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TP Insurer:	Assessment/	Survey Report			
	Ass't Report	by Fax / Hand to	0 Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: De	7501Z	. INC()/Non-INC().		Palitice-Acc
Owner / Driver: (Tel:)	
Policy No: () F	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:)	
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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.
- 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

aloresaid,	
	ACCIDENT STATEMENT
Date Of Report	12/04/2019 18:21
Date Of Accident	12/04/2019 15:45
Exact Location Of Accident	BEFORE ENTERING INTO CUSTOM TWDS SINGAPORE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD6825X
Insured/Policyholder	
Name Of Registered Owner	E.S.P.S
Co Reg No	53361951C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90020408
Alternative Phone No	OFFICE-90020408
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO EX FORTE 1.6 6M/T ABS AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090888346-01
Cover Note Number	
Driver	

Name of Driver YAP KAR ANN (YE JIA'AN) NRIC No S7823303F Date Of Birth 16/08/1978 Occupation OUTDOOR

Date Of Driving Pass 19/02/1998 Driving Experience 21 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-90020408

Fax Number

Contact Number OFFICE-90020408

EMail Address NOEMAIL Address BLK 305D PUNGGOL DRIVE

#09-885

Postcode 824305

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

2

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
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? NO

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)

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2

NAME: : -

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJK7501Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>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:
 - (i) 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 Personnel
Name:

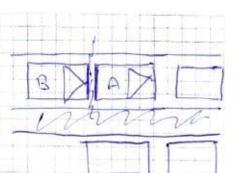
gnature

NRIC/FIN No .:

VIENTILLE A - SKD 6825 X

VEHICLE B

SJK 7501 Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was	TRAVELLING FRANCIST AHEAD TOWARDS JINGAPORTE
	IT was a single land . Single corridar way.
DUE TO	THE HEAVY TRAFFIC, THE CONTICUE HAD BEOKE TO
COMPLETE	AND SO I TOO APPLIED BRAKE TO COMPLETE STOP
	WAS IN THIS GRATIONARY POSITION WAITING TO
WANT OF	. SUDDENLY I FELT A CIREAT IMPACT FROM TH
	MY VOMICUS.
PLI CONTE	O FROM MY VEHICLE AND REACIZED IT WAS A
LELICLE	WITH CICENCE PLATIE NUMBER (SJK 7501 Z)
THAT CO	CLIDED TO THE REAR OF MY VANICUE.
vein cus	A - SKD 6825 X
Wiens cla	B - SJK 7501 Z

DECLARATION

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

F. S. P. S. Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne's Signature

Name:

NRIC/FIN No .:

/ehicle No.	SKD 6825 X Model/Make KIA CGRATO FORTE
Pate of Accident	12 April 2019
ime of Accident	3.45pm HRS
ocation of Accident	BEFORE ENTERING INFO CASTOM TUMPED SINGAPORE
xact purpose use during accid	
Name of Owner	E 5 P 5
Telephone No.	H/P: 90020408 Home: Office:
VRIC	5 336 1951C
Address	BUK 3050 PUNGADE DRIVE # 09-885 S(824305)
Claim type	OD THIRD PARTY REPORTING ONLY
nsurance Company	NTWC
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft
Policy No.	5090 888 346-01
Name of Driver	As Above If No. MAP KAR ANN
NRIC	57823303F Any Passengers: 2 (BUTH MACE)
Date of birth	16/08/1918
Occupation	Outdoor / Indoor
Driving License Pass Date	19 Fix 1998
Gender	Male / Female
Contact No. Address	H/P: 9002 0408 Home: Office: BLK 3090 PUNGAOL DRUG FLOG-885 S(824505)
Driver have any own vehicle	No, If yes, Reg No. Employee. If no. state
Relationship	(in 107 state
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other AFTER RAIN
Any Injuries	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	SSR 1501 7 Any Passengers:
Name of Driver	Contact No. :
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact :
Accident Portion	REAR
Camera Recorder	Yes / No
Email Address	
PARTICULAR WORKSHOP	TWINCAR AMOMOTIVE PTR LTD
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	NGI
	6741 0510

DENTITY CARD NO \$7823303F





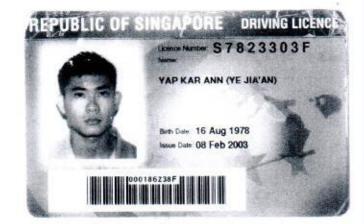
YAP KAR ANN (YE JIA'AN)



CHINESE

16-08-1978

SINGAPORE



4269298

26-08-2008

APT BLK 3050 PUNGGOL DRIVE #09 - 885 SINGAPORE 824305

NRIC No: \$7823303F

Date: 20/07/2011 No: 6886445

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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

26 Nov 1998

12 Jun 2001 19 Feb 1998

NP 428A



Certificate of Insurance

	RISKS AND COMPENSAT ALAYSIA)	ION NUL	, 1300	
MOTOR VEHICLES (THIRD PARTY		(LAYSIA)		
Certificate Number: 509088834			Cover : Comprehensive	
1. Index mark and Registration !	Number of Vehicle	113	SKD6825X	
Chassis Number		33	KNAFU411LB5375940	
2. Name of Policyholder		84	IDEAL PARTS & PARCEL	
3. Effective Date of Insurance		88	28 Jun 2018	
4. Expiry Date of Insurance		58	27 Jun 2019	
5. Persons or Classes of Persons	entitled to drive#			
(a) The Policyholder.				
(b) Any other person who is				
Provided that the person	driving is permitted in	accordan	e with the licensing or other laws or	regulations to drive
enactment or regulation	been so permitted and	is not dis	qualified by order of a Court of Law o	r by reason of any
enactment or regulation 6. Limitations as to Use#	in that behalf from only	ing the ivi	otor venicie.	
	nd planeura numarar a	nd in com	nection with the Policyholder's or Hire	ola (contacto
			with the Policyholder's or Hirer's bus	
This Policy does not cover	isserigers or goods in co	mection	with the Policyholder's of Afret's bus	ness,
	ing callability setal as on	and south	32	
(a) Use for racing, pace-mak				1
(a) Use for racing, pace-mak			ng. disabled mechanically propelled vehic	ile.
(a) Use for racing, pace-mak (b) Use whilst drawing a trail	er except the towing of	any one	disabled mechanically propelled vehic	
(a) Use for racing, pace-mak (b) Use whilst drawing a trail # Limitations rendered ino	er except the towing of perative by Section 8 of	any one	disabled mechanically propelled vehicler or Vehicle (Third Party Risks and Comp	ensation)
(a) Use for racing, pace-mak (b) Use whilst drawing a trail # Limitations rendered ino	er except the towing of perative by Section 8 of	any one	disabled mechanically propelled vehic	ensation)
(a) Use for racing, pace-mak (b) Use whilst drawing a trail # Limitations rendered ino Act (Chapter 189) and Se headings.	er except the towing of perative by Section 8 of ction 95 of the Road Tra	any one	disabled mechanically propelled vehicler or Vehicle (Third Party Risks and Comp	ensation)
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Countersigned By:

Authorised Officer

Chief Executive

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Notice of Loss	Policy 1	No.				Date	e of Accident	1:	2/04/2019 1	5:45	
	Vehicle	No.(For Mator)	SKD68	125X		Cert	tificate Number				
						Search	1				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5090888346- 01		E.S.P.S	53361951C	GCV	Comprehensive	SKD6825X	SKD6825X		27/06/2019
	0			E.S.P.S	53361951C	GCV	25 27 07 (8, 75 (8,20.4)	SKD6825X	SKD6825X	28/06/2018	27

Sequer	nce Date of Endorsemen		Endorsemen	Tune	Endorsement	Chatur	Endorsement Content
	sements						
) Insure	d Object: SKD6825X						
Jnit No.	09-885	Relate Numb	ed Policy er	5090888346-01			
Address 4	SINGAPORE 824305	Addre	ss Type	Singapore address		Post Code	824305
Address 1	BLK 305D #09-885	Addre	ess 2	PUNGGOL DRIVE	1	Address 3	TREELODGE@PUNGGOL
Policy!	holder Mailing Address						
Certificate Info							
Policy Info							
Open							
nsurance	No						
Agent Co-	GRABCAR PTE, LTD.	Agent Tel.	65703925		GST Flag	Y	
Excess	824 93000000A.S. 998	TP Excess				Revi=	
Singapore OD		Outside Singapore				Young	/Inexperience Driver Excess
Outside		Premium					
Additional Excess		os	0				
Party Excess	2000	damage Excess	2000		Windscreen Excess	100	
Third	973	Own			Min dans		
Excess Type		All Claims Excess					
Policy issue Date	11/06/2018	Effective Date	28/06/201	8 00:00	Expiry Date	27/06/2019 2	3:59
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Address	BLK 305D #09-885 PUNGGOL DI	RIVE TREELO	DGE@PUNG	GOL SINGAPORE 824	305		
Certificate No.							
	5090888346-01	Name	E.S.P.S		Policyholder NRIC	53361951C	

olicy No.	5090888346-01	Vehicle No.	9KD6825X	GST Registration No.	
roficate No.					
licyholder Name	E.S.P.S			Policyholder NRIC	53361951C
oduct Code	COMMERCIAL VEHICLE INSURAI	Cover Type	Comprehensive	Loading	0
ntact No.(Mobile)	90020408	Contact No. (Office)	0	Contact No.(Home)	0
nati Address		Special Remark		eCode	m v
K	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	20	Private Hire	Yes
Accident Details					
port Date	12/84/2019 19:34	Accident Report Within 24 hrs	Yes	Academ Type	Collision - Head to Rear
ite of Academ	12/04/2019	Time of Accident Nh:mm	15:45		
porting Centre		Orange Force	12.72	Country of Accident	Singapore
ordent Location	BEFORE ENTERING INTO CUSTOM TWDS SING			ICM No.	
Excess	DE ONE ENTENTIO THIS COSTON INVESTIGATION	GAPORE			
in damage Excess	2 000 00				
named Driver Excess	2,000.00	Additional Excess		Windscreen Excess	100.00
and Party Excess	2 404 40	Outside Singapore OD Excess			
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GST Registered Informa	4				
T Registered	No.		1444		
T Registration No.	NO		GST Registration Date GST Status Ventled		
dification History			Contract of the contract of th	Yes	
Policyholder Hailing Ad	dress				
iress 1	BLK 305D #09-885	Address 2	PUNGGOL DRIVE	Address 3	TREELODGE@PUNGGOL
dress 4	SINGAPORE 824305	Address Type	Singapore address	Post Code	824305
it No.	09-885	Related Policy Number	5090888346-01		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	YAP KAR ANN (YE JIWAN)	Driver NRIC	57823303F	Driver DOB	16/08/1978
gister Date of Driver License	19/02/1998	Driver Age	40	Driving Experience	21
ntact No.(Mobile)	90020408	Contact No.(Office)	a	Contact No.(Home)	0
dress 1	8LK 305D	Address 2	PUNGGOL DRIVE	Address 3	TREELODGE@PUNGGOL
dress 4	SINGAPORE 624305	Address Type	Singapore address	Post Code	824305
it No.	09-985		2.511 - V-1202 2 2002 - 15	2,555,5550	021000
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