES
Co Reg No	53287997W
Email Address	SAPHADSERVICES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91448584
Alternative Phone No	OFFICE-91448584
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE-2:8 D (A)
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	5105034834
Cover Note Number	
Driver	
Name of Driver	SAPARI BIN SALIA
NRIC No	\$1561258D
Date Of Birth	20/07/1962

Date Of Birth 20/07/1962
Occupation OUTDOOR
Date Of Driving Pass 24/02/1987

Driving Experience 32 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91448584

Fax Number

Contact Number OTHERS-91448584

EMail Address SAPHADSERVICES@GMAIL.COM

Address

BLK 1 HOLLAND CLOSE

#05-131

Postcode

271001

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

YES

NO 2

Passenger 1

NAME:

: HADHIRAH BTE ISNAN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact Was notice of intended Prosecution given? TEL NO: 65470000 - FAX NO: NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190330/2066

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

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 22

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.
- 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.

Sapari Salla

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person

Name:

NRIC/FIN No .:

STAMFORD

A - GBH8985P UHKNOWN CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	200
	CM (CM)
	Political
	D 330
	120h
_	PD (1)

DECLARATION

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

Policyholde Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel a Signature (1972), Name:

NRIC/FIN No.:





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20190330/2066

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 30/03/2019 13:28		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
	Informant: BIN SALIA		Address: APT BLK 1 HOLLAND	CLOSE #05-131 SINGAPORE 271001	
	/ ID No.: D / S15612	58D	Contact No.: Home/Office:	Mobile: 91448584	
National SINGAP	ity: ORE CITIZ	ΈN	Email:		
Sex: Male	Age: 56	Date of Birth: 20/07/1962	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupat DRIVER			Driving Licence Informa Class:	tion: Date of Expiry:	

General Inform	mation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/03/2019 00:50	Type of Location:
Location: Along Road 1 STAMFORD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis	ion:		19	Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved			mark to the	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBH8985P	Van	TOYOTA	HIACE DX 2.8 AUTO		Seriously Damaged	

Details of Person Involved	HISTORY CONTRACTOR AND THE STATE OF THE STAT
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190330/2066

CONTINUATION OF REPORT

Driver									
Name	SAPARI BIN SALIA	IA		ALIA		BIN SALIA ID No.			S1561258D
Related Vehicle	GBH8985P (Van)			Contact No.		91448584			
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL			
Date Treatment	NIL		Date Disc	charge	NIL				
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL				

Brief Details.

ON STATED TIME, DATE AND LOCATION,

I WAS TRAVELLING ALONG THE SAID LOCATION ON THE MIDDLE LANE OF THREE LANES. OUT OF A SUDDEN, CORNER OF THE JUNCTION, I WAS HIT BY A WHITE CAR ON THE LEFT PORTION OF MY VEHICLE. SO I STOPPED MY VEHICLE. THE DRIVER ALMOST HIT ONTO THE LEFT DIVIDER AND MANAGED TO CONTROL HIS VEHICLE. THE WHITE CAR DROVE OFF AND BEATING THE RED LIGHT WITHOUT STOPPING. MY CONCERN FROM MAKING THIS REPORT IF TRAFFIC POLICE OFFICER CAN HELP TO INVESTIGATE OF THIS WHITE VEHICLE.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190330/2066

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / AHMAD JALALUDDIN BIN AHMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2019 13:28
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	Signature:

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Action

ACCIDENT STATEMENT

A	CCIDENT DATE: 30 03 2019)(DD/MM/YYY), TIME:(00 : 50	
LO	CATION: SELEGIE ROAD	TOWARD FORT CANNING	_)(HH:MM)
	1. DETAILS OF VEHICLE a) VEHICLE NUMBER: GB b) INSURANCE COMPANY: c) POLICY NUMBER: SLO d) POLICY TYPE: (COMPREHENS e) MAKE & MODEL: COM i) TYPE: (SALOON / COUPE / MP g) VEHICLE CATEGORY: (PRIVAT h) PURPOSE OF USING AT ACCII i) ARE YOU CLAIMING UNDER YOU IF NO, PLEASE STATE (THIRD PA 2. INSURED / POLICY HOLDER A) NAME: SAPHAD SERVICE b) NRIC/FIN/PASSPORT	H 8985 P NTUC 503 4834 SIVE / THIRD PARTY / THIRD PARTY FIR PREHENSIVE V (VAN) LORRY / MOTORCYCLE / C	E &THEFT) DTHERS)
ADHIRAH BJE ISM	* CONTINUE TO 3.d IF DRIVER AL		
4 No of passon god Clincluding driver (02)	DINRIC/FIN/PASSPORT: SISE CIADORESS: BLK I HOLLI didate of Birth: 120/07/ eloccupation: (INDOOR LOUT 1) DATE of DRIVING PASS WAS DRIVER AN EMPLOYER OF	1258-D CONTACT: 911 AND CLOSE #05-131 S 1962 1100/MM/YYYYI DOORD 2402 1997	448584 271001
5.	DIWEATHER CONDITION: CLEAR	PAINING (OTHER)	SMIN TO
6. 7.	WAS ANYBODY INJURED LYES ANY	2THERS	- CIBI AVE
" I'm of hassander	DRIVER'S NAME:		
() 9.	C) NRIC/FIN/PASSPORT:THIRD PARTY VEHICLE	CONTACT:	
* No of passenger (Including driver)	d) VEHICLE NUMBER:	MODEL:CONTACT;	
4	9		

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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1561258D



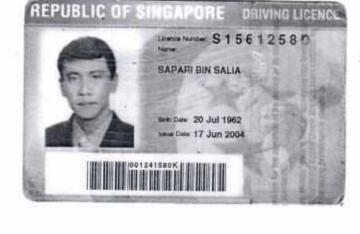


SAPARI BIN SALIA



JAVANESE 20-07-1962

M Country/Place of birth SINGAPORE



5617146



13-06-2016

APT BLK 1 HOLLAND CLOSE #05-131 SINGAPORE 271001

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

Class 2B Class 2A Class 3

Class 4 Class 5

Motorcycles not exceeding 200 oc Motorcycles between 201 oc and 400 oc Motorcycles between 201 oc and 400 oc Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg. Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2600 kg. Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kg.

PASS DATE

14 Mar 1985 14 Mar 1985 24 Feb 1987

30 Mar 1995 17 Jul 1995





Certificate of Insurance

MOTOR VEHICLES (THIRD PART) Certificate Number: 51050348 1. Index mark and Registration Chassis Number 2. Name of Policyholder	34	Cover : Preferred Workshop Plan
Index mark and Registration Chassis Number Name of Policyholder		
Chassis Number 2. Name of Policyholder	Number of Vehicle	
2. Name of Policyholder		GBH8985P GDH2011010612
2 Differentiate Print		SAPHAD SERVICES
3. Effective Date of Insurance		29 Oct 2018
 Explry Date of Insurance 		: 28 Oct 2019
Persons or Classes of Persons entitled to drive#		
(a) The Policyholder.		
(b) Any other person who is	driving on the Policyho	lder's order or with his/her permission.
revided that the person	n driving is permitted in s been so permitted and	accordance with the licensing or other laws or regulations to drive
6. Limitations as to Use#	in that behall from driv	ing the Motor Vehicle:
	and planture museum.	
(b) Use for the carriage of a	accomment of purposes a	and in connection with the Policyholder's business or profession.
This Policy does not cover	assemblers or Boods to Co	onnection with the Policyholder's business or profession.
(a) Use for hire or reward.		
(b) Use for racing, pace-mak	ing, reliability trial or sp	eed-testing.
(c) Use whilst drawing a trai	fer except the towing of	f any one disabled mechanically propelled vehicle.
WHAT AT A STATE OF		ansport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1) EXCESS (SECTION 2)	: S\$600	
WINDSCREEN EXCESS	: N/A	
NSURE WITH COE	: \$\$100	
HIRE PURCHASE COMPANY	: YES	
SUM INSURED	: TOKYO CENT	URY LEASING (SINGAPORE) PTE LTD
SOM NASOKED	: MARKET VAL	UE OF INSURED VEHICLE AT TIME OF LOSS
	cy to which this Certifica ompensation) Act (Chapt FENG PTE. LTD. (00000)	ite relates is issued in accordance with the provisions of the Motor ter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
	t 2018 16:15 hrs	31
		For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
7	ml	A.S.
18		/ / /
199		
No	H	
Countersigned By:	A	
Countersigned By:	Authorised Officer	Chief Executive