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### SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

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.

BARCO.	ACCIDENT STATEMENT
Date Of Report	16/07/2019 12:04
Date Of Accident	15/07/2019 18:50
Exact Location Of Accident	TANAH MERAH COAST RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XE885C
Insured/Policyholder	
Name Of Registered Owner	NEO & GOH CONSTRUCTION PTE LTD
Co Reg No	199104895W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67432338
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO FV51SJD2DEA
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
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	5073100781-03
Cover Note Number	*
Driver	
Name of Driver	RASU KALEESWARAN
NRIC No	G6817679X
Date Of Birth	01/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	27/11/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81124641
Fax Number	

NOEMAIL

10 UBI CRESCENT #07-83 UBI TECHPARK SINGAPORE Address

Postcode

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

SIDE SWIPE Type Of Accident Weather Conditions CLEAR DRY Road Surface

#### Other Information

NO 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?

Was any injured conveyed to hospital by

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

# **Details of Police Action**

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

# Circumstances of Accident

I WAS TURNING RIGHT AT THE JUNC OF TANAH MERAH COAST ROAD, WHILE TURNING RIGHT, SUDDENLY VEH B COME FROM THE EXTREME LEFT LANE ALSO TURNING RIGHT AT THE JUNC AND HIS VEHICUT INTO MY LANE AND HIT ONTO MY VEH LEFT FRONT PORTION.

#### Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number **SKA1991Y** 

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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

- 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 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
- 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:

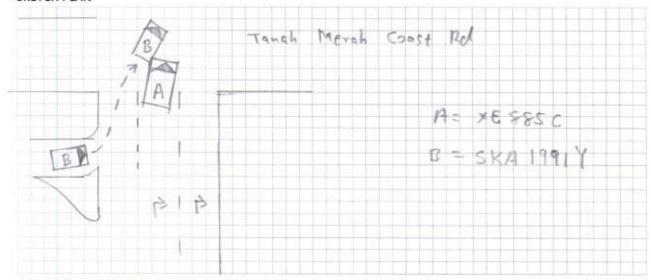
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use. disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

NRIC/FIN No .:

Reporting Centre Personnel's Signature



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	+-	Statement	
			/	
	/			

# DECLARATION

I/We declare 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 Name:

NRIC/FIN No.:



#### S PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

NEO & GOH CONSTRUCTION PTE LTD



RASU KALEESWARAN

0 35219684

CONSTRUCTION





K0259053



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

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 load or passengers and the unladen weight =< 7250kg

VISIT PASS Immigration Regulations

10-04-2018

RASU KALEESWARAN



G8817679X

01-05-1989

INDIAN

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.





EFFECTIVE DATE

NP 428A



# Certificate of Insurance

	certificate	or insurance
MOTOR VEHICLES (THIRD PARTY RISKS A MOTOR VEHICLES (THIRD PARTY RISKS A ROAD TRANSPORT ACT, 1987 (MALAYSIA MOTOR VEHICLES (THIRD PARTY RISKS) R	ND COMPENSATION)	RULES, 1960
Certificate Number: 5073100781-03		Cover : Comprehensive
1. Index mark and Registration Number	of Vehicle	: XE885C
Chassis Number		: FV51SJA10195
2. Name of Policyholder		: NEO & GOH CONSTRUCTION PTE LTD
3. Effective Date of Insurance		: 05 Aug 2018
Expiry Date of Insurance		: 04 Aug 2019
<ol><li>Persons or Classes of Persons entitled</li></ol>	d to drive#	
(a) The Policyholder.		
(b) Any other person who is driving		order or with his/her permission. dance with the licensing or other laws or regulations to drive
the Motor Vehicle or has been so enactment or regulation in that I 6. Limitations as to Use# (a) Use for social domestic and pleas	o permitted and is not behalf from driving th sure purposes and in	disqualified by order of a Court of Law or by reason of any e Motor Vehicle.
(b) Use for the carriage of passenge	rs or goods in connect	ion with the Policyholder's business.
This Policy does not cover		
(a) Use for hire or reward.		
(b) Use for racing, pace-making, relia		esting. one disabled mechanically propelled vehicle.
Act (Chapter 189) and Section 95 headings.	of the Road Transpo	Notor Vehicle (Third Party Risks and Compensation) rt Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$1,500	
EXCESS (SECTION 2)	: N/A	
WINDSCREEN EXCESS	: S\$500	
INSURE WITH COE	: YES	
		AL SERVICES AFRICA & ASIA PACIFIC LTD
SUM INSURED	: MARKET VALUE OF	INSURED VEHICLE AT TIME OF LOSS
I/We hereby Certify that the Policy to wh Vehicles (Third Party Risks and Compens	nich this Certificate rel ation) Act (Chapter 18 TOR CREDIT PTE LTD (C	ates is issued in accordance with the provisions of the Moto 19) and Part IV of the Road Transport Act, 1987 (Malaysia)
Countersigned By:  Author	orised Officer	Chief Executive

