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(ii) TP 2 Reporting Only	I-Photo Uploaded		
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TP Particulars: Veh No: 5	JY 2792A . I	NC()/Non-INC()	
Owner / Driver: (1000	Tcl;)
Policy No: () Pcri	od: () Cover Type: ()
Confirmed by : (Date:	Time:)
A CONTRACTOR OF THE PROPERTY O		l: 0-20%; P: 21-79%. P: 8)-100%]
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2) QC Check / Post Repair Inspection	(·)•		
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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.
- 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

atoresaid.	244 155 200 p. 150 p. 1
	ACCIDENT STATEMENT
Date Of Report	06/08/2019 15:34
Date Of Accident	05/08/2019 10:35
Exact Location Of Accident	JUNC OF JLN JURONG KECHIL & UPP BT TIMAH RD
Country/State of Loss	SINGAPORE
NA CONTRACTOR SERVICE AND ADDRESS OF THE PARTY OF THE PAR	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY7266P
Insured/Policyholder	
Name Of Registered Owner	GC HARDWARE PTE LTD
Co Reg No	5.1
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62525643
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DHOM110155271702
Cover Note Number	
Driver	
Name of Driver	LAI YEW KONG

NRIC No S1672705I Date Of Birth 11/02/1964 Occupation OUTDOOR Date Of Driving Pass 23/11/2007

Driving Experience 11 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81889008

Fax Number Contact Number

EMail Address NOEMAIL Address

APT BLK 312B CLEMENTI AVENUE 4 #17-179

Postcode

122312

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?

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.

NO

soliciting/oriering accident claims assistance.

140

Number of Passengers (Including Driver)

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

SJV2792A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

THNG HUI HIEN

NRIC/Passport Number

S7428324A

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.
- 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;
 - (li) 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.

GC HARDWARE PTE LTD

18 Tannery Lane #03-02

Lum Kong Building Singapore 347780 Tel: 6252 5649, 6252 6570 Fax: 6253 6461

Policyholder's Signature

Date & Time:

Driver's Signature

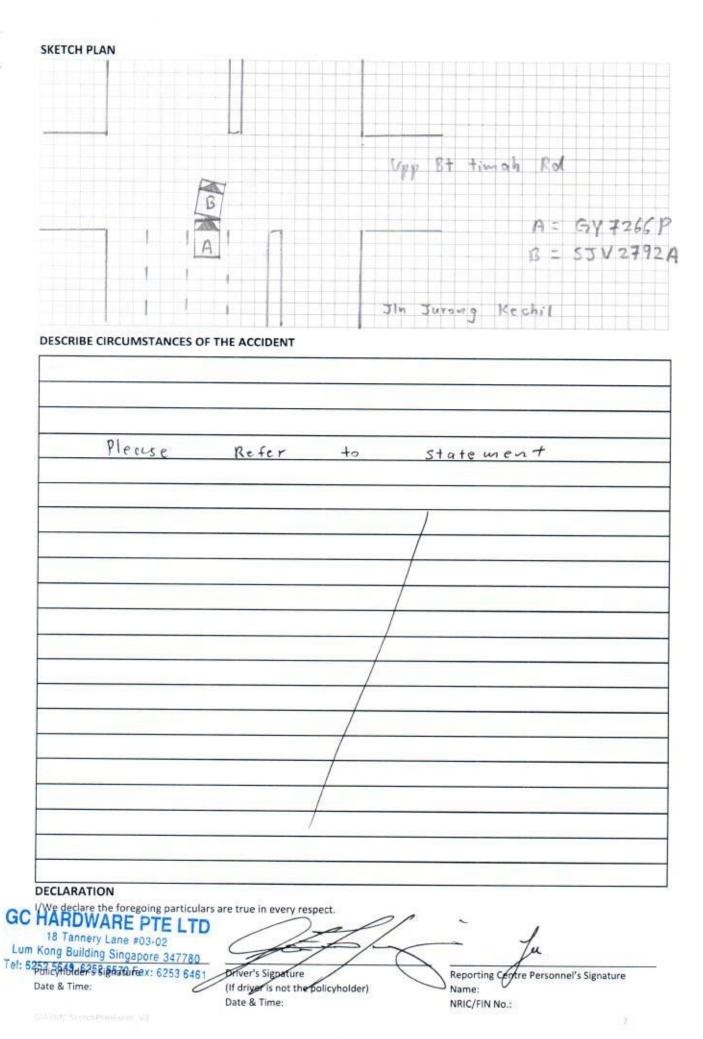
(If driver is not the policyholder)

