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TP Particulars: Veh No:	ME 7508Z	. INC(	. )/Non-INC	<u>( )</u>	
Owner / Driver: (			Tel:		<del></del>
Policy No: ( )	Period: (		Cover Type: (		1
Confirmed by : (		Date:	Time		
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Year of Registration: ( )	Warranty: YES (	)/10(	)		
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### SINGAPORE ACCIDENT STATEMENT

## 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 witholding of material facts may allow insurance companies to regudiate 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

ACC	DEN	T STA	TEN	ACN.	ī
ALL	DEN	I SIA	I EIV		

Date Of Report 13/04/2019 17:27
Date Of Accident 12/04/2019 16:15

Exact Location Of Accident ALONG JALAN BUKIT MERAH

Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GX1446G

Insured/Policyholder

Name Of Registered Owner STREAM ENVIRONMENT (S) PTE LTD

Co Reg No 199700615D

Email Address GARYLEOGULAY\_23@YAHOO,COM

 Mobile Phone No
 (LOCAL) +65-94887318

 Alternative Phone No
 OFFICE-68484366

Vehicle Particulars

Manufacturer TOYOTA

Model LITEACE

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 THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5042802116-09

Cover Note Number

Driver

Name of Driver GARY LEO TUBIGAN GULAY

 Passport No/FIN
 G3121764X

 Date Of Birth
 19/04/1983

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/05/2015

Driving Experience 3 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94887318

Fax Number

Contact Number OFFICE-68484366

EMail Address GARYLEOGULAY\_23@YAHOO.COM

Address

37 TAMPINES STREET 34 #06-42 THE EDEN AT TAMPINES

Postcode

529240

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 - MAJOR/MINOR RD

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

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

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

SME7509Z

Vehicle Make/Model/Colour

MITSUBISHI ECLIPSE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LI WOFA DANIEL

NRIC/Passport Number

S8131480B

Contact Number

94565497

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.
- 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 withholding 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
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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)
  - (i) 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
- (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: 13/4/2019

Reporting Centre

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

the 3 20 MB	srd	party	car	SME	7509Z	Cheft FOIL To	570P	70
	_							

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) Date & Time: 13/4/2019 Reporting Centre Personnel's Signature |
Name:
NRIC/FIN No.: ROLL MONTON

### Claim Handling Accident MT/1040045 Policy No. 5042802116-05 Vehicle No. GX1446G GST Registration No. 19976 Certificate No. Policyholder Name STREAM ENVIRONMENT (S) PTE LTD Policyhnider NRIC 199700 Froduct Code COMMERCIAL VEHICLE INSURAN Cover Type Third Party, Fire & Theft. Loeding ū Contact No. (Mobile) 94897318 Contact No.(Office) 68484366 Contact No (Home) Emuli Address Special Remark scode No \* . No Yes TCA · No Ves eCode Reason NCO Protection NCD Entitlement(%) No 20 Private Hire No Accident Details Report Date 13/04/2019 17:41 Accident Report Within 24 hrs Yes Accident Type Collisio Date of Accident 12/04/2019 Time of Accident hh:mm 16:15 Country of Accident Singap Reporting Centre Orange Force JEM No. Accident Location ALONG JALAN BUKIT MERAH Trees. Own damage Excess Additional Excess 0.00 Windscreen Excuss 0.00 Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 0.00 Outside Singapore TP Excess - Benefits GST Registered Information GST Registered GST Registration Date 01/04/1997 SST Registration No. 1997006150 GST Status Verified Modification History 13/04/2019 17:43:45 System changed GST Registration Date from G1/G1/2015 to G1/G4/1997 13/04/2019 17:43:45 System changed GST Status Verified from No to Yes Policyholder Mailing Address BLK 9002 #02-38 Address 2 TAMPINES STREET 93 Address 3 SINGA Address 4 Address Type Singapore address Post Code 528834 CHOIC BAD: Related Policy Number 5842802116-09 □ DI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Oriver Unnamed driver Name GARY LEO TUBIGAN GULAY Driver NRIC G3121764X Driver DOB 19/04/ Register Date of Driver License. 08/05/2015 Driver Age 35 Driving Experience Contact No. (Mobile) 64887318 Contact No.(Office) 68464366 Contact No.(Home) Address 1 37 TAMPINES STREET 34 Address 2 #86-42 THE EDEN AT TAMPINES Address 3 SINGA Address 4 Address Type Foreign address Post Code 529240 Unit No. 06-42 Does he dwh a Singapore Registered car? Yes a No. Driver Vehicle No. GX1446G Driver Insurer Company NTUC Declaration Breathalyser or Blood Test Reading? 0 mg Any intury? Yes in No Modification History Claim 001 New Claim Type \* Insured STREAM ENVIRONMENT (S) PTI Name OD-MX Contact Contact No. (Mabile) (Home) ot vehicle GX1446G Email Address Claim Description GX1446G / SME7509Z ON 12 Apr 2019 Preferred Preference Not at Fault Comment No. Yes GIA Preferred Workshop, Name unknow eport Received Date Registered 17/04/2019 17:45 Report Taken By ROSLI WAHAB " Frint AK letter Save Submit Attachment

