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Preferred Wksp / INC Assign Wksp / QW: (4		Tel:	Fau	x:	
TP Particulars: Veh No: JM1	DINSB	. INC()/Non-INC().		
Owner / Driver: (-	Tel:			
Policy No: () P	eriod: () (Cover Type: (
Confirmed by: (D	ate:	Time:			
Insured/Driver Liability: (%)	[Note-Est. Status (WO)	2000.41K		P. 90 100	2043	
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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.
- 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	04/10/2019 16:49
Date Of Accident	02/10/2019 14:55
Exact Location Of Accident	25 KAKI BUKIT @ SYNERGY
Country/State of Loss	SINGAPORE
THE RESIDENCE OF THE PROPERTY	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG6262D
Insured/Policyholder	
Name Of Registered Owner	CARHUB LEASING PTE LTD
Co Reg No	201842930G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92729299
Alternative Phone No	OFFICE-92729299
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108657811
Cover Note Number	
Driver	
Name of Driver	YE JIAHUI @YAP KA HWEE
NRIC No	S8438420H
Date Of Birth	29/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2013
Driving Experience	5 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83669966
Fax Number	20. 10.4.22480.0.00327.004.00032.23.7400
Contact Number	OFFICE-83669966

NOEMAIL

Address BLK 372 HOUGANG STREET 31

#07-49

Postcode 530372

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 Registration Number of Drivers Own

enicie

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

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

was triefe arry video captured by Car Carriera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMD1113B

Vehicle Make/Model/Colour VOLVO XC60