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Owner / Driver: (Tel:		1	
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Confirmed by : (Date: Time:	E 90 1009/1	,	- (
12.	WO): N: 0-20%; P: 21-79%.	F: 80-100%]		
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Drive-In () / Towed-In (); Invoice: YES () /	NO (); Towing Co. (
1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection (3) Upload Resurvey Photo [Repair Cost > \$3000] ()			_
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

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

- 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.

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I Des Altantaris adding	ACCIDENT STATEMENT
Date Of Report	17/05/2019 10:57
Date Of Accident	16/05/2019 09:45
Exact Location Of Accident	CHINATOWN PLAZA LOADING AND UNLOADING BAY
Country/State of Loss	SINGAPORE
Description of the Control of the Co	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBC4540S
Insured/Policyholder	
Name Of Registered Owner	SOH KOK HONG
NRIC No	S1578171H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97302854
Alternative Phone No	OTHERS-97302854
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR
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	REPORTING ONLY
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	5061313367-05
Cover Note Number	
Driver	
Name of Driver	SOH KOK HONG
NRIC No	S1578171H
Date Of Birth	31/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1982
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97302854

OTHERS-97302854

NOEMAIL

Address

BLK 51 CIRCUIT ROAD

#05-799

Postcode

370051

OWNER

Was driver an employee of the Insured's Company NO

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

COLLIDED INTO PARKED VEHICLE

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

YP2106P

Vehicle Make/Model/Colour

MITSUBISHI FUSO

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

CAO KUGUI

NRIC/Passport Number

G8414579W

Contact Number

85893259

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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:
 - 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 Pers

Name

NRIC/FIN No.

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT GN 16/GS/2015 AT ABOYT CS: YAKES I WAS AT COTING TOWAY PLEZZA WADING BBY & WANTAD TO MAKE A 3 NOM? THEN BUT I ACCIDENTANCY HIT THE TORRY IN 2100P WHICE PARK OF WAR DUBLA YELLOW LINE. THE MIRROR OF	KETCH PLAN	CHIMA YOU	IN POZA	COADING	d Millo	10/11/6	BAY	
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QUARTE SURESPENDING NO.

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rtificate No.						
icyholder Name	SOH KOK HONG				Palayholder NIUC	91578171H
evict Code	COMMERCIAL VEHICLE INSURAL	yver Type	Comprehensive		Landing	0
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Viver Name	Unnamed Driver	Oriser Type	Unramed Driver			
mamed driver Name	0.0000000000000000000000000000000000000	Driver NAIC	S157817H		Driver DOR	31/07/1963
egister Date of Driver License		Driver Age	1.0		Driving Expension	37
ortiact No.(Mololin)		Centast No.(Office)			Curkack No. (Home)	
ddress 1		Actiness 2	CINCUIT ROAD		Address 3	HACPHERSON GARDEN
odress 4		Address Type	Foreign address		Fest Code	379061
MIC NO.	01-794					
oes he own a Singapore		Driver Vertick: No.	G8C45405		Driver Insurer Company	ATUC
egistered cw?						
Claim 001 New						100000
Claim Type +				00-HX	Inquired BOH KOK HONG Name BOH KOK HONG	Insured S1578171H
					Contact No.	Contact No.
Contact No. (Mobile)					(Pisme)	(Office)
Imail Address					Vehide GBC45405	Wenter VP2100F
WON DAILE					Number	name of
Claim Description				GBC45405 / YP210NP ON	15 Mey 2019	Preternes Workshop
Preferred	Theresed trability					
Workshop Samers No. Yes	Profesered Preferred Workshop, Name (ed •	1		
Oate Registered	Option	PRODUCT TRACE		17/05/2019 12:19	Cluse	Date 17/05/2019 00:00
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**		Casim No.		001		
Academ No.	H17/104-996	Opined Date		17/05/2019 17:10		
Last Doc. Received	● Yes □ No	opens one			Confidential U	yellox * Description *
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Attachment	Uploaded By/Date	Category	Ŷ	Urgency	Description	Hag Sent? (CO)
-	BUKIT_HERAH_BODG76(NATIONAL ASSESSMENT CENTS	is service		Manager	Photos 2019-5-	7
The same	S (BURIT MERAN) on 17 May 2019 12:20	Photos		Normal	-HRUE 2019-31	
100N/	110 17					
NAC.	BURIT_HERAH_BODGFB(NATIONAL ASSESSMENT CENT) S ([MAIT MERAH)) on 17 May 2019 12:20	IE SERVICE Photos		hormal	Photos 2019-5-	(F)
	BUKIT MERAH BOOGTS! NATIONAL ASSESSMENT CENT	and the same of th		Normal	Pricoss 2019-5-	Table

Claim Handling(accident reporting Claim Task)