Claim No.

001

MT/1040045

Accident No.

⇒ Video List

Uploaded By/Date

Last Doc, Received Upload Date W Yes Wo 13/04/2019 17:46 Path \* Confidential Category \* Urgency \* Choose File No file chosen \* NO. \* Normal . Clear Please Select. Choose File No file chosen \* NO . Clear Please Select \* Normal Choose File No file chosen Dinar Please Select \* NO Normal + Choose File No file chosen \* NO Clear Please Select Normal Choose File No file chosen Clear Please Select \* NO Normal Choose File No file chosen \* NO Clear \* Normal Please Select Message Read Attachment List Attachment' Uploaded By/Date Category Urgency Description NAC\_PAYA\_UBI\_ROGGO1( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2019 17:46 Photos Normal Photos 2019-4-13 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 0 13 Apr 2019 17:46 Photos 2019-6-13 NAC\_PAYA\_UB1\_600601( NATIONAL ASSESSMENT CENTRE SERVICES) q 13 Apr 2019 17: 46 Photos Photos 2019-4-13 NAC\_PAYA\_URI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) 6 13 Apr 2019 17:46 Photos Normal Photos 2019-4-17 NAC PAYA UBI 86G601( NATIONAL ASSESSMENT CENTRE SERVICES) 8 13 Apr 2019 17:46 Photos Normal Photos 2019-4-13 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2019 17:46 Photos 2019-4-13 NAC\_FAYA\_UB1\_B00B01( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2019 17:46 Photos Photos 2019-4-13 NAC\_PAYA\_URI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2019 17:46 Photos Photos 2019-4-13 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2019 17:45 **Photos** Normal Photos 2019-4-13 NAC\_PAYA\_UBI\_S00601( NATIONAL ASSESSMENT CENTRE SERVICES) a 13 Apr 2019 17:45 Photos Protos 2019-4-13 NAC\_PAYA\_URL\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) a: 13 Apr 2019 17:145 Photos 2019-4-13 NAC\_PAYA\_UBI\_BGGG01( NATIONAL ASSESSMENT CENTRE SERVICES) o 13 Apr 2019 17:45 Photos 2019-4-13 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) of 13 Apr 2019 17:45 SAS. Normal 5A5 2019-4-13 - 300 NAC\_PAYA\_UBI\_800001( NATIONAL ASSESSMENT CENTRE SERVICES) 8 13 Apr 2019-17:45 NRIC/ Driving License T. ... Normal NRTC/ Driving License 2019-4-13

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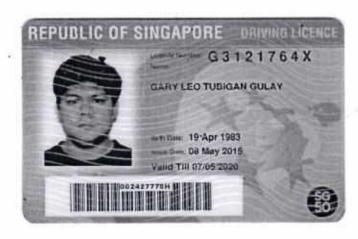
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# ACCIDENT STATEMENT

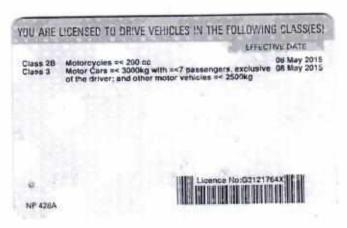
ACCIDENT DATE: 12 041 2009 10	D/MM/YYY), TIME:( 16: 15)(HH:MM)
LOCATION: ITOng Bahru	LOUS JUL BY MARON
1. DETAILS OF VEHICLE	A Deck Leads
a) VEHICLE NUMBER: GX 144	16 G
	Tue
CIPOLICY NUMBER: 5042	802116-09
A STATE OF THE PARTY OF THE PAR	/ THIRD PARTY THIRD PARTY FIRE &THEFT)
@JMAKE & MODEL: TO you	
	VAN LORRY / MOTORCYCLE / OTHERS)
9) VEHICLE CATEGORY: (PRIVATE	COMMERCIAL V MOTORCYCLE
h)PURPOSE OF USING AT ACCIDEN	ITTIME: WORKIN Time
I) ARE YOU CLAIMING UNDER YOUR	
IF NO, PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	CIDENTY OF PASSAGE AND ADDRESS OF THE SAME AND ADDRESS
ANAME: STREAM ENVIR	ONMENT (S) PIELID (MALE / FEMALE)
D)NRIC/FIN/PASSPORT:	CONTACT: 6848 - 4366
CIADDRESS: Plucic 9002 To	
HO2-38	528834
* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
of passange, DRIVER	
duding driver) DINAME: GARY LEO T.	MACCI TEMALE
	764× CONTACT: 94887318 9.34 #06-42, The
	83 1(DD/MM/YYYY)
e)OCCUPATION: (INDOOR) OUTDO	OOR
DOME SEDRIVING PASC	08/05/2015
4. WAS DRIVER AN EMPLOYEE OF T	HE INSURED'S COMPANY? (YES) NO)
IF NO, RELATIONSHIP OF THE DR	IVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR ) R	RAINING / OTHERS
DIROAD SURFACE: DRYY WET / OTH	HERS .
6. WAS ANYBODY INJURED (YES (NO)	)
7. a) REPORTED TO POLICE (YES NO)	> .
IF YES, PLEASE STATE WHICH POLIC	ESTATION:
B. THIRD PARTY VEHICLE  Passenger a) VEHICLE NUMBER: SME 70	FOOR MILLION Follo
ding driver) b) DRIVER'S NAME: Li Wo	
C) NRIC/FIN/PASSPORT: SE131	40B CONTACT: 9456 5497
9. THIRD PARTY VEHICLE	CONTACT: 1134 374
	MODEL:
of Deliverie	
nating driver )   NRIC/FIN/PASSPORT:	COLITION
)	CONTACT:
E 4	(i) (ii) (iii) (iii)
Ola	ry gulay@ stream-'environmen
em 1 = 94	ryleogulay - 23@ yahoo.co

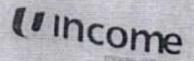
VIDEO











## Certificate of Insurance

Cover 1 Third Party, Fire & Theft

STREAM ENVIRONMENT (S) PTE LTD

CR425008202

16 Feb 2020

17 Feb 2019

MOTOR VEHICLES (THERD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 185) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RURES, 1960

ROAD TRANSPORTACE, 1987 (MALAYSIA)

AND FOR VEHICLES (THIRD PARTY RUKS) RUES, 1959 (MALAYSIA) Cortificate Number: 5042802216-09

- Index mark and Registration Number of Vehicle. Charols Number
- 2. Name of Policyholder
- 3. Effective Date of Insurance
- 4. Expiry Date of Insurance
- 5. Persons or Classes of Persons entitled to driver
  - (ii) The Policyholder.
- (b) Any other person who is driving on the Policyhpider's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing 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 reason of any enactment or regulation in that behalf from driving the Motor Vericle. 6. Limitations as to Use#
- - (a) Live 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 here or reward.
- (b) Use for racing, pace-making reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically properlied vehicle
- # Limitations rendered 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

EXCESS (SECTION 1) NIA EXCESS (SECTION 2) N/A

INSURE WITH COE YES HIRE PURCHASE COMPANY

: ABWIN PTE LTD SUM INSURED MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency.

ABWIN PTE LTD (00000614234)

Oate of Issue

04 Jan 2019 13:57 hrs

Countersigned By:

**Authorised Officer** 

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive