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.
- 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	24/05/2019 15:01
Date Of Accident	24/05/2019 11:00
Exact Location Of Accident	AFTER THE JUNC OF CHOA CHU KANG WAY & KJE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YP571M
Insured/Policyholder	
Name Of Registered Owner	OSIM INTERNATIONAL PTE, LTD.
Co Reg No	198304191N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63182649
Vehicle Particulars	THE STATE OF THE PERSON NAMED OF THE PARTY O
Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB (CBU)
Exact Purpose for which vehicle was being used at time of accident	
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	5072559137-03
Cover Note Number	
Driver	
Name of Driver	WANG TINGBAO
NRIC No	G2729138X
Date Of Birth	10/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91368768
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

324 UBI AVE 1 #05-605

Postcode

400324

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 - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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

NO

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.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: WANG XIANSHENG

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

I WAS TRAVELLING ALONG CHOA CHU KANG WAY AFTER CROSS THE TRAFFIC JUNC OF KJE ON THE FIRST LANE. SUDDENLY VEH B (BEARING NO GBD1697M) DASHED OUT AT THE SLIP RD COMING FROM KJE EXIT TO CHOA CHU KANG WAY CUT ACROSS THREE LANE INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

HAVENT RETRIEVE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBD1697M

Vehicle Make/Model/Colour

Details Of Properties

G3220532T

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver NRIC/Passport Number KYAW MIN THAN

Contact Number

Address

Postcode

Page 2 of 26

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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 Personnel's Signature

Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Choa chu leana

Please	Refer to Statement	

DECLARATION

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

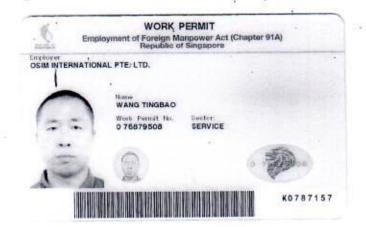
Policyholder's Signature Date & Nime wan than bap

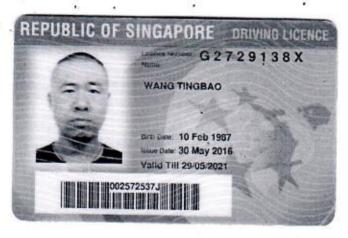
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:











Certificate of Insurance

		ND COMPENSATION) RI	JLES, 1960
	ACT, 1987 (MALAYSIA	T ().	
MOTOR VEHICLES	(THIRD PARTY RISKS) R	ULES, 1959 (MALAYSIA	
Certificate Numbe	r: 5072559137-03		Cover : Comprehensive
1. Index mark and	Registration Number	of Vehicle	YP571M
Chassis Numbe			FEB21EA10516
2. Name of Policy	holder		OSIM INTERNATIONAL PTE. LTD.
3. Effective Date of	of Insurance		01 Jul 2018
 Expiry Date of I 			: 30 Jun 2019
Persons or Clas	ses of Persons entitled	l to drive#	
(a) The Policyt	nolder.		
(b) Any other	person who is driving o	on the Policyholder's or	der or with his/her permission.
			nce with the licensing or other laws or regulations to drive
the Motor	Vehicle or has been so	permitted and is not d ehalf from driving the	isqualified by order of a Court of Law or by reason of any
6. Limitations as t		controlled the second	violor venicle.
		ure purposes and in se	nnection with the Policyholder's business or profession.
(b) Use for the	carriage of passenger	s or goods in connection	n with the Policyholder's business or profession.
This Policy does no		o goods in connectio	with the Policyholder's business.
100			
(a) Use for hire		E199 - 2 2 1	40701
		bility trial or speed-tes	
(c) Ose whist	drawing a trailer excep	ot the towing of any on	e disabled mechanically propelled vehicle.
# Limitations	rendered inoperative	by Section 8 of the Mo	tor Vehicle (Third Party Risks and Compensation)
Act (Chapte headings.	er 189) and Section 95	of the Road Transport	Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1) :	\$\$350	
EXCESS (SECTION 2) :	N/A	
INICIANE MARKAGON		YES	
INSURE WITH COE	MPANY :	N/A	
HIRE PURCHASE CO	Manager .	MARKET VALUE OF II	NSURED VEHICLE AT TIME OF LOSS
			ISONED VEHICLE AT TIME OF 2003
HIRE PURCHASE CO			
HIRE PURCHASE CO SUM INSURED	that the Policy to whi Risks and Compensa	ich this Certificate relat tion) Act (Chapter 189)	es is issued in accordance with the provisions of the Motor and Part IV of the Road Transport Act, 1987 (Malaysia)
HIRE PURCHASE CO SUM INSURED	ty Risks and Compensa	tion) Act (Chapter 189)	and Part IV of the Road Transport Act, 1987 (Malaysia)
HIRE PURCHASE CO SUM INSURED I/We hereby Certifi Vehicles (Third Part	ty Risks and Compensa	tion) Act (Chapter 189) D THOMPSON PTE LTD	and Part IV of the Road Transport Act, 1987 (Malaysia)

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident M1/1045973						
Policy No.	5072559137-03	Vehicle No.	YP571M		GST Registration No.	M200
Certificate No. Policyholder Name	7 444 574 LLC 444 57 57 57 57 57 57 57 57 57 57 57 57 57					medi
Product Code	OSIM INTERNATIONAL PTE, LTD.				Policyholder NRIC	1983
Contact No.(Mobile)	FLEET INSURANCE	Cover Type	Comprehensive		Loading	0
Email Address	63182649	Contact No.(Office)			Contact No.(Home)	
KFK	» No Yes	Special Remark			eCode	No 1
NCD Protection	No Tes	TCA	* No Yes		eCode Reason	
▽ Accident Details	No	NCD Entitlement(%)	0		Private Hire	No
Report Date	24/05/2019 17:34	IME a security per action of the order				
Date of Accident	24/05/2019	Accident Report Within 24 hrs	Yes		Accident Type	Collis
Reporting Centre	54/03/2013	Time of Accident hh:mm	11:00		Country of Accident	Singa
Accident Location	AFTER THE JUNC OF CHOA CHU KANG WAY & KJE	Orange Force			ICM No.	
₩ Excess	TO THE OF STOR LITE AND WAT & KIE					
Own damage Excess	350.00	Additional Excess				
Unnamed Driver Excess	330.00	Outside Singapore OD Excess			Windscreen Excess	0.00
Third Party Excess	0.00					
▽ Benefits	5.52	Outside Singapore TP Excess				
GST Registered Informa	ition					
GST Registered	Yes		777			
GST Registration No.	M200625382			stration Date us Verified	01/12/1994	
Modification History			5 1.44 25650	28 Variated	Yes	
Policyholder Mailing Ado	tress					
Address 1	65 UBI AVENUE 1	Address 2	510.540.00			
Address 4		Address Type	SINGAPORE 4089: Singapore address		Address 3	
Unit No.		Related Policy Number	5072559137-03		Post Code	40893
⇒ OI Driver Info		C 2011 Met 2000 000	3072339137-03			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	WANG TINGBAO	Driver NRIC	G2729138X		Dec DOD	
Register Date of Driver License	24/10/2016	Driver Age	32		Oriver DOB Oriving Experience	10/02
Contact No.(Mobile)	91368768	Contact No.(Office)			Contact No.(Home)	2
Address 1	BLK 324 #05-605	Address 2	UBI AVENUE 1		Address 3	1/00/00/202
Address 4	SINGAPORE 400324	Address Type	Singapore address		Post Code	KAMPI
Unit No. Does he own a Singapore	05-605					40032
Registered car?	Yes a No	Driver Vehicle No.			Driver Insurer Compan	ıv .
Declaration						
Breathelyser or Blood Test Reading?	0 mg	Any injury?	Yes . No			
Modification History Claim 001 New						
Claim Type *					Insured Communication	
				OD-MX T	Name Main INTER	NATIONAL PTE. LTC
Contact No.(Mobile)					Contact No.	
Email Address					(Home)	
					Vehicle YP571M Number	
Claim Description				YP571M / GBD1697M ON 24 Ma		
Preferred				IF 37 IN / GBD 1097 M UN 24 MB	y 2019	
Workshop 0 Ecquiet No. Yes	Preferenced Not at Fault	•				
Pinalisation Date Registered	Repair Preferred Workshop, Name u	nknown V GIA Received	*		et-i	
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Report Taken By				LIEW SHAN HUI	Date	
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▼						
Accident No.	MT/1045973	Challen San				
	711/10422/3	Claim No.	00	01		

Last Doc. Received

● Yes □ No

Upload Date

24/05/2019 17:39

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