# Claim Handling Accident MT/1053671

Accident MT/1053671						
Policy No.	5073100781-03	Vehicle No.	XE885C		GST Regist	tration No.
Certificate No.	NEO A COLL CONCERNICATION OFF LED					
Policyholder Name	NEO & GOH CONSTRUCTION PTE LTD	300000000000000000000000000000000000000			Policyholde	r NRIC
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Loading	
Contact No.(Mobile)	67432338	Contact No. (Office)			Contact No	(Home)
Email Address	The same of same	Special Remark	THE WASHINGTON		eCode	
KFK	= No Yes	TCA	No Yes		eCode Rea	
NCD Protection	No	NCD Entitlement(%)	20		Private Hir	e
Report Date	16/07/2019 15:43	Accident Report Within 24 hrs	Yes		Accident T	ype
Date of Accident	15/07/2019	Time of Accident hh:mm	18:50		Country of	Accident
Reporting Centre		Orange Force			ICM No.	
Accident Location	TANAH MERAH COAST RD					
<b>▽</b> Excess						
Own damage Excess	1,500.00	Additional Excess			Windscree	n Excess
Unnamed Driver Excess		Outside Singapore OD Excess				
Third Party Excess	0.00	Outside Singapore TP Excess				
<b>▽</b> Benefits						
GST Registered Informat	tion					
GST Registered	Yes		GST Regist	ration Date	- 6	01/04/199
GST Registration No.	M201026431		GST Status			Yes
Modification History	16/07/2019 15:47:56 Syst	em changed GST Registered from No to	Yes			
	16/07/2019 15:47:56 Syst 16/07/2019 15:47:56 Syst	em changed GST Registration No. from r em changed GST Registration Date from	null to M201026431 null to 01/04/1994			
Policyholder Mailing Add	ress					
Address 1	10 UBI CRESCENT	Address 2	#07-83 UBI TECHP	ARK	Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.		Related Policy Number	5082272629-03		( oat code	
♥ OI Driver Info		Related Folicy Hamber	3002272629-03			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	RASU KALEESWARAN	Driver NRIC	G6817679X		Driver DO	
Register Date of Driver License	27/11/2014	Driver Age				
Contact No.(Mobile)	81124641	Contact No.(Office)	30		Driving Ex	
Address 1	TOTAL STREET	or and the second second		122	Contact No	
	10 UBI CRESCENT	Address 2	#07-83 UBI TECHP	ARK	Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.	07-83					
Does he own a Singapore Registered car?	Yes . No	Driver Vehicle No.			Driver Ins	urer Comp
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No			
Modification History						
Production Friscory						
Claim 001 New						
Claim Type *				OD-MX	Insured Name	NEO & GO
Contract the Charles					Contact	
Contact No.(Mobile)					No. (Home)	6284890:
Essal Address					01	-
Email Address				ADMIN@NEOGOHCONST.CO	OM.S Vehicle Number	XE885C
Claim Description				XE885C / SKA1991Y ON 15	Tul 2019	
SUBJECT COMMENTS				Evenage / Shortsall ON 13	-A1 E013	
Preferred Workshop 0	Preference , Not at Fai					
Contact No. Yes	▼ Repair Preferred Workshop,	GIA C	d 🔻		Chilm	
Date Registered	Option			16/07/2019 15:51	Claim	
F					Date	6
Report Taken By				LIEW SHAN HUI		
Print AK letter						



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