SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. 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.**
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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/06/2019 16:33
Date Of Accident	03/06/2019 12:00
Exact Location Of Accident	CTE TOWARDS UPPER SERANGOON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC403G
Insured/Policyholder	
Name Of Registered Owner	UNICO DISTRIBUTION SERVICES PTE LTD
Co Reg No	199707266N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96453947
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO
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	50970611638
Cover Note Number	
Driver	
Name of Driver	TAN DE LONG
NRIC No	S8512829I
Date Of Birth	07/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96453947
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	108C MCNAIR ROAD #06-220
Postcode	S324108
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 - HEAD TO REAR
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?	YES
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	**ROAD**: TAMPINES N.P.C , **POSTCODE:** 529682 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	GBC2333L
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)	

DETAILS OF INJURED PERSON 1

Name	TAN DE LONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

Location: CTE towards upper Serangoon.

A: GBC 403G
B: GBC 2233C.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. T/20190603/2108.

DECLARATION

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

Co. Reg. No. 199707266N Distribution Services Pte Ltd

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.:

GIAMIC SketchPlanForm_v3

SKETCH PLAN

IMPORTANT NOTICE

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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

   (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:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

income
made different

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 : 5097061138 **Cover** : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBC403G**
   Chassis Number : ZFA26300009062355
2. Name of Policyholder : UNICO DISTRIBUTION SERVICES PTE LTD
3. Effective Date of Insurance : 11 Jan 2018
4. Expiry Date of Insurance : 10 Jan 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.
6. Limitations as to Use#
   (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)	: S$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

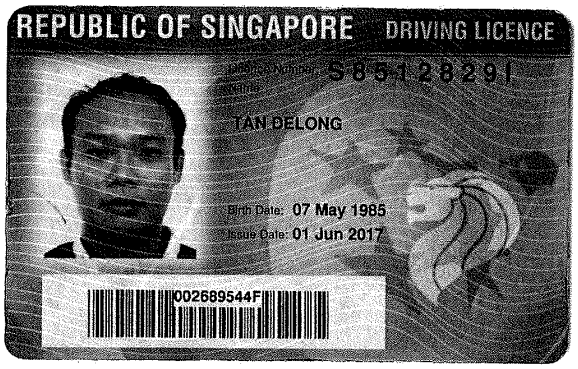
I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : PRO-LINK INSURANCE AGENCY (00000571869)
Date of Issue : 02 Jan 2018 13:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer **Chief Executive**



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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	01 Jun 2017

Licence No:S8512829I

NP 428A

SINGAPORE POLICE FORCE

G/20190603/2088

POLICE REPORT (NP322)

Report No. G/20190603/2088

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Date/Time Report Made	Vide Report No.	Station Diary No.
03/06/2019 15:05		108

Name Of Informant TAN DELONG	Address APT BLK 108C MCNAIR ROAD #06-220 SINGAPORE 324108			
ID Type / ID No. NRIC NO / S8512829I	Contact No. Home/Office		Mobile 96453947	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation SALES EXECUTIVE	Sex Male	Age 34	Date of Birth 07/05/1985	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 07/04/2019 12:00	Location Of Incident 603A PUNGGOL ROAD PUNGGOL LODGE SINGAPORE 821603			

Brief details.

On the above mentioned date, time and lace, I discovered the below mentioned item missing. I tried to make a search however to no avail.

Property Information

Signature Of Officer Recording The Report: G / Sgt 3 SITI NUR SYAFIQAH BINTE AZMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2019 15:05
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp TAY JIA YING JASMINE Contact No.: 62180000	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

SIGNATURE

FUPO hotline number: 68429645

SINGAPORE POLICE FORCE

G/20190603/2088

POLICE REPORT (NP322) CONTINUATION OF REPORT Report No. G/20190603/2088

S/N	Item	Type	Brand/ Account/ Property/ Security-Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SINGAPORE NRIC			1		ONE PINK NRIC BEARING THE NAME OF TAN DELONG

Signature Of Officer Recording The Report:
G / Sgt 3 SITI NUR SYAFIQAH BINTE AZMAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/06/2019 15:05

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch / Insp TAY JIA YING JASMINE
Contact No.: 62180000

Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

SIGNATURE

FUPO hotline number: 68429645

SINGAPORE POLICE FORCE

T/20190603/2108

Report No. T/20190603/2108

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
03/06/2019 14:59		103

Informant's Particulars

Name of Informant: TAN DELONG			Address: APT BLK 108C MCNAIR ROAD #06-220 SINGAPORE 324108	
ID Type / ID No.: NRIC NO / S8512829I			Contact No.: Home/Office:	Mobile: 96453947
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 34	Date of Birth: 07/05/1985	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/06/2019 12:00	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY TOWARDS UPPER SERANGOON				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC2333L	Lorry	MITSUBISHI	FB70BB1SR DEA	White	Slightly Damaged	1
GBC403G	Lorry	FIAT	DOBLO CARGO 1.6MJ	Black	Slightly Damaged	2

SINGAPORE POLICE FORCE

T/20190603/2108

Report No. T/20190603/2108

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 SITI NUR SYAFIQAH BINTE AZMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2019 14:59
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:

Authentication Stamp
NP168

SINGAPORE POLICE FORCE

SIGNATURE

SINGAPORE POLICE FORCE

T/20190603/2108

Report No. T/20190603/2108

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Brief Details.

On the 3rd of June 2019 at about 1200hrs, I was travelling along Central Expressway, towards Upper Serangoon, on the 3rd lane, in my vehicle bearing plate number GBC403G. The car in front of me applied brake as such I applied brake as well however the truck from the back bearing plate number GBC2333L, hit onto my vehicle.

No one was injured at that point of time.

Due to the accident, my rear bumper had dents and the truck had dents on its front bumper and the right spotlight broken.

I went to see the doctor and was given 3 days MC (2615) from 3/6/19to 5/6/19 as I feel numb on my right hand.

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo