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	ksp / INC Assign Wksp / QW: (Tel; Fax	
TP Particul	Cu No:	MJ79235, INC()/Non-INC()	
Owner / D			Tel:	
Policy No:	() Pe	riod: (
	nfirmed by : (Date:	Cover Type: ()
Insured/D	river Liability: (%) [1	Note-Est. Status (WO): N: 0-20	Time:)
Year of R	egistration: () 1		7%; P: 21-79%. F: 80-100	0%]
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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

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Date Of Report 21/06/2019 15:00 Date Of Accident 21/06/2019 13:10

Exact Location Of Accident 11.9KM ECP TO MCE LANE 4

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN6762C

Insured/Policyholder

Name Of Registered Owner K & M LEASING PTE LTD

Co Reg No 201634342C Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-84889869 Alternative Phone No OFFICE-84889869

Vehicle Particulars

Manufacturer HYUNDAI

Model HD AVANTE 1.6 A S/R

Exact Purpose for which vehicle was being used at WORK time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5095123617-02

Cover Note Number

Driver

Name of Driver LIN YONGQIANG NRIC No S8618427C Date Of Birth 29/06/1986

Occupation INDOOR Date Of Driving Pass 07/05/2015

4 YEARS AND 1 MONTH Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-84889869

Fax Number

Contact Number OTHERS-84889869

EMail Address NOEMAIL Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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.

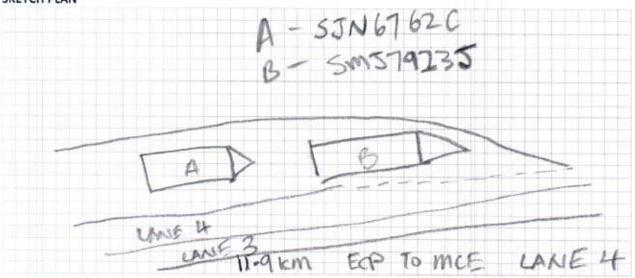
Co. Reg. No. m 201634342C

ASING

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TO A L	DERY SUDD	ECP TO ENTLY ST	MCE,	VEC. B	JAM NG FILTI	BRACE CR.	THAN V
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DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

21/6/2019

Name:

NRIC/FIN No.:

SHARWAC SHEDONFLOOR OF WILL







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 07 May 2015 of the driver; and other motor vehicles =< 2500kg

NP 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) Cover : drivo CLASSIC

Certificate Number: 5095123617-02

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SJN6762C

: 23 Feb 2019

: 22 Feb 2020

: KMHDU41BR9U665527

: K & M LEASING PTE LTD

- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # 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\$1.500 EXCESS (SECTION 2) : \$\$1,500 : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO : YES INSURE WITH COE : NO NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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

: ABWIN PTE LTD (00000614234)

Date of Issue

: 08 Jan 2019 10:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop Notice of Loss

Policy Query

Policy No. Vehicle No.(For Motor) S3N6762C Date of Accident

Certificate Number

21/06/2019 13:10

Search

Certificate Select Policy No. Number 5095123617-

Policyholder Name K & M LEASING PTE

LTD

Policyholder NRIC

Product Cover Type

Vehicle No.

Insured Object Commence Date

Expiry Date

drivo CLASSIC 201634342C GFT SJN6762C SJN6762C 23/02/2019

Continue

Policy Information

St. Washing	y information				
Policy No.	5095123617-02	Policyholder Name	K & M LEASING PTE LT	D Policyholder NRIC	201634342C
No.					
Address	2 YISHUN INDUSTRIAL S	TREET 1 #08-10 NOR	TH POINT BIZHUB SING	SAPORE 768159	
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	08/01/2019	Effective Date	13/01/2019 00:00	Expiry Date	12/01/2020 23:59
Third Party Excess	1500	Own damage Excess	1500	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	1500	Outside Singapore TP Excess	1500		
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyh	older Mailing Address				
Address 1	2 YISHUN INDUSTRIAL	STREET Address 2	#08-10 NORTH POINT	BIZHUB Address 3	SINGAPORE 768159
Address 4		Address Type	Singapore address	Post Code	768159
Unit No.	08-10	Related Policy Number	5107740246		
▶ Insure	d Object: SJN6762C				
▽ Endors	ements				and the second s
Sequenc	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	23/02/2019 00:00	Basic Information Endorsement	000001287013232	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJN6762C 23-02-2019 \$1,115.55 In view of this amendment, an additional premium of \$1,115.55

opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJN6762C 23-02-2019 \$1,115.55 In view of this amendment, an additional premium of \$1,115.55 (Inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.

Policy No. 5095123617-02 Vehicle No. SIN6762C GST Registration No. Certificate No. Policyholder Name K & M LEASING PTE LTD Product Code FLEET INSURANCE Cover Type drivo CLASSIC Loading Contact No.(Mobile) B4889869 Contact No.(Office) 0 Contact No.(Home) Email Address KFK No Yes TCA No Yes eCode Reason NCD Protection No NCD Entitlement(%) 0 Private Hire Yes Accident Details Report Date 24/06/2019 19:28 Accident Report Within 24 hrs Yes Accident Type Cause of Accident 21/06/2019 Time of Accident hh:mm 13:10 Country of Accident Sir Reporting Centre Accident Location 84889869 Ptecess Own demade Excess	Claim Handling						
Control No. Control No. Control No. Control No. Control	Accident MT/1050336						
Policy P		5095123617-02	Vehicle No.	S3N6762C		GST Registration No.	
Project Color							
Counted No. (Michael)						Policyholder NRIC	
Special formula: Special for			Cover Type	drivo CLASSIC		Loading	
### TCA		84889869	Contact No.(Office)	0		Contact No.(Home)	
MCD Protection No			Special Remark			eCode	
Project Date Project Price Price of Accident Price Price P	KFK	□ No Yes	TCA	tii No Yes		eCode Reason	
Date of Accident 21,06,2019 Time of Accident Rhamm 13110 Control of Accident Page Canada Reporting Center Canada		No	NCD Entitlement (%)	0		Private Hire	Yes
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Accident Control B4809866	Date of Accident	21/06/2019					Callision
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So notifies 1,00,000 © 6ST Registered Information No GST Registered (No.) GST Registered (No.) GST Registered (No.) GST Registered (No.) Yes SST Registered (No.) No GST Status Venthed Yes Address 1 Address 2 # 60-10 NORTH POINT BIZHUS Address 3 Address 3 Address 1 Address 1 Address 3 Pout Code Min No. 88-10 Related Policy Number \$107740246 Pout Code 9 OT Driver Info Unnamed Driver Driver Type Unnamed Driver Unnamed Driver Driver Name Driver DOB Driver DOB Begister Led or Oriver License 207097,07015 Driver Age 32 Driver DOB Driver DOB Register Cell or Oriver License 207097,07015 Driver Age 32 Driver DOB Driver DOB Address 3 BUK GAGC #* Address 2 WOODLAND SRIVE 62 Address 3 Pout Code Address 4 SINGAPORE 733694 Address 7 Address 7 Pout Roll Pout Roll Pout Roll Pout Roll Pout Roll Po							
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SST Registration No. GST Status verified Vas GST Status verified Address 2 #OST HOURT HOURT BIDHUE Address 1 Driver Typa Unnamed Driver Unnamed Dr							
Policyholder Mailing Address Address 1 2 Y15HUN INDUSTRIAL STREET Address 2 #08-19 NORTH POINT BIZHUB Address 3 Address 4 Address 7 Beated Policy Number 5107740246 Polit Cyber Type Singapore address Post Code Polit Cyber Type Unnamed Driver Unnamed Unnamed Driver Unnamed Unnamed Driver Unnamed Unnamed Driver Unnamed Unnam		HO			te	20270	
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Address 1	Policyholder Mailing Ad	dress					
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## Be10 Related Policy Number \$107740246 ## OID Triver Tano	Address 4				NUB:		
The Policy of Both Private Info Driver Name	Unit No.	08-10				Past Code	
Driver Name Unnamed Driver Unnamed Driver Unnamed driver Name LIN VONOQIANG Driver Name Contact No. (Mobile) Bassose Contact No. (Mobile) Bassose Bill Contact No. (Mobile) Bassose Bill Contact No. (Mobile) Bill Contact No. (M		NNSANS	Related Policy Number	3107740246			
Unnamed driver Name LIN YONGQ LANG Driver NRIC S8618427C Driver DoB Acquister Clase of Driver License 07/05/2015 Driver Age Contact No. (Office) Address 1 BK 694C F Address 2 WOOD_ANDS DRIVE 62 Address 3 Address 4 SINGAPORE 733694 Address Type Singapore address Post Code Unit No. Driver Vehicle No. Drive		Unnamed Driver	Driver Type	Honomad Deliver			
Register Date of Driver License 07/05/2015 Driver Age 32 Driving Experience Contact No. (Mobile) 8480969 Contact No. (Office) 0 Address 1 BLK 694C = Address 2 SINCAPORE 733699 Address 1 Unit No. Does he own a Singapore Registered are seed of the	Unnamed driver Name					Delver DOR	
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Claim 701 OD-MX Next Claim Type * OD-MX	Breathalyser or Blood Test	0 mg	Any injury?	Yes @ No			
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Claim 701 OD-MX Next Claim 7ype * OD-MX	Modification History						
Claim Type * OD-MX							
Contact No.(Mobile) Contact No.(Home) Contact No.(Home) OI Vehicle Number SJN6762C TP Vehicle Number Type of Benefit * Please Select Claimant Type Claimant Type * Please Select Claimant Address Claimant Address Claimant Address Claimant Address Claim Description SJN6762C / SMJ7923J ON 21 Jun 2019 Preferered Workshop Contact No. Insured Liability * Partially at Fault Prefered Workshop, Name unknown GIA report Cate Registered 24/06/2019 19:36 Claim Close Date Workshop Repairer Workshop Repairer Save Submit	Claim 001 OD-MX New						
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