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TP Particulars: Veh No: XD	350/X	. INC()/Non-INC()	
Owner / Driver: (*		Tel:)
Policy No: () Perio	od: ()	Cover Type: ().
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- 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.
- 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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	25/05/2019 16:11
Date Of Accident	25/05/2019 09:15
Exact Location Of Accident	ALONG SUNGEI KADUT LOOP
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ3739G
Insured/Policyholder	
Name Of Registered Owner	DREAM C&G (S) PTE LTD
Co Reg No	200405196H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96574829
Alternative Phone No	OFFICE-96574829
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	20019173
Driver	
Name of Driver	ANNADURAI ASHOK
NRIC No	G2601966X
Date Of Birth	19/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2016
Driving Experience	2 YEARS AND 7 MONTHS

MALE

NOEMAIL

(LOCAL) +65-96574829

OTHERS-96574829

Address

33 JALAN PERADUN SELETAR HILLS ESTATE

Postcode

808678

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

2

Was any body injured in the Accident?

NO

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. Number of Passengers (Including Driver)

NO 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 STATEMENT

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

XD3501X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

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- 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 companies.
- 5. 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) of:
 - (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 "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
- 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.
- 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.
- 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.

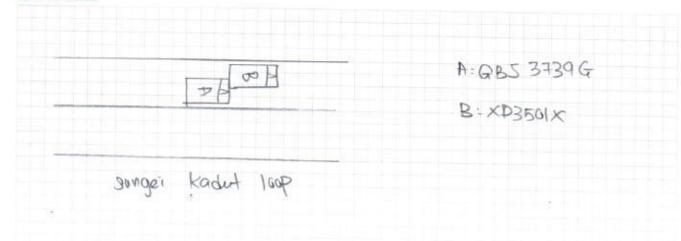
Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/5/2019

ting Centre Personnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police	La	Annex	0	
NORT	10	HIN INC	n	
	**	55		# 19 L

DECLARATION

I/We declare the foregraph culars are true in every respect.

Policyholder's Signatu

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12150 Pm 25/5/2019 Reporting Centre Personnel's signature Work & Work

Annex A

On 25.05.2019 at about 0915 hours, I was driving my vehicle (A: GBJ3739G) along Sungei Kadut Loop. There was a lorry (B: XD3501X) parked along the road when I overtook, I misjudge and hit onto the right rear of the lorry. My vehicle damage on the front left portion.

Vehicle A (GBJ3739G): No passenger on board.

Vehicle B (XD3501X): No passenger on board.

25/5/2019

12,50 Pm

A O I J

Car 25/05/2018
Bos L. Worthers

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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- 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 Traffic Policy Department for investigation.
- This report will be forwarded by the insurers to 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.

ACCIDENT STATEMENT

Date of Report Date of Accident

25.05-2019 @ 1215tu 25-05-2619 @ 0915h.

Exact Location of Accident

HUMBER SUMMEN KARY LOOP

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBJ37399.

Insured/ Policyholder

Name of Registered Owner

Draw (LG(C) Ple Ltd

FIN/ Passport Number

70040219PH

Vehicle Particulars

Vehicle Make

Toyota

Type of Vehicle

Duna

Exact Purpose for which vehicle was being used

at the time of accident

Comercial use

Are you claiming under your own insurance

policy for repair to your vehicle?

VOS.

Vehicle Category

countrical volticle

Insurance Company

Name of Insurance Company

UOT

Type of Policy

comprehensive

Fleet Policy

Policy Number

20019173

Motor CI

Driver

Name of Driver

Annoidural Ashok

FIN/ Passport Number

G2601966X

Date of Birth

19.07.1992

Occupation

outdoor.

Year of Driving Experience

29.09.20la

Gender

Maley Female

Contact Number

Address

9657 4829

Email Address

33 Jalan Peradun, Seletar Hills Estate, Stugapore 808678

Was driver an employee of the Insured's

YOU

Company?

If no, Relationship of the Driver with the Insured



WORK PERMIT Employment of Foreign Manpower Act (Chapter \$1A) Republic of Singapore

Employer OREAM CAG (S) PTE, LTD.

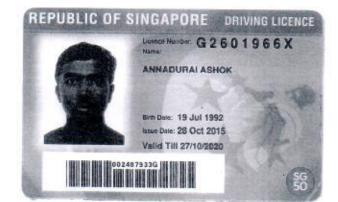


Nome ANNADURAI ASHOK



K1145745

VISIT PASS Immigration Regulations 31-01-2018 Name ANNADURAL ASHOK FW G2501966X Date of Birth 19-07-1992 INDIAN MULTIPLE JOURNEY VISA ISSUED



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

EFFECTIVE DATE

Class 28

HOTORCYCLES NOT EXCEEDING 284 CC NOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH ENLABER BOIS NOT EXCEED 2800 KILOGRAMS 18 Oor 2815

G3601960X

S / No.9000252225

NP 428A

Licence No:G2601966X



United Overseas Insurance Limited 3 Anson Road #28-01 Springleaf Tower Singapore 079909 Tel (65) 6222 7733 Pax (65) 6327 3869/ 6327 3870 Email: ContactUs@uoi.com.sg uoi.com.sg 197100152R

TEMPORARY CERTIFICATE OF INSURANCE (ORIGINAL)

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)

Date

03/04/2019

Cover Note No.

20019173

Name of Insured

DREAM C&G (S) PTE LTD

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in terms of the Company's usual form. Policy applicable thereto for the period from 03/04/2019 to 02/04/2020 unless the cover be terminated by the company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the

IMPORTANT NOTICE - PREMIUM PAYMENT FRAMEWORK

Please take note that with effect from 1 May 2005, all policies, renewal certificates, cover notes and endorsements for policies with inception date on or after 1 May 2005 carry the following warranty:

EngineCC / Tonnage: 0 / 2.00

Year of Registration: 2019

Year of Manufacture: 2019

MARKET VALUE AT TIME

OF LOSS

Estimated Value:

Applicable to all individual policyholders and for Bonds

Payment Before Cover Warranty requiring that premium must be paid on or before inception date. Applicable to all corporate policyholders

Premium Payment Warranty requiring that premium must be paid within 60 days of the inception date.

Make / Model:

TOYOTA DYNA 150 P(2)

Engine No.:

1KD2842319

Chassis No.: Vehicle Number:

JTFAT35Y20K212602 GBJ 37396

Cover:

Hire Purchase:

COMPREHENSIVE

TOKYO CENTURY LEASING (SINGAPORE) PTE LTD

Excess:

SECTION 1 \$500.00

APPL TO <25 YRS &OR < 3 YRS EXP \$3000.00

WINDSCEEN DAMAGE CLAIM \$100.00

FOR REGISTRATION PURPOSES ONLY

We hereby certify that this covering note 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).