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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	30/04/2019 17:00
Date Of Accident	25/04/2019 17:00
Exact Location Of Accident	NO: 10 PENJURU ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	YN5122D
insured/Policyholder	
Name Of Registered Owner	SKV CONSTRUCTION & TRANSPORT PTE, LTD.
Co Reg No	200501038W
Email Address	SKV_LINGAN2005@YAHOO,COM
Mobile Phone No	(LOCAL) +65-91093688
Alternative Phone No	OFFICE-91093688
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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
Fleet Policy	NO
Policy Number	5075788649-03
Cover Note Number	
Driver	
Name of Driver	KARUPPIAH RAJENDRAN
Passport No/FIN	G2550311U
Date Of Birth	13/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2018
Driving Experience	0 YEAR AND 5 MONTH

Mobile Number (LOCAL) +65-91093688

Fax Number

OTHERS-91093688 Contact Number

SKV_LINGAN2005@YAHOO.COM EMail Address

Address

33 JURONG WEST STREET 41

Postcode

649413

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?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Wine

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)

0

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

XE928M

Vehicle Make/Model/Colour

FUSO LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

XU GUOJIAN

NRIC/Passport Number

G8182916R

Contact Number

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.
- 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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

30/04/9 (14:19 PT)
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ETCH PLAN				
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Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyh Date & Time:	older)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:	79/k

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Claim Handling(accident reporting Claim Task)

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	NAC_BUKIT_MERAH_B00676[NA S (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE 1 on 30 Apr 2019 17:33	Photos	hormel	Photo	4 2015 4-30	
6	NAC_BURIT_MERAH_800676(NA S (BURIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE) on 30 Apr 2019 17:32	Priorials	Nammal	Pote	v 2019-8-30	
-	NAC_BURST_HERAH_BEGE76(NA E (BURST HERAH)	TIONAL ASSESSMENT CENTRE SERVICE 1 OR 30 Apr 2019 17:33	Photos	Normal.	Photos	2615-4-30	

Draplay is New Window | Scan and uploading

	ACCIDENT'S	STATEMENT	17:00
ACCII	DENT DATE: (25 / 04/ 19)(DD/A	AM/YYYY), TIME:(_	S : DED HI (HH:MM)
LOCA	TION: 10 penjuru	Road	
T _e		22 D	
8:	dIPOLICY TYPE: (COMPREHENSIVE / TI e) MAKE & MODEL: FUSO f) TYPE: (SALOON / COUPE / MPV / VAI	HIRD PARTY / THIR	_
*	g) VEHICLE CATEGORY: (PRIVATE / CO h) PURPOSE OF USING AT ACCIDENT TO I) ARE YOU CLAIMING UNDER YOUR O IF NO, PLEASE STATE (THIRD PARTY CO	OMMERCIAL / MOT IME: OWN INSURANCE (YES/NOT PONKING.
2.,	A) NAME: SKV CONSTRUCTIONAL	CONT	_(MALE / FEMALE)
8 8 T 8	CONTINUE TO 3.d IF DRIVER ALSO PO	NDO SIN	30/2016 - PHA-143
KNO of passanga. (Including driver)		NO SON	_(MALE / FEMALE)
(_)	CIADDRESS: 33 Jurong	West Still	-649 413
9	e)OCCUPATION: (INDOOR / OUTDOOR) ## OF DRIVING PASS	5 NOVA 201	8
4.	WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV		
5.	d)WEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (DRY / WET / OTHE		
	WAS ANYBODY INJURED (YES / NO). a)REPORTED TO POLICE (YES / NO)	C PE	
В.	IF YES, PLEASE STATE WHICH POLICE THIRD PARTY VEHICLE	in in the second	D + 2
the of passenger (Including driver)	b) DRIVER'S NAME: XU GUO C) NRIC/FIN/PASSPORT: G 9183	MAZE	100
() 9.	THIRD PARTY VEHICLE d) VEHICLE NUMBER:	MODE	
tho of passenger (Including driver)	e) DRIVER'S NAME:		/4
Changing ciriver)	f) NRIC/FIN/PASSPORT:	CON	ACT:

email = SKV_LINGAN 2005@ Yahoc. COM VIDEO











Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND	
ARTON MELLICIES OF PERSON DANTY BIEVE AND	COMPENSATION) ACT (CHAPTER 189)
	COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	TOTAL CONTAINS OF THE PROPERTY.
MOTOR VEHICLES (THIRD PARTY RISKS) RUI	LES, 1959 (MALAYSIA)
Certificate Number: 5075788649-03	Cover : Third Party
 Index mark and Registration Number of 	Vehicle : YN5122D
Chassis Number	: FEB21EA00343
2. Name of Policyholder	: SKV CONSTRUCTION & TRANSPORT PTE. LTD.
3. Effective Date of Insurance	: 07 Sep 2018
4. Expiry Date of Insurance	: 06 Sep 2019
5. Persons or Classes of Persons entitled t	to drive#
(a) The Policyholder.	10.00 TOU W 25W35W83933H324923
(b) Any other person who is driving or	the Policyholder's order or with his/her permission.
Provided that the person driving is the Motor Vehicle or has been so	permitted in accordance with the licensing or other laws or regulations to drive permitted and is not disqualified by order of a Court of Law or by reason of any shalf from driving the Motor Vehicle.
	man nom orwing the most version
Limitations as to Use# (a) Use for social domestic and pleasure	are purposes and in connection with the Policyholder's business or profession.
(b) The 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.	9
(b) Use for racing, pace-making, relia	hility trial or speed-testing.
(c) Use whilst drawing a trailer excep	t the towing of any one disabled mechanically propelled vehicle.
# Limitations rendered inoperative Act (Chapter 189) and Section 95 headings.	by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) of the Road Transport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	N/A
EXCESS (SECTION 2)	N/A
	: N/A
INSURE WITH COE	
1000mm344400mm4444444141411	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
INSURE WITH COE HIRE PURCHASE COMPANY	
INSURE WITH COE HIRE PURCHASE COMPANY SUM INSURED I/We hereby Certify that the Policy to wh Vehicles (Third Party Risks and Compensa	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD N/A Nich this Certificate relates is issued in accordance with the provisions of the Motor ation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) ANCE BROKERS PTE LTD (00000690436)