Frank of Car.

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 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.

| aforesaid.   |  |
|--|--|
| MONTH OF BUILDING THE PARK OF A 1981   | ACCIDENT STATEMENT   |
| Date Of Report   | 15/06/2019 11:07   |
| Date Of Accident   | 14/06/2019 12:30   |
| Exact Location Of Accident   | UPP SERANGOON RD   |
| Country/State of Loss  | SINGAPORE  |
| THE RESERVE TO BE ADDRESS OF THE PARTY OF TH | DETAILS OF OWN VEHICLE   |
| Vehicle Registration Number  | PC7956R  |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | JOSEPH COACH PTE, LTD.   |
| Co Reg No  | 201719851E   |
| Email Address  | NOEMAIL  |
| Mobile Phone No  |  |
| Alternative Phone No   | OFFICE-68585311  |
| Vehicle Particulars  |  |
| Manufacturer   | YUTONG   |
| Model  | 10 \$1000 \$2000<br>N# 0   |
| Exact Purpose for which vehicle was being used at<br>time of accident  | WORK   |
| 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   | BUS  |
| Insurance Company  |  |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD   |
| Type Of Coverage   | COMPREHENSIVE  |
| Fleet Policy   | NO   |
| Policy Number  | 5100416925-01  |
| Cover Note Number  | Na contract of the contract of |
| Driver   |  |
| Name of Driver   | WU DIANMING  |
| NRIC No  | G5243056P  |
| Date Of Birth  | 13/05/1971   |
| Occupation   | OUTDOOR  |
| Date Of Driving Pass   | 08/04/2019   |
| Driving Experience   | 0 YEAR AND 2 MONTH   |
|  |  |

MALE

NOEMAIL

(LOCAL) +65-93553456

Address BLK 1 DEFU LANE 10 #01-547

Postcode 539182

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

TO THE PROPERTY OF THE PROPERT

Insurance Company of Driver's Own Vehicle

#### General Information of the Accident

Type Of Accident SIDE SWIPE
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

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)

12

## **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

### Circumstances of Accident

I WAS TRAVELLING ALONG UPPER SERANGOON RD AFTER CROSS THE JUNC WITH HOUGANG ST 21, I WAS TRAVELLING ON THE MERGING LANE, SUDDENLY VEH B COME FROM BEHIND SQUEEZE THRU FROM THE LEFT AND HIT ONTO MY VEH LEFT REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SKR948R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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

- 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:
  - (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.:

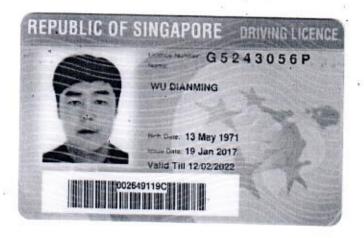
| KETCH PLAN   | r - f  |
|--|--|
|  | A= PC 7956 R<br>B = SKR 948R                               |
|  |  |
| ESCRIBE CIRCUMSTANCES OF                                     | THE ACCIDENT   |
|  |  |
| Please   | Refer to statement   |
|  |  |
|  |  |
|  |  |
|  |  |
| CLARATION CA   |  |
| Ve declare the foregoing particular (a. Reg. No. 201719851F) | Driver's Signature  Reporting Centre Personnel's Signature |

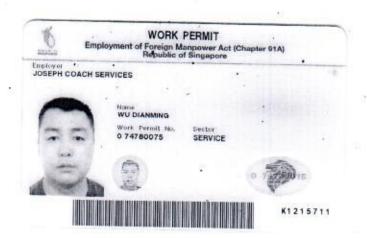
Date & Time:

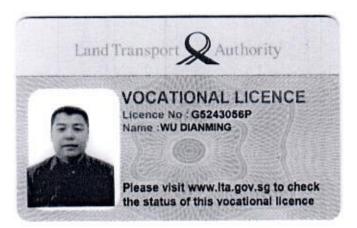
(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:







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

EFFECTIVE DATE

13 Feb 2012 13 Feb 2012

NP 428A

Class 4

Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg 17 May 2012

VISIT PASS 04-03-2018 **Immigration Regulations** G5243056P Date of Birth 13-05-1971 CHINESE MULTIPLE JOURNEY VISA ISSUED YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

03

BUS VL

08/04/2019



|                   | -                          | - THE REAL PROPERTY.                                   |   |  |  |  |  | eneralC  |   |
|-------------------|----------------------------|--|---|--|--|--|--|--|---|
|                   |                            |  |   |  | · Change Lan   | guage  | · Change Pa  | assword +  | Log Out   |
| icy Query         |                            |  |   |  |  |  |  |  |   |
| No.               |                            |  |   | Date of  | f Accident   | 14/0   | 6/2019 11:05   |  |   |
| No.(For Motor)    | PC7956                     | R  |   | Certific   | ate Number   |  |  |  |   |
|                   |                            |  | 5   | earch  |  |  |  |  |   |
| Policy No.        | Certificate<br>Number      | Policyholder<br>Name                                   | Policyholder<br>NRIC  | Product  | Cover Type   | Vehicle<br>No.   | Insured<br>Object  | Commence   | Expiry  |
| 5100416925-<br>01 |                            | JOSEPH<br>COACH PTE.<br>LTD.                           | 201719851E  | GFT  | Comprehensive  | PC7956R  | PC7956R  | 25/01/2019   |   |
|                   | No. Policy No. 5100416925- | No. PC7956  Policy No. Certificate Number  5100416925- | Policy No. Certificate Policyholder Number Name  5100416925- 01 JOSEPH COACH PTE. | Policy No. Certificate Policyholder Policyholder Number Name NRIC  5100416925- 01 JOSEPH COACH PTE. 201719851E | Policy No.  Certificate Policyholder Nance NRIC  Sinch Policy No.  Search  Policy No.  Search  Search  JOSEPH COACH PTE.  201719851E GFT | No. Date of Accident  PC7956R Certificate Number  Search  Policy No. Certificate Policyholder Name NRIC Product Cover Type  5100416925- 01 COACH PTE. 201719851E GFT Comprehensive | Policy No. Certificate Policyholder Name NRIC Product Cover Type Vehicle No. 100416925- Date of Accident 14/0  Search  Policy No. Certificate Policyholder NRIC Product Cover Type No. 1005EPH COACH PTE. 201719851E GFT Comprehensive PC7956R | No. Date of Accident 14/06/2019 11:05  POLICY No. Certificate Policyholder Number NRIC Product Cover Type Vehicle Insured No. Object  5100416925- 01 COACH PTE. 201719851E GFT Comprehensive PC7956R PC7956R | Policy No. Certificate Policyholder Number Name NRIC Product Cover Type Vehicle Insured Commence Number Date  5100416925- 01 COACH PTE. 201719851E GFT Comprehensive PC7956R PC7956R 25/01/2019 |

**Claim Handling** 

|  | 5100416925-01                | Vehicle No.                   | PC7956R   | GST Registration No.   | 2017    |
|--|------------------------------|-------------------------------|---|--|---------|
| Certificate No.  |                              |                               | 5070C982567/.   | and the state of t | 2017    |
| Policyholder Name  | JOSEPH COACH PTE, LTD.       |                               |   | Policyholder NRIC  | 2017    |
| Product Code   | FLEET INSURANCE              | Cover Type                    | Comprehensive   | Loading  | 2017    |
| Contact No.(Mobile)  | 68585311                     | Contact No.(Office)           | 10  | Contact No.(Home)  | 2       |
| Email Address  |                              | Special Remark                |   | eCode  | No      |
| KFK  | <ul> <li>No Yes</li> </ul>   | TCA                           | No Yes  | eCode Reason   | No      |
| NCD Protection   | No                           | NCD Entitlement(%)            | 0   | Private Hire   | No      |
| Accident Details   |                              |                               | 170   | Private mile   | NO      |
| Report Date  | 15/06/2019 15:01             | Accident Report Within 24 hrs | Yes   | And Asia W   | HOLENS  |
| Date of Accident   | 14/06/2019                   | Time of Accident hh:mm        | 12:30   | Accident Type  | Side    |
| Reporting Centre   |                              | Orange Force                  | 12,30   | Country of Accident  | Singa   |
| Accident Location  | UPP SERANGOON RD             | (Lewist Autorite              |   | ICM No.  |         |
| ♥ Excess   |                              |                               |   |  |         |
| Own damage Excess  | 3,000.00                     | Additional Excess             |   | a  | 7250    |
| Unnamed Driver Excess  |                              | Outside Singapore OD Excess   |   | Windscreen Excess  | 500.0   |
| Third Party Excess   | 3,000.00                     | Outside Singapore TP Excess   |   |  |         |
| <b>▽</b> Benefits  | 4/0/4/104                    | cousine singapore in excess   |   |  |         |
| GST Registered Information   | tion                         |                               |   |  |         |
| SST Registered   | Yes                          |                               | AND DOOR OF THE PERSON OF THE |  |         |
| SST Registration No.   | 201719851E                   |                               | GST Registration Date<br>GST Status Verified  | 01/10/2017   |         |
| todification History   | 3 (SEC) (100.20)             |                               | GST Status vermed   | Yes  |         |
| ▽ Policyholder Mailing Add   | fress                        |                               |   |  |         |
| Address 1  | BLK 1 #01-547                | Address 2                     | DEFU LANE 10  | Address 3  | 112073  |
| Address.4  | SINGAPORE 539182             | Address Type                  | Singapore address   | Post Code  | DEFU    |
| Jrit No.   | 02-531                       | Related Policy Number         | 5100416925-01   | Post Code  | 5391    |
|  |                              | 60 H 885 H 97 H 95 H 95 H 96  | 3430410323-02   |  |         |
| Oriver Name  | Unnamed Driver               | Driver Type                   | Unnamed Driver  |  |         |
| Jnnamed driver Name  | WU DIANMING                  | Driver NRIC                   | G5243056P   | Driver DOB   |         |
| Register Date of Driver License  | 08/04/2019                   | Driver Age                    | 48  | Driving Experience   | 13/05   |
| Contact No.(Mobile)  | 93553456                     | Contact No.(Office)           | 5   | Contact No.(Home)  | 0       |
| ddress 1   | BLK 1 #01-547                | Address 2                     | DEFU LANE 10  | Address 3  | 0.00    |
| Address 4  | SINGAPORE 539182             | Address Type                  | Singapore address   | Post Code  | DEFU    |
| Jnit No.   | 01-547                       |                               | 20 20 00 00 00 00 00 00 00 00 00 00 00 0  | rose cade  | 53918   |
| Does he own a Singapore<br>legistered car?   | Yes + No                     | Driver Vehicle No.            |   | Driver Insurer Company   |         |
| eclaration   |                              |                               |   |  |         |
| reathalyser or Blood Test<br>leading?  | 0 mg                         | Any injury?                   | Yes . No  |  |         |
|  |                              |                               |   |  |         |
| lodification History   |                              |                               |   |  |         |
| Claim 001 New  |                              |                               |   |  |         |
| Claim 001 New  |                              |                               | ОО-МХ   | Insured JOSEPH COACH PTE   | I. LTD. |
| Claim 001 New  |                              |                               | OD-MX<br>91781988   | Contact<br>No.   | i. LTD. |
| Claim 001 New laim Type * ontact No.(Mobile)   |                              |                               | promotion   | Contact<br>No.<br>(Home)   | E. LTD. |
| Claim 001 New Claim Type * Contact No.(Mobile)  mail Address   |                              |                               | promotion   | Contact<br>No.   | . LTD.  |
| Claim 001 New  Claim Type *  Contact No.(Mobile)  mail Address   |                              |                               | 91781988  | Contact No. (Home) 01 Vehicle PC7956R  | i, LTD. |
| Claim 001 New  laim Type *  contact No.(Mobile)  mail Address  laim Description  referred  forkshop  | Insured Liability Not at Fau |                               | 91781988  | Contact No. (Home) OI Vehicle Number   | i. LTD: |
| Claim 001 New  laim Type *  ontact No.(Mobile)  mail Address  laim Description  referred orkshop 0   | Repair Preferred Workshop, N |                               | 91781988<br>PC79568 / S   | Contact No. (Home) OI Vehicle Number   | i. LTD: |
| claim 001 New laim Type * ontact No. (Mobile) mail Address aim Description referred orkshop pallisation Yes  | Preserved I read at rac      |                               | 91781988<br>PC7956R / S   | Contact No. (Home) OI Vehicle Number  Claim  | . LTD.  |
| Claim 001 New  Jaim Type *  ontact No. (Mobile)  mail Address  Jaim Description  referred  forkshop  passet No.  Yes  ste Registered                     | Repair Preferred Workshop, N |                               | 91781988<br>PC79568 / S   | Contact No. (Home) OI Vehicle Number  Claim  | . LTD.  |
| Claim 001 New  Claim Type *  Contact No.(Mobile)  Claim Description  Interferred  Vorkshop 0   | Repair Preferred Workshop, N |                               | 91781988<br>PC7956R / S   | Contact No. (Home) OI Vehicle Number  KR948R ON 14 Jun 2019  Claim Close Date  | i, LTO. |
| Claim 001 New  Claim Type *  Contact No.(Mobile)  mail Address  Iaim Description  referred  Norkshop  Obtain No.  Inalisation  Yes  are Registered       | Repair Preferred Workshop, N |                               | 91781988 PC7956R / S  | Contact No. (Home) OI Vehicle Number  KR948R ON 14 Jun 2019  Claim Close Date  | , LTD.  |
| Claim 001 New  Claim Type *  Contact No. (Mobile)  mail Address  laim Description  referred  Norkshop  Details No.  Tyes  ate Registered  eport Taken By | Repair Preferred Workshop, N |                               | 91781988 PC7956R / S  | Contact No. (Home) OI Vehicle Number  KR948R ON 14 Jun 2019  Claim Close Date  | . LTD.  |
| Claim 001 New  Claim Type *  Contact No. (Mobile)  mail Address  laim Description  referred  Norkshop  Details No.  Tyes  ate Registered  eport Taken By | Repair Preferred Workshop, N |                               | 91781988 PC7956R / S  15/06/2019 LIEW SHAN  | Contact No. (Home) OI Vehicle Number  KR948R ON 14 Jun 2019  Claim Close Date  | . LTD.  |

Claim No.

MT/1049181 Last Doc. Received Yes No Upload Date 15/06/2019 15:05 Path \* Category \* Urgency \* Choose File No file chosen Clear Please Select \* NO ▼ Normal Choose File No file chosen Clear Please Select \* NO Normal Choose File No file chosen Clear \* NO Please Select Chaose File No file chosen Clear Please Select \* NO ٠ Normal Choose File No file chosen Clear Please Select ▼ NO ٠ Normal Choose File No file chosen Clear Please Select ▼ NO \* Normal ٠ Message Read Attachment List Attachment Uploaded By/Date Category Urgency Description NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2019 15:05 NRIC/ Driving License Normal NRIC/ Driving License 2019-6-15 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o SAS Normal SAS 2019-6-15 15 Jun 2019 15:04 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2019 15:04 Photos Photos 2019-6-15 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2019 15:04 Photos Normal Photos 2019-6-15 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2019 15:04 Normal Photos 2019-6-15 NAC\_PAYA\_UBI\_B00601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2019 15:04 Photos Photos 2019-6-15 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) to 15 Jun 2019 15:04 Photos Photos 2019-6-15 NAC\_PAYA\_UB1\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o **Photos** Photos 2019-6-15 NAC\_PAYA\_UBI\_BOOGD1( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2019 15:04 Photos Normal Photos 2019-6-15 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2019 15:04 Photos Normal Photos 2019-6-15 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2019 15:04 Photos Photos 2019-6-15 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2019 15:04 Photos Normal Photos 2019-6-15 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 15 Jun 2019 15:04 Photos Photos 2019-6-15 

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