NATIONAL Assessment Cent	re Services.	we! 1 Jan'03 ML	Aligovasgo	3.	T.	
Date In: 144kg- K:45	Job descripti		Date & Time Co	mpleted	Don	e py
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Veh No: GBELS]	E-mail (with	nia Shrs, AIC 2hrs)				
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1 toporting Only	i-Photo Up	loaded				
TP Insurer:	Assessment/	Survey Report				
1893 830000000	Ass't Report	by Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax	c:	
TP Particulars: Veh No: SCR	86634	. INC ()/Non-INC().		-
Owner / Driver: (Tel:)	
	eriod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
**	Note-Est. Status		%; P: 21-79%.	P: 80-100	0%]	
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() Total Loss Case : to e-mail Insur	or IIDCENTLY	ormoontial & oth	City NO 131er 017	epaner.		
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				april 1		-
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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.
- 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.

ACCIDENT	STATEMEN	ı
4010110010	Committee Committee	

Date Of Report 12/04/2019 18:40
Date Of Accident 11/04/2019 17:45

Exact Location Of Accident TAMPINES SOUTH FLYOVER EXIT

Country/State of Loss SINGAPORE

		VEH	

Vehicle Registration Number GBE23J

Insured/Policyholder

Name Of Registered Owner HEMUS PACIFIC PRIVATE LIMITED

 Co Reg No
 200512640E

 Email Address
 NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-89999999

Vehicle Particulars

Manufacturer TOYOTA

Model HIACE 3.0 DX A

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL USE

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 5069661931-04

Cover Note Number

Driver

Name of Driver SEAH KWEE SENG (SHE GUISHENG)

 NRIC No
 \$7903993D

 Date Of Birth
 03/02/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 20/04/2015

Driving Experience 3 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90217953

Fax Number

Contact Number OFFICE-90217953

EMail Address NOEMAIL

BLK 469C SENGKANG WEST WAY Address

#20-628

Postcode 790469

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

2

NO

NO

1

NO

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLR8663Y

Vehicle Make/Model/Colour

TOYOTA PRIUS/ BLACK

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE WEI PING

NRIC/Passport Number

Contact Number

81771035

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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)

l understand, acknowledge, agree and consent that:

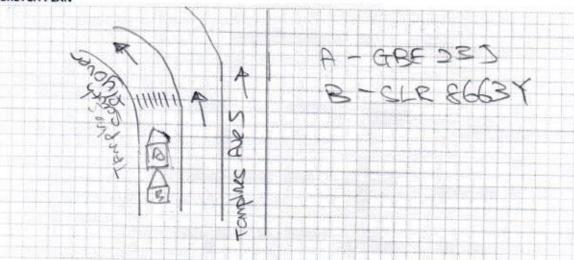
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Persono Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE ACCIDENT
1 was stallaring at source crossing and valido
B hit coto wil rear

DECLARATION

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

Policyholder's Signature Date & Time:

EAAMS Steen Manford with

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Persopher's Signature Name: NRIC/FIN No.:

SINGAPOR	E ACCIDENT STATEMENT
ACC	CIDENT STATEMENT
Date Of Accident	• 11/4/19 Time (745)Hrs
Exact Location Of Accident	· Topomies Couth Flower Exit
	OWN VEHICLE (VEHICLE A)
	· COC OS <
Vehicle Registration Number	GBG 22 2
Mediad-Estate distribution	· Mark Bella
Name of Registered Owner	HAMES FORTHER FOR GOI
NRIC/FIN/Passport Number	-10020040F
Vehicle/Earlieulaps	AND THE PROPERTY OF THE PARTY O
Manufacturer	Toyota
Model	toyota HIAR
Exact Purpose for which vehicle was being	
used at time of accident	* Private use Commercial use Hire & reward Others - please specify
Are you claiming under your own insurar policy for repair to your vehicle?	1Ce No Others
If No, please state action to be taken	* Third Party Claim Reporting Only
Vehicle Category	* Private Commercial Motorcycle
Insulance Generally Co.	
Name of Insurance Company	· ATUC
Type of Coverage	· Comprehensia
Fleet Policy	Yes No No
Policy Number	15069661931704
Cover Note Number	
Drivers as a second second	
Name of Driver	* Rech vapple Sena
NRIC/FIN/Passport Number	· SAGORASO Y
Date of Birth	·02021979
Occupation	· Provet manage
Date of Driving Pass	· 100 AR 2015
Gender	* Male Female
Mobile Number	190717958
Address	sometion we than BIK HOC
Vidire 93	#20-628
Email Address	Seen Chans con sq
Was driver an employee of the Insured's	
Company?	* Yes No .
If no, Relationship of the Driver with the Insured	· [Employee]
Infoured .	

Vehicle Registration Number of Driver's Own	
Vehicle (if applicable) Insurance Company of Driver's Own Vehicle	
(if applicable)	
General Information of the Assistant	
Type of Accident	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT
Weather Conditions	
Road Surface	Clear Raining Others
Other Information	Dry Wet Others
Was any body injured in the Accident?	Yes No
Was any other material or property damaged?	
Details of injured Persons	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle Occupants, state in which vehicle?	
Were seat belts worn?	·
Was injured conveyed to hospital by	Yes No I
ambulance?	* Yes No
Devails of Police Action	
Was the Accident reported to the Police?	* Yes No
If Yes, please state which Police Station	
Was notice of intended Prosecution given?	* Yes No
If Yes, against whom?	
DETAILS OF OTHER V	EHICLE(S) / PROPERTIES (VEHICLE B)
Vehicle Registration Number	· CLB CPPSIAI
Vehicle Make / Model / Cólour	TO LATE POLICE PLANT
Detail Of Properties	Topia Tras Action
Name of Driver	* 100 (De) PAC
NRIC/Passport Number	(F70) FF19
Contact Number	
Email Address	
Address	
nsurance Company Name	
Nature of Damage	
otalls of Winness	CONTROL OF THE PARTY OF THE PAR
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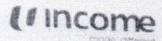


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 20 Apr 2015 of the driver; and other motor vehicles =< 2500kg

NP 428A



Certificate of Insurance

Cover : Comprehenoive

HEARDS PACIFIC PRIVATE LIMITED

GR1221

KEHI2030136398

26 Dec 2018

25 Dec 2019

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1060 BOAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (TEGRO PARCY RISKS) BULLS. 1950 (MALAYUA)

Certificate Number 5069661931-04

Index stork and Registration bursher of Vehicle

Littless Number

2. Nonserel Palicylookke

3. Effective Date of Insurance

4 Expery Date of Insurance

5 Persons or Classes of Persons soluted to dove 8

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with truther permission.
Fronted that the person driving is permitted as accordance with the scenning or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by resourcing or one concern or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Used

(a). Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

(b) Use for the carriage of passengers or goods in connection with the Policyholder's business

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace making, reliability trial or speed testing.

(c) Use whilst drawing a trader except the towing of any one disabled mechanically propelled vehicle

2 Limitations reinfered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation). Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

HARE PURCHASE COMPANY

SUM INSURED

ABWIN FIELTO

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We herety Certify that the Poicy to which this Certificate relates is laund in accordance with the provisions of the horizone. Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1982 (Marasola)

Agency Date of Issue ARWIN PTF LTD (00000614734)