Date & Time:

Reporting Gentre Personnel's Signature

Name:

NRIC/FIN No.:



I WAS TRAVELLING ALONG JLN JURONG KECHIL WHILE APPROACHING JUNC WITH UPP BT TIMAH RD, THE TURNING RIGHT ARROW WAS GREEN ON MY FAVOR, WHILE TURNING INTO UPP BT TIMAH RD, SUDDENLY VEH B WHICH WAS INFRONT OF ME JAMMED BRAKE DUE TO THE TURNING ARROW STARTED TO FLASH, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR PORTION.

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE a) VEHICLE NUMBER: GY 7266 P. b) INSURANCE COMPANY: (/OI c) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL h) PURPOSE OF USING AT ACCIDENT TIME: W i) ARE YOU CLAIMING UNDER YOUR OWN INSURAL IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPO 2. INSURED / POLICY HOLDER A) NAME: GC Hardware ptc Ltd. b) NRIC/FIN/PASSPORT: c) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDE b) NRIC/FIN/PASSPORT: c) ADDRESS: * ONAME: b) NRIC/FIN/PASSPORT: c) ADDRESS: * ONAME: b) NRIC/FIN/PASSPORT: c) ADDRESS: * ONAME: b) NRIC/FIN/PASSPORT: c) ADDRESS: * ONE COMPANY: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S IF NO, RELATIONSHIP OF THE DRIVER WITH IN 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHE b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: SJV 2792A . M b) DRIVER'S NAME: Thing Huis Hiem c) NRIC/FIN/PASSPORT: S7428324A .	MOTORCYCLE / C / MALE / FE / MALE / FE / CONTACT: \$18	MALE) \$ 900 8.
D)INSURANCE COMPANY: (/OT C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL h)PURPOSE OF USING AT ACCIDENT TIME: W i)ARE YOU CLAIMING UNDER YOUR OWN INSURAI IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPO 2. INSURED / POLICY HOLDER A)NAME: G: Hardware pte Ltd / b)NRIC/FIN/PASSPORT: c)ADDRESS: *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDE of posseng er 3. DRIVER d)NAME: b)NRIC/FIN/PASSPORT: c)ADDRESS: *d)DATE OF BIRTH: (/ /) (DD/MM/, e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRENENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S IF NO, RELATIONSHIP OF THE DRIVER WITH IN 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHE b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE o) VEHICLE NUMBER: SJV 2792A . M b) DRIVER'S NAME: The Mus. His M	/ THIRD PARTY FIR MOTORCYCLE / O / MOTORCYCLE / / MOTORCYCLE / / MOTORCYCLE / / MOTORCYCLE / O / MOTORCYCLE	MALE) \$ 900 8.
C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL h)PURPOSE OF USING AT ACCIDENT TIME: W i)ARE YOU CLAIMING UNDER YOUR OWN INSURAI IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPO 2. INSURED / POLICY HOLDER A)NAME: G)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDE o)NRIC/FIN/PASSPORT: C)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDE o)NAME: b)NRIC/FIN/PASSPORT: C)ADDRESS: * d)DATE OF BIRTH: (/)(DD/MM/, e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S IF NO, RELATIONSHIP OF THE DRIVER WITH IN 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHE b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: S]V 2792A . M b) DRIVER'S NAME: This His His N	MOTORCYCLE / C / MALE / FE / MALE / FE / CONTACT: \$18	MALE) \$ 900 8.
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL h)PURPOSE OF USING AT ACCIDENT TIME: W i)ARE YOU CLAIMING UNDER YOUR OWN INSURAL IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPO 2. INSURED / POLICY HOLDER A)NAME: GC Hardware ptc Ltd b)NRIC/FIN/PASSPORT: c)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDE o)NAME: b)NRIC/FIN/PASSPORT: c)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDE o)NAME: b)NRIC/FIN/PASSPORT: c)ADDRESS: * d)DATE OF BIRTH: (MOTORCYCLE / C / MALE / FE / MALE / FE / CONTACT: \$18	MALE) \$ 900 8.
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DRIVER a) NAME: b) NRIC/FIN/PASSPORT: c) ADDRESS: *d) DATE OF BIRTH: (/	(MALE / FEI	\$ 900 \$.
DRIVER a) NAME: b) NRIC/FIN/PASSPORT: c) ADDRESS: "d) DATE OF BIRTH: (/	(MALE / FEI	\$ 900 \$.
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b) DRIVER'S NAME: The Hu: Hier		
b) DRIVER'S NAME: The Hui Hien	ODEL:	
CI NPIC/FIN/PASSPORT: STILL 2022	ODEL:	
	ONTA CT.	
9. THIRD PARTY VEHICLE	ONIACI:	
d) VEHICLE NUMBER:MO	DDEL:	
f) NDIC/EN/D CODOT	a distribution of	
f) NRIC/FIN/PASSPORT:C	ONTACT:	870
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United Overseas Insurance Limited