		Liplosited By/Date	Folder Clate	Ele fo	artine .	7	Source	Action
	Video List							
	10	NAC_BUNIT_HERAH_BOSKTE(BAT S (BUNIT HERAH))	TIONAL ASSESSMENT CENTRE SERVICE on 17 May 2019 12:19	945	Normal	ŠĀ.	AS 2019-5-17	
	_	2 (BOKI) MDOH))	DU T1 WAS 2012 15 12					
	177 888	HAC BURIT MERAN 8006761 NAT	YONAL ASSESSMENT CENTRE SERVICE on 17 May 2015 12 15	HHID'/ Driving License	Normal	NAME OF THE	ing License 2019-5-17	
		NAC_BURIT_HERAH_SIDE?NC NAT B (BURIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on 17 May 2019 12:19	Photos	Normal	Php.	Ree 2019-5-17	
	匮	NAC_BUNIT_MERAH_800676(NAT S (BURIT MERAH))	TORIAL ASSESSMENT CENTRE SERVICE	Photos	fatormal.	Pho	tivs 3019-5-17	
		MAC_BURIT_MERAH_B00676(NAT S (BURIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE on 17 May 2019 12:19	Photos	Normal	Fhet	hee 3019-5-17	
	1	NAC_BUKIT_HERAH_BD0676; NAT S (BURIT NERAH))	TOWAL ASSESSMENT CENTRE SERVICE on 17 May 2019 12:19	Photos	Northal	Phot	top 2018-5-27	
		NAC_BURIT_MERAH_BIX676(NAT S (BURIT MERAH))	IONAL ASSESSMENT CENTRE SERVICE on L7 May 2019 12:20	Protes	Normal	Phot	toe 2019-8-17	
54:000	MINISTER A							

Draptey in New Window | Scan and upmading

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 05/ 2019) (DD/MM/YYY), TIME: (0945h) HH:MM)
LOCATION: My a Town Plaza Londing Sc UnLoading Place

1. DETAILS OF VEHICLE

1.	DETAILS OF VEHICLE	
41	a) VEHICLE NUMBER: 484 45405	第 差 型
	DINSURANCE COMPANY: NTUC	
	GIPOLICY NUMBER: 5061311367	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD P	ARTY / THIPD BARTY FIRE & THEET
	e)MAKE & MODEL: Nissan Cabstan	ANTI / THIRD FARTI FIRE &THEFT)
	F)TYPE:(SALOON / COUPE / MPV / VAN / LOF	
	g) VEHICLE CATEGORY: (PRIVATE / COMMER	CIAL / MOTORCYCLE!
*	h)PURPOSE OF USING AT ACCIDENT TIME:	Norkan a
	HARE YOU CLAIMING UNDER YOUR OWN IN	SUBANCE IVES (NO.)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	PEPOPTING ONLY
2.,	INSURED / POLICY HOLDER	KEI-OKIII O ONEI
	AINAME: SOH KOK HONG	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT: S IS 1817 H	CONTACT: 97302854
	CIADDRESS: RUC SI CIRCUIT RD	
(C N E	#105-799, 5°C3700541	
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	OLDER
tho of passenga	DRIVER	00 E E E E E E E E E E E E E E E E E E
(Including driver)	GINAME: SOH KOK HONG	(MALE / FEMALE)
()	b)NRIC/FIN/PASSPORT: SIC78171 H	CONTACT:
()	CIADDRESS: PL SI CIRCUIT RD	*
	#05-799 50370091	
-	*d)DATE OF BIRTH: (31/07/63)(DD	/MM/YYYY)
	e/OCCUPATION: (INDOOR / OUTDOOR)	2.2
	1) DATE OF DRIVING PASS 29/4/	1982
4.	WAS DRIVER AN EMPLOYEE OF THE INSUR	RED'S COMPANY? (YES / NO)
5	IF NO, RELATIONSHIP OF THE DRIVER WI	TH INSURED: OWNER
	a) WEATHER CONDITION: (CLEAR / RAINING-/	OTHERS
4	b)ROAD SURFACE: (DRY / WEF-/ OTHERS	
7	WAS ANYBODY INJURED (XEST NO) D) REPORTED TO POLICE (XEST NO)	T 10
if it	IE VES BIEASE STATE MUIEUR BOARD	lim to
8 1	IF YES, PLEASE STATE WHICH POLICE STATION THIRD PARTY VEHICLE	- HOSS-
He of passenger	a) VEHICLE NUMBER: YP 2/06P	M-1 E -
	DI DRIVER'S NAME: CAO EUGUI	_MODEL: MY FUSU
()	b) DRIVER'S NAME: CAO FUGU! c) NRIC/FIN/PASSPORT: C 8414 579W	CONTACT: 85893259
9. 1	HIRD PARTY VEHICLE	CONTACT: 636 13231
	d) VEHICLE NUMBER:	MODEL:
in of harrander	of DDIVEDIC MARKE	
Induding driver)	NRIC/FIN/PASSPORT:	CONTACT:
()	A CONSTRUCTION OF THE PARTY OF	CONTACT
Acres de la constante de la co		

email =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1578171H





SOH KOK HONG

苏 Nace

宏 国

CHINESE Date of high 31-07-1963 Country of birth

SINGAPORE





4457911



S1578171H

Date of lease

07-09-2009

APT BLK 51 CIRCUIT ROAD #05-799 SINGAPORE 370051

NRIC No: \$1578171H Date: 12/07/2011 No: 6740762

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

HASE DATE

Motor Cars and Motor Fractors the weight of which unlaries does not as could 2500 killograms. Heavy Motor Cars and Motor Tractors the weight of which unlaries exceeds 2500 killograms

NF 428A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5061313367-05

GBC4540S

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

Chassis Number

JN15C2F24Z0850376

2. Name of Policyholder

: SOH KOK HONG

3. Effective Date of Insurance

17 Aug 2018

4. Expiry Date of Insurance

: 16 Aug 2019

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder'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 Vehicle.

(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 trailer except the towing of any one disabled mechanically propelled 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 headings.

EXCESS (SECTION 1)

: \$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: 5\$100

INSURE WITH COE

* YES

HIRE PURCHASE COMPANY

: MAYBANK

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

: HOCK KAH MOTOR PTE LTD (00000570886)

Date of Issue

: 02 Aug 2018 11:02 hrs

Countersigned By:

Authorised Officer

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive