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TP Particulars: Veh Nor SCZU 960	, INC()/Non-INC().	
Owner / Driver: (Tel:)
Policy No: () Period: ()	Cover Type: ().
Confirmed by : (Dater,	Tlmer)
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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 wiful 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

CONT. WASHINGTON	The state of the s
IN THE RESIDENCE OF THE PARTY O	ACCIDENT STATEMENT
Date Of Report	25/09/2019 16:04
Date Of Accident	24/09/2019 15:20
Exact Location Of Accident	LENGKOK BAHRU CARPARK
Country/State of Loss	SINGAPORE
Section and instrument of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC5749K
Insured/Policyholder	
Name Of Registered Owner	MURNI LIMO SERVICES
Co Reg No	53388255M
Email Address	GOHENGGUAN1965@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84374871
Alternative Phone No	OFFICE-91238881
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE-3.0 COMMUTER GL (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5104426650
Cover Note Number	
Driver	
Name of Driver	GOH ENG GUAN
NRIC No	\$16895191
Date Of Birth	10/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	25/03/1992
Orlving Experience	27 YEARS AND 5 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-84374871
Fax Number	anda (1945-00) Austria (1975-1966) (1966-1967) (1975-1966) (1975-1966) (1975-1966) (1975-1966) (1975-1966) (19
Contact Number	OTHERS-91238881
EMail Address	GOHENGGUAN1965@GMAIL.COM

Address

BLK 93 HENDERSON ROAD

#03-226

Postcode

150093

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

3

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

35

involved in the accident

NO

NO

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver) 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

SLZ4396C

Vehicle Make/Model/Colour

HONDA

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.
- 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.
- 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;
 - (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.

SE OWN LESS

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

Name:

Reporting Centre

SACTOR DAY	CHNGKOK BOHEU CARPARK
	Vom PC 5749 K -1 - RWH8 K -1 B S124396C
DESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT
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and acciu	endty hit the vewde no SLZ 4396 C.
The sixe	right side of the car was damage and
in the car	- head light broken there are no driver - I leave a note and his contact me
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DECLARATION I/We declar the language going	particulars are true in every respect. **Model 2015**
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

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ACCIDENT'STATEMENT

ACCIDE	NT DATE: (24,09)	19 JOD/MM/YYY	Y), TIME: 15	20 1/HH-MM1
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, E	DETAILS OF VEHICLE DIVEHICLE NUMBER: DINSURANCE COMPA DINSURANCE COMPA	NY: NTUC 104426650		6.9
at #1	POLICY TYPE: (COMI MAKE & MODEL: T TYPE:(SALOON / COU	PE/MPY/VAN/LOPP	Commuter GI	L 3.0
h	PURPOSE OF USING A	TACCIDENT TIME	AL / MOTORCY	CLE)
2., 11	ARE YOU CLAIMING U IF NO. PLEASE STATE (T ISURED / POLICY HOLL INAME: . MACALL	HIRD PARTY CLAIM / RI	EPORTING ONLY	7
b	NRIC/FIN/PASSPORT: ADDRESS: BIL 9:	S8278606/F 3 Henderson	CONTACT:	
(and distanged Di	CONTINUE TO 3,d IF DI RIVER NAME: GON E	n'a Gruan		
(1) ariver, b)	NRIC/FIN/PASSPORTS	168951971 Herderson Ro	CONTACT:	9/23888/ 9/23888/
Θ)	DATE OF BIRTH: L/O OCCUPATION: (INDO MYE OF DRIVING P	OR / OUTDOOR)	MM/YYYY)	14 15 13 13 13 13 13 13 13 13 13 13 13 13 13
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o. a)	ROAD SURFACE: (DRY	(CLEAR) RAINING / C	OTHERS	
7. a)F	AS ANYBODY INJURED REPORTED TO POUCE YES, PLEASE STATE WI	(YES / NO)	*	
(Including driver) b)	RD PARTY VEHICLE VEHICLE NUMBER: _ & DRIVER'S NAME:		_MODEL:_Ho	nda
(, <u>o</u>) 9. THIF	NRIC/FIN/PASSPORT RO PARTY VEHICLE		_CONTACT:_	
the of passenger of landuding driver) fi	VEHICLE NUMBER;		_MODEL:	
(O)	NRICYFIN/PASSPORT	(%)	_CONTACT:	

email: Such EngGuan 1965 @ gmail . Com VIDEO



Certificate of Insurance

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 : 5104426650

Cover : Comprehensive

Index mark and Registration Number of Vehicle

PC5749K

Chassis Number

; KDH2230029142

2. Name of Policyholder

: MURNI LIMO SERVICES

3. Effective Date of Insurance

: 10 Oct 2018

4. Expiry Date of Insurance

: 09 Oct 2019

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 the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 14 passengers

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled
 - 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.

GEOGRAPHICAL LIMIT

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION I)

: 5\$2,000

EXCESS (SECTION II)

: 5\$3,000

WINDSCREEN EXCESS

: \$\$500

INSURE WITH COE

HIRE PURCHASE COMPANY

: MOTOR CREDIT PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

1/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)

: HON BROTHERS MOTOR (00000571733)

Date of Issue

1 09 Oct 2018 15:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Transaction ref 20181017130751271979

The owner and vehicle particulars for Vehicle No. PC5749K as at 17 Oct 2018 are as follows:

1.	Name	: MURNI LIMO SERVICES
2.	Identification No. Type	: Business
3.	Identification No.	: 53388255M
4.	Country/Region	:-
5.	Vehicle No.	: PC5749K
6.	Previous Vehicle No.	1-
7.	Effective Date of Ownership	: 17 Oct 2018
8.	Original Registration Date	: 27 Apr 2017
9.	First Registration Date	: 27 Apr 2017
10.	Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11.	Vehicle Scheme	: Public Service Vehicle (Others)
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	1-
14.	Attachment 3	: -
15.	Vehicle Make	: TOYOTA
16.	Vehicle Model	: HIACE COMMUTER GL 3.0 AUTO
17.	Year of Manufacture	: 2016
18.	Primary Colour	: Silver
19.	Secondary Colour	‡ -
20.	Passenger Capacity	: 13
21.	Chassis/Trailer Chassis No.	: KDH2230029142 / -
22.	Propellant	: Diesel
23.	Engine No./Motor No.	: 1KD2636685 / -
24.	Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
25.	Maximum Power Output(kW/bhp)	:-/-
26.	Unladen Weight(kg)	: 2140