3 Anson Road #28-01 Springleaf Tower Singapore 079909

Tel (65) 6222 7733 Fax (65) 6327 3869 6327 3870 Email: ContactUs@uol com.sg uoi.com.sg

Co. Reg. No. 197100152R

RENEWAL CERTIFICATE

ORIGINAL

A000041 Class of Policy MOTOR Agency Policy Number DHOM110155271702 Account A000041 Issued on 07/01/2019 in UOI Replacing Policy no. DHOM110155271701

Client 0003315 Acceptance Date 31/12/2018

Period of Insurance from 17/02/2019 to 16/02/2020, both dates inclusive

Insured's Name.... Mailing Address... GC HARDWARE PTE LTD 18 TANNERY LANE #03-02 LIAN TONG BUILDING

SINGAPORE 347780

Business/Occupn... WHOLESALER OF WELDING EQUIPMENT

Premium BASIC ANNUAL PREMIUM SGD1,060.00

NO CLAIM BONUS 20.00% SGD212.00-

Total Annual Premium SGD848.00 Premium Due SGD848.00 Less Disc. SGD84.80 Premium GST SGD53.42

Total Due SGD816.62

Risk No. 001 COMMERCIAL VEHICLE

1. Registration GY7266P Make/Model ... TOYOTA DYNA 150D DIESEL [2] Type of Cover [HIRD PARTY No. of seats 1 Body Type LORRY/VAN

Engine No. .. 5L5602722 0 Capacity cc's Yr of Manuf/Regn 2005/2005 Chassis No. JTFUF34Y203010830

NCB%..... 20.00 Tonnage 2.00 Certificate Ref. LCVC

THIRD PARTY ONLY SGD0.00 APPL TO <25 YRS & OR <3YRS EXP

SGD2,000.00

2 E - YOUNG AND INEXPERIENCED DRIVERS

3(P) - THIRD PARTY ONLY

72(B) - LEGAL LIABILITY OF PASSENGERS FOR ACTS OF NEGLIGENCE

POLICY OWNERS' PROTECTION SCHEME

THIS POLICY IS PROTECTED UNDER THE POLICY OWNERS' PROTECTION SCHEME WHICH IS ADMINISTERED BY THE SINGAPORE DEPOSIT INSURANCE CORPORATION (SDIC). COVERAGE FOR YOUR POLICY IS AUTOMATIC AND NO FURTHER ACTION IS REQUIRED FROM YOU. FOR MORE INFORMATION ON THE TYPES OF BENEFITS THAT ARE COVERED UNDER THE SCHEME AS WELL AS THE LIMITS OF COVERAGE, WHERE APPLICABLE, PLEASE CONTACT YOUR INSURER OR VISIT THE GIA / LIA OR SDIC WEBSITES (www.gia.org.sg OR www.lia.org.sg OR www.sdic.org.sg).

PREMIUM PAYMENT WARRANTY

- NOTWITHSTANDING ANYTHING HEREIN CONTAINED BUT SUBJECT TO CLAUSE 2 HEREOF, IT IS HEREBY AGREED AND DECLARED THAT IF THE PERIOD OF INSURANCE IS 60 DAYS OR MORE, ANY PREMIUM DUE MUST BE PAID AND ACTUALLY RECEIVED IN FULL BY THE INSURER (OR THE INTERMEDIARY THROUGH WHOM THIS POLICY WAS EFFECTED) WITHIN 60 DAYS OF THE INCEPTION DATE OF THE COVERAGE UNDER THE POLICY. RENEWAL CERTIFICATE OR COVER NOTE.
- 2. IN THE EVENT THAT ANY PREMIUM DUE IS NOT PAID AND ACTUALLY RECEIVED IN