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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

	ACCIDENT STATEMENT
Date Of Report	23/08/2019 15:39
Date Of Accident	23/08/2019 10:30
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY5075L
Insured/Policyholder	
Name Of Registered Owner	CHILLI API CATERING PTE LTD
Co Reg No	200208964G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96175671
Alternative Phone No	OFFICE-63401042
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5067159134-04
Cover Note Number	ž
Driver Paris Arg	
Name of Driver	TAN WEN YEONG
NRIC No	G2556926T
Date Of Birth	22/05/1989
Occupation	OUTDOOR
Date Of Driving Pass	02/12/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91314089
Fax Number	
Contact Number	

NOEMAIL

Address

635 PASIR RIS DR 1 #12-598

Postcode

510635

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?

YES

Was any other material or property damaged?

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?

YES

Remarks/ Reasons:

FILE TOO LARGE FAIL TO UPLOAD

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJQ8248S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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 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.

Policyholder's Signature Date & Time:

ATER

Driver's Signature

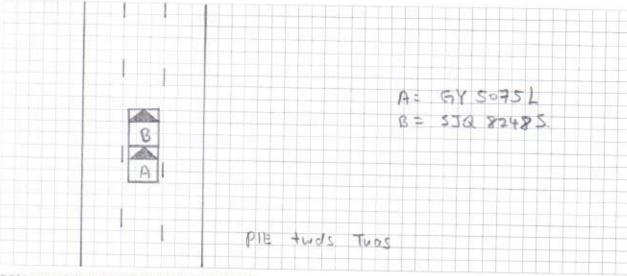
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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му	Veh	hit	onto	veh	В	Rear	per	tion.	

DECLARATION

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

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

CHARAC SkotchmanEprin V3

ACCIDENT STATEMENT

		1. DETAILS OF VEHICLE
		a) VEHICLE NUMBER: GY S.75 L
		b)INSURANCE COMPANY: INC
		C)POLICY NUMBER:
		d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
		DIMAKE & MODEL:
		f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
		9/ LINCLE CALEGORY: [PRIVATE / COMMERCIAL / MOTORCYCLE)
		h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
		I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
		IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
		AINAME: Ch: 11: A 14./
	-	DINDIC (EIN/DASSOCRE)
		C)ADDRESS:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:CONTACT:
9		
30		* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
10 01	rassen	3. DRIVER
lucto	clriver	a)NAME: Tan Wen Yeong (MALE / FEMALE)
- 1	Cirioe	DINKIC/FIN/PASSPORT: CONTACT: 91314 089
c 1)	CIADDRESS: 635 Pasir his Dr 1 # 12-598 (5) 510635.
		*d)DATE OF BIRTH: ()(DD/MM/YYYY)
		e)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE:
		4. WAS DRIVER AN EMPLOYEE OF THE INCUES.
		4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
		5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
		DIROAD SURFACE: (DRY / WET / OTHERS
		6. WAS ANYBODY INJURED (YES / NO.)
		7. a) REPORTED TO POLICE (YES / NO)
		IF YES, PLEASE STATE WHICH POLICE STATION:
		O. ININD PARIT VEHICLE
		a) VEHICLE NUMBER: SJQ 8248 S . MODEL:
		OF DRIVER'S NAME:
		c) NRIC/FIN/PASSPORT:CONTACT:
		9. THIRD PARTY VEHICLE
		d) VEHICLE NUMBER:MODEL:
	· 1	e) DRIVER'S NAME:
		f) NRIC/FIN/PASSPORT:CONTACT:
	裁	
	*	email: MCTORTAN 9958@GMAIL.com

Yes.

REPUBLIC OF SINGAPORE DRIVING LICENCE



LICENCE Number G2556926T

TAN WEN YEONG

Bret Date 22 May 1989 take Date 02 Dec 2014 Valid Till 01 Dec 2019





WORK PERMIT

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

EHYROYUF CHILLI PADI NONYA RESTAURANT PTE. LTD.

Sector SERVICE



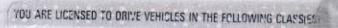
TAN WEN YEONG DELIVERY MAN

Work Permit No. 4 05006200

12-01-2016

26-12-2017 Onle of Expiry 19-01-2020





Class 3 Matter cars == 3000 kg with == 7 parsengers, exclusive of the defree; and motor fraction/exhibits == 2500 kg Class 4A Omnibuses 62 Dec 2014

06 Jun 2015

G2556926T

NP 428A

S / No. 9000212756

G25569267

VISIT PASS Immigration Regulations

in and a second

TAN WEN YEONG .

Date of Birth Sex 22-05-1989 M

FIN Date of the

G2556926T 26-12-2017

19-01-2020

OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU



Certificate of Insurance

Cover :

30 Oct 2018

29 Oct 2019

JN1MG4E25Z0713075

GY5075L

Third Party

CHILLI API CATERING PTE LTD

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)

Certificate	Number:	5067159134-04

1. Index mark and Registration Number of Vehicle Chassis Number

Name of Policyholder

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. 6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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)	. 81/4	
EXCESS (SECTION 2)	- N/A	
INSURE WITH COE	: N/A	
	: N/A	
HIRE PURCHASE COMPANY	. N/A	
SUM INSURED	. IV/A	
	: N/A	

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

TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 08 Oct 2018 16:32 hrs

Reprint

: 08 Oct 2018 16:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Maries M	Accident MT/1059220												
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Marche Note 15	Certificate No.				0130732			GST RE	gistration	No.			
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Malerate 4				Contact No.(Office)							24		
Marchening 12-1861		BLK 635 #12-59:	5 3		PASIR RIS DR	IVE I		Address	3		SING	APORE 5106	535
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