

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 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 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	19/08/2019 17:09
Date Of Accident	18/08/2019 17:50
Exact Location Of Accident	2 LOR NAPIRI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY3004U
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Insured/Policyholder

Name Of Registered Owner	PRIVILEGE LIMOUSINE SERVICES PTE LTD
Co Reg No	201726851N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92389179

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5111566730
Cover Note Number	-

Driver

Name of Driver	TENGKU MOZAIID BIN TENGKU MOHMOOD
NRIC No	S8436799J
Date Of Birth	07/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81826112
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 669B EDGEFIELD PLAINS #14-658
Postcode	822669
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	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

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	FBH751A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	TENGPU MOZAID BIN TENGPU MOHMOOD
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Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJY3004U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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7. By the lodging 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 situated 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 (a) 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.:

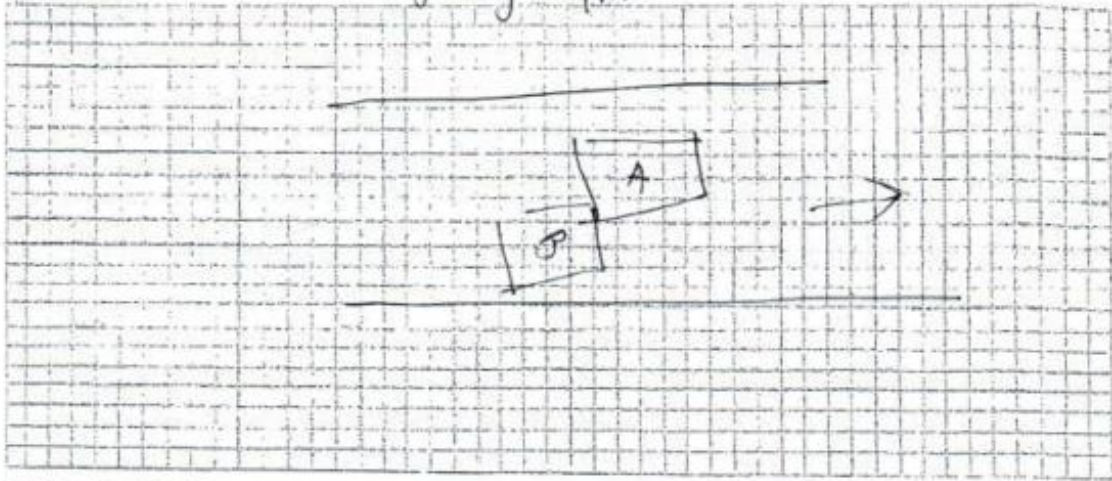
Accident Sketch Plan

VEH A : SJY3004U

VEH B : FBH751A

Along Lorong Napiri

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving vehicle A along Lorong Napiri and was going ~~to~~ on a one way ~~to~~ road. Suddenly I ~~was~~ felt an impact from the back along ~~to~~ a bang sound. I got down my vehicle and realized that I was hit by a motor bike, ~~veh B~~

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/PIN No.:

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Company) of **PRIVILEGE LIMOUSINE SERVICES PTE. LTD.**
(201726851N)

Date: 25/10/2018

The Following Are The Brief Particulars of :

Registration No.	201726851N
Company Name.	PRIVILEGE LIMOUSINE SERVICES PTE. LTD.
Former Name if any	
Incorporation Date.	20/09/2017
Company Type	EXEMPT PRIVATE COMPANY LIMITED BY SHARES
Status	Live Company
Status Date	20/09/2017

Principal Activities

Activities (I)	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	CHAUFFEURED SERVICES
Activities (II)	RENTING AND LEASING OF PRIVATE CARS WITHOUT OPERATOR (77101)
Description	

Capital

Issued Share Capital (AMOUNT)	Number of Shares *	Currency	Share Type
20000	20000	SINGAPORE, DOLLARS	ORDINARY

* Number of Shares includes number of Treasury Shares

Paid-Up Capital (AMOUNT)	Number of Shares	Currency	Share Type
20000		SINGAPORE, DOLLARS	ORDINARY

COMPANY HAS THE FOLLOWING ORDINARY SHARES HELD AS TREASURY SHARES

Number Of Shares	Currency
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INFORMATION RESOURCES

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Business Profile (Company) of PRIVILEGE LIMOUSINE SERVICES PTE. LTD.
(201726851N)

Date: 25/10/2018

Registered Office Address	421 TAGORE INDUSTRIAL AVENUE #01-20 TAGORE 8 SINGAPORE (787805)
Date of Address	30/05/2018
Date of Last AGM	
Date of Last AR	
FYE As At Date of Last AR	

Audit Firms

NAME

Charges

Charge No.	Date Registered	Currency	Amount Secured	Chargee(s)
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Officers/Authorised Representative(s)

Name	ID	Nationality	Source of Address	Date of Appointment
Address		Position Held		
NG YEW HONG (HUANG YOUHONG)	S8213205H	SINGAPORE CITIZEN	ACRA	20/09/2017
223 YISHUN STREET 21 #03-471 YISHUN GARDENS SINGAPORE (760223)		Director		
LIN LI	S7061834F	SINGAPORE CITIZEN	ACRA	20/09/2017
86 TELOK BLANGAH HEIGHTS #11-377 SINGAPORE (100086)		Secretary		

Shareholder(s)

Name	ID	Nationality/Place of Incorporation/Origin	Source of Address	Address Changed
Address				
1 NG YEW HONG (HUANG YOUHONG)	S8213205H	SINGAPORE CITIZEN	ACRA	20/09/2017

Authentication No. : D18761919N

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INFORMATION RESOURCES

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**Business Profile (Company) of PRIVILEGE LIMOUSINE SERVICES PTE. LTD.
(201726851N)**

Date: 25/10/2018

Shareholder(s)		ID	Nationality/Place of incorporation/Origin	Source of Address	Address Changed
Name					
Address					
223 YISHUN STREET 21 #03-471 YISHUN GARDENS SINGAPORE (760223)					
Ordinary(Number)		Currency			
20000		SINGAPORE, DOLLARS			

Abbreviation

UL - Local Entity not registered with ACRA

UF - Foreign Entity not registered with ACRA

AR - Annual Return

AGM - Annual General Meeting

FS - Financial Statements

FYE - Financial Year End

OSCARS - One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA181025194669

DATE : 25/10/2018

This is computer generated. Hence no signature required.



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66530020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 119108848 Vehicle Registration No: ~~S743004~~ S743004U
Name (as shown in NRIC) : PRIVILEGE LIMBING SERVICE PTE LTD NRIC/FIN/Passport No : 201726861N (VEN)
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 421 TAGORE INDUSTRIAL AVE #01-20 ^{Tanjong} Singapore (787809)
Contact (Tel) : _____ Mobile No. : 92389179
Email Address : PLATFORM VER42 @ GMAIL.COM
Date of Accident : 18/8/19 Time of Accident : 1750
Place of Accident : LORONG NEPARI
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The report for accident has one injury.

Att

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 20/8/19