10 Dec 2018 21:09 hrs

Countersigned by

Authorised Officer

For NEUE INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



Policy No.	5069661931-04	Policyholder Name	HEMUS PAG	IFIC PRIVATE LIMIT	Policyholder NRIC	200512640E	
Certificate No.		, wante			NRIC		
Address	33 UBI AVENUE 3 #04-45 VERTI	X SINGAPOR	E 408868				
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	10/12/2018	Effective Date	26/12/2018	00:00	Expiry Date	25/12/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	0.0	Own damage Excess	600		Windscreen Excess	100.0	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	ABWIN PTE LTD	Agent Tel.	68423301		GST Flag	Y	
Co- nsurance Flag	No						
Open Policy Info							
Certificate Info							
	nolder Mailing Address						
Address 1	33 UBI AVENUE 3	Addre	ess 2	#04-45 VERTEX		Address 3	SINGAPORE 408868
Address 4		Addre	ess Type	Singapore address		Post Code	408868
		Relati Numb	ed Policy er	5069661931-04			
Jnit No.							
10000000000	d Object: GBE23J						
10000000000	5-1-20-00-11-00-00-11-00-00-11-00-00-11-00-00						

cident HT/1039966					
Hcy No.	5069661931-04	Vehicle No.	GBE233	GST Registration No.	2005126408
rtificate No.					
Scyholder Name	HEMUS PACIFIC PRIVATE LIMITED			Policyholder NRSC	2005126400
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive	Loading	0
ntact No. (Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode	4. 🗸
K.	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	10	Private Hire	No
Accident Details					
port Date	12/04/2019 19:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Acodent	11/04/2019	Time of Accident Nhomm	17:45	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
ident Location	TAMPINES SOUTH FLYOVER EXIT				
Excess					
n damage Excess	600,00	Additional Excess		Windscreen Excess	100,00
named Driver Excess		Outside Singapore OD Excess			
rd Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Informa					
T Registered T Registration No.	Yes		GST Registration Date	01/06/2007	
dification History	200512640E		GST Status Verified	Yes	
- Constitution of the Cons					
Policyhelder Hailing Ad	dress				
dress 1	33 UBI AVENUE 3	Address 2	#04-45 VERTEX	Address 3	SINGAPORE 408868
dress 4		Address Type	Singapore address	Post Code	408868
it No.		Related Policy Number	5069661931-04	THE PARTY OF THE P	A. P.
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	SEAH KWEE SENG (SHE GUISH)	Driver NRIC	57903993D	Driver DOB	03/02/1979
gister Date of Driver License		Driver Age	40	Driving Experience	1
ntact No.(Mobile)	90217953	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 469	Address 2	SENGKANG WEST WAY	Address 3	SINGAPORE 790469
dress 4		Address Type	Singapore address	Post Code	790469
it No.	20-628				
es he own a Singapore pistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
daretion					
rathalyser or Blood Test ading?	0 mg	Any injury?	○ Yes ® No		
dification History					
Claim 001 New					
m Type +	GD-MX	Insured Name	HEMUS PACIFIC PRIVATE LIMIT	Insures NRIC	200512640E
ntact No. (Mobile)		Contact No.(Home)		Contact No. (Office)	62703498
ell Address	hemus_pacific@yahoo.com.sg	OI Vehicle Number	GBE230	TP Vehicle Number	SLR8663Y
mant Type Claimant Type *		Type of Benefit •	Please Select		Land Control of the C
mant Name *	22	Claimant NRJC *	Total Control of the		
mant Address					
m Description	GBE231 / SLR8663Y ON 11 Apr 2019			Name of Preferred Workshop	
ferred Workshop Contact		Insured Liability *	Not at Fault	The second of the second of	
suite Finalisation	Yes ·	Preference Repair Option		GIA report	Decreased
e Registered	12/04/2019 19:28	Claim Close Date	The state of the s	Date Received	12/04/2019 00:00
ort Taken By	Jackson			Water Vertiland	12/4/2019 00:00
Print AK letter					
			Save Submit		
ttachment					
dent No.	MT/1039966	Claim No.	001		
Doc. Received	⊕ Yes ○ No	Upload Date			
20 10 10 10 10 10 10 10 10 10 10 10 10 10	Path *	Ahman Pare	12/04/2019 19:30		
	Fach *		Category *	Confidential Urgen	
		Browse.	Gear Please Select	V No V Normal	V
		Browse	. Clear Please Select	V Normal	
		Browse.	Clear Please Select	V Normal	<u> </u>

