

THE SCHEDULE

Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number : 5082404292-03
 The Policyholder : ALPHATEC PRIVATE LIMITED
 8 ADMIRALTY STREET
 #05-12/13 ADMIRAX
 SINGAPORE 757438

Period of Insurance : 04 Aug 2019 To 03 Aug 2020
 Sum Insured : Market Value of Insured Vehicle at Time of Loss
 Premium (inclusive GST) : S\$1,224.88

Interest Insured

Cover Type	: Comprehensive	
Make/Model	: NISSAN/NV200	
Capacity	: 0.71 ton(s)	
Registration Number	: GZ8820C	Number of Seater : 2
Chassis Number	: VSKYBAM20Z0093743	Registration Date : 04 Aug 2015
Excess (Section 1)	: S\$600	Insure with COE : Yes
Excess (Section 2)	: N/A	NCD Entitlement : 20%
Windscreen Excess	: S\$100	Loyalty Discount : 5%
Hire Purchase Company	: N/A	

Memo A : Vehicle Model: NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5

Endorsement Operative : N/A

Agency : TELESales-DIRECT MARKETING (00000601661)
 Date of Issue : 10 Jul 2019 21:12 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive

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	13/08/2019 13:19
Date Of Accident	13/08/2019 09:00
Exact Location Of Accident	WOODLANDS AVE 2 / ADMIRALTY RD TWDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ8820C
Insured/Policyholder	
Name Of Registered Owner	ALPHATEC PRIVATE LIMITED
Co Reg No	200605963C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97593994
Alternative Phone No	OFFICE-64960307

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5082404292-03 (COMP)
Cover Note Number	

Driver

Name of Driver	HONG KIM CHYE
NRIC No	S1787416J
Date Of Birth	21/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	30/05/1998
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97593994
Fax Number	
Contact Number	OTHERS-97593994
Email Address	NOEMAIL

Address BLK 284 #05-112 YISHUN AVE 6
 Postcode 760284
 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 CHAIN COLLISION
 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 3
 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
 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

I WAS DRIVING STRAIGHT ALONG WOODLANDS AVENUE 2 ON THE LEFT MOST LANE. SUDDENLY I HEARD A BANG SOUND FROM BEHIND. MOMENTS LATER, A MOTORCYCLE FBM 5098T FROM BEHIND HIT ONTO THE REAR OF MY VEHICLE. WHEN I ALIGHTED FROM MY VEHICLE I DISCOVERED THAT THERE WERE THREE VEHICLES INVOLVED INCLUDING MY VEHICLE. THEREAFTER THE RIDER TOLD US THAT HE WILL GO AND SEE DOCTOR HIMSELF AND THE DRIVER OF VEHICLE SLE 3654A ALSO DROVE OFF SAYING SHE NEED TO SEND HIS PASSENGERS. (ATTENDED BY CHRISTINA)

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 FBM5098T
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category MOTORCYCLE
 Name of Driver PARAMESWARAN PRASHOBAN
 NRIC/Passport Number 040810188
 Contact Number 83956113
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLE3654A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver NG BEE ENG

NRIC/Passport Number S1551515E

Contact Number 92290550

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

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 companies.
5. 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.



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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.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

Handwritten notes on the sketch plan grid:

- A - GZ 8820 C
- B - EBM 5098 T
- C - SLE 3654 A

Below the grid, three boxes labeled A, B, and C are shown with arrows pointing to the left.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DOA - 13/8/19

Large empty rectangular area for describing the circumstances of the accident.

DECLARATION

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



Policyholder's Signature
Date & Time:

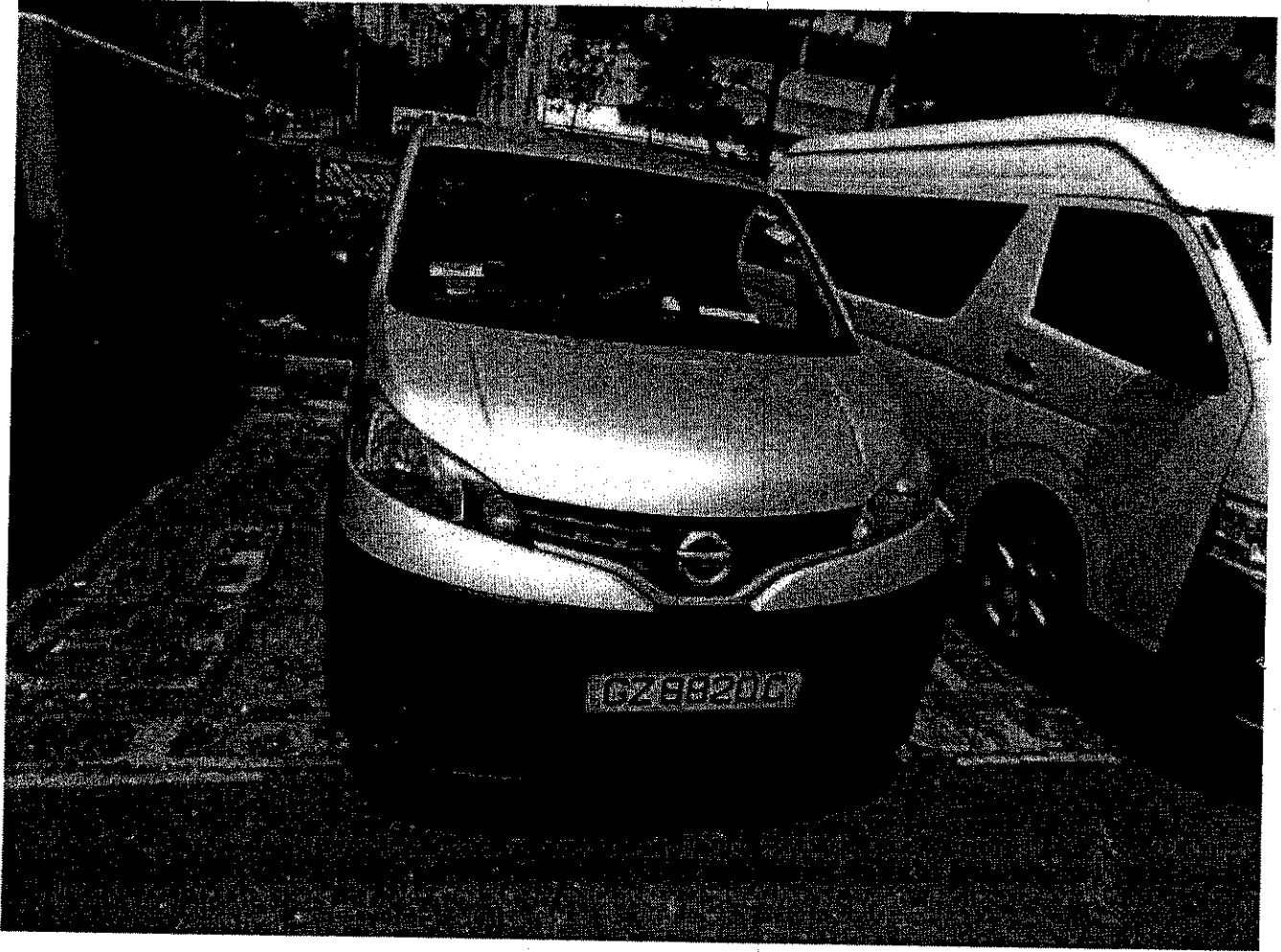
Driver's Signature
(If driver is not the policyholder)
Date & Time:

13 AUG 2019



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

