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Owner / Driver: (000/.		Tel:	····	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by : (11	Dates.	Timer)	
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1) Apply for Transport Allowance ()/ Courtes	y Car ()		1	
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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.
- 5. 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	06/09/2019 11:05
Date Of Accident	27/01/2019 16:50
Exact Location Of Accident	BEDOK NORTH ROAD TOWARDS BEDOK NORTH STREET 1
Country/State of Loss	SINGAPORE
THE PERSON NAMED IN	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH9260R
Insured/Policyholder	
Name Of Registered Owner	BERJAYA BUILDCON PTE LTD
Co Reg No	200923497E
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-90080102
Alternative Phone No	OFFICE-90080102
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105196400
Cover Note Number	
Driver	
Name of Driver	TAN SWEE KIAT
NRIC No	S1196564D
Date Of Birth	27/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90080102
Fax Number	armo-marii-anta a 1,54753 (1955-177), UPB (19
Contact Number	OTHERS-90080102
EMail Address	SALES@MIA.COM.SG

Address

BLK 548 BEDOK NORTH AVENUE 1

#12-410

Postcode

1646

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

SIDE SWIPE

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

read any body injured in the Accidents

0.50

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)

4

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 SKETCH PLAN

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

SBS6083Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

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

- 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.
- 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.
- 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.

olicyholder' Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Agnature

NRIC/FIN No.:

0.249M Schilledom V3

BADOK MAGERY ST. 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BEDOK WORTH RD TOWNEDS

I was driving at decolor NTH RO AND Bedde NTH

STI Junition on 27/01/2019 I check my blind spot
that no encoming vechicle so I swipe my terry to
our lane and suddenly I felt a light impact from my seright
tentre of my larry and stapped my vechicle and alighted
and found I have collided anto a SBS Bus, in that
time I saw the bus was no damage and I ask
the particular from him he also den't give me
so I thought he never report insurance and I also
no report because my latry jut no sign of damage
After I received A letter from next party claim
against me than I do report.

Rimark: On the time of accident I forgot to
copy the next party number plate and the
next party also never give me any contact
number to I never do report because I also
thought they don't want to go for insurance

DECLARATION

I/We declare the for eximple viculars 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

NRIC/FIN No.:

SARMC Detunitionique VS

Claim Handling							
Accident HT/1000001 Police No.	**********	SOMEOW: V					
Certificata No.	\$102198400	Vehicle No.	develope		GST Registration No.	20092	234975
Policytrobaler Name	BERJAYA BUILDCDN PTE LTD				TERRELANDER		
Frield Code	COMMERCIAL VEHICUE INSURAF	Cover Type			Policyhilder MILC		25487E
Curriact No (Mooke)	NIL.	Contact No./Office)	Comprehensive		Loading		
Rmail Address		Special #americ			Contact No. (Home) aClide	No. *	76
1000	+ No : Yes	TCA	a No. Yes		eCode Reason	[max	4
NCD Protection	96	NCO Entitlement(%)	W State		Private Hire	No	
						73	
Keport Date	20/08/2019 13:14	Accident Report Wittin 24 ftrs	Yes		Accident Type	Side S	wipe
Date of Adodess	27/01/2019	Time of Accident thomas	16:50		Country of Accident	Siegap	
Reporting Centre		Crympe Finns			TON We.	500	
Accident speation	JUNCTION OF HEDOX NORTH DRIVE AND BEDOK N	DATH STREET 1					
♥ Excess							
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Jonamed Driver Excess		Dutalia Singapore OD Excess					
Trins Party Excess	6.98	Outside Singapore TP Excess					
→ Benefits	1000						
 GST Registered Information Registered 	7577						
557 Registration No.	7es 2009/3467E			igistration Dake	83/07/2018		
todification History	4W47341E		421.00	atus Verified	Yes		
Policyholder Hailing Ad	filreas						
Angress T	E KART BURTT AVENUE 4	Address 2	#29-32 PREHIL	TOWN DAKE BORD	Allerou 3	SINGS	PURE 413275
Address #		Address Type	Elegacore andre	200	Post Code	433877	
Drug Ne		Related Policy Number	\$105196400				
⇒ OI Oriver Infu							
Oriver Name		Driver Type					
Innumed Uliver Name lighter Sets of Driver License		Driver SHIE			Driver DOB		
Direct No. (Mustic)		Driver Age			Driving Expenence		
Address 1		Contact No.(Office) Address 2			Contact No.(None)		
Address 4		Address Type	English address		Address 3		
2103 Min.		embrana (Abd	Foreign address		Pest Cape		
loes he own a Singapore	Yas v Ne	Driver Vehicle No.			44.00		
Registered car?		3-0,-0,-1-0,-1-0,-1-0,-1-0			Driver Insurer Compan	50	
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1.00							
Claim Type *					76 11		
200 1906				QD-MX	Name BERIAYA III	JILDOON #19 LTD	Insured 2008234979
Contact No. (Monde)					Contact No.		No. 62419808
					(Home)		(Office)
Small Address					Venicle Spiritzeas		Vefvcie S896083Y
Claim Description							Number Name of
				GRH9280W / S856083V OF	N 27 Jan 2015		Preferred Workshop
Profilerad Workshag	Profession Dentity Fully at Fault	*					
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J. Inc. jii	INIT_MERAH_BOODTS(NATIONAL ASSESSMENT CENTRE S (BURIT MERAH)) on 16 Sep 2019 11-03	SERVICE Printed		Normal	Prems 30.1	16.6.6	
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Claim Handling(Claim Task)

Video List

NAC_BUXTT_MERAH_BODG/IG NATIONAL ASSESSMENT CENTRE SERVICE 5 (DURIT MERAH); on 66 Sep 2015 11:03

5 (BUKIT MERAH)) on 09 Sep 2019 11:03

NAC_BURIT_MERAN, 800676(NATIONAL ASSESSMENT CENTRE SERVICE 8 (BURIT HERANI)) on the Sep 1019-11-02 NAC_BURIT_MERAH_KODE76; NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 36 Sep 2019 11:03

RAC_BURIT_HERAH_BODGFS(NATIONAL ASSESSMENT CENTRE BERVICE S (BURIT MERAH)) on DE Sup 2019 (1103 NAC_BIRKT_MERAH, BODE?6(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BLACT MERAH)) on 04 Sep 2019 12:03

MAC_BUSTT MERAH, BOOKTH, KATIDNAL ASSESSMENT CENTRE SERVICE S (BUSTT MERAH)) on DE Sep 2019 11:03

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Photos 2019-9-6

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File Name

Action

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Phoboe

Photos

Date of Accident	: 27 Jan 1019 Accident Time: 1650 (24-HR-Format)	
Accident Place	: Bedok NTH PR AND BEdok NTH STREET 1	
Vehicle, No. (Car Plate No.)	:GBH 9260R Make/Model: MH Fuso	
Insurace Company	: NTUL Policy No: 5/05/96400	
Owner or Company Name /IC No.	: BENJAYA BUILDGEN PTELTO (200923497E.	
Owner or Company Contact No.	: 6241819 Owner's Hp Company Tel	
DRIVER'S Name / IC No.	TAN SWEE KIAT (5/196564D)	
DRIVER'S Date Of Birth	: 21/11/1955 DRIVER'S Ligense Pass Date 0 4 MAY 2004	
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling (Employee) Others:	
DRIVER'S Address	: APT BLK 548 Bedok North Ave 1 \$12-410 1646	
DRIVER'S Contact No./ Alt No.	2) 90080102	
DRIVER'S Occupation	: INDOOR (outDOOR (e.g. working inside or outside office)	
Email Address	sales@mia.com.sg	
Weather & Road Surface	CLEAR & DRY) RAINING & WET \ AFTER RAIN & WET	
Reporting Type	Reporting Only) Claim Other Party \ Claim Own Insurance	
Number of Passengers (Including Dr		
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	being used at the time of accident. Bright and 1977	
Other Pa	arty Driver's Particular (if any)	
Vehicle. No: 5135 60837	Vehicle. No:	
Vehicle Make\Model:	Vehicle Make\Model:	
Name Driver:	Name Driver:	
C No. Driver/Contact: IC No. Driver/Contact:		

* NEW - Passenger's name & gender:



Countersigned By:	Certific	ate of Insurance
Certificate Number: \$105196400 1. Index mark and Registration Number of Vehicle Chassis Number Chassis C	ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MA	TION) RULES, 1960
Chastis Number	Certificate Number: 5105196400	
Chastis Number : FEADIBA25112 2. Name of Policyholder : BERIAYA BUILDCON PTE LTD 3. Effective Date of Insurance : 02 Nov 2018 4. Expiry Date of Insurance : 01 Nov 2019 5. Persons or Classes of Persons entitled to driveli (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 or an accordance with the Policyholder's business or profession. (b) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. (c) 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. If Umitations 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) : S\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 INSURE WITH COE : YES HIRE PURCHASE COMPANY : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS (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 : PRO-LINK INSURANCE AGENCY (00000615238) For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE! For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE!	1. Index mark and Registration Number of Vehicle	
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Chiat Evacutius	WEATHER HITTER TOTAL TO	Chief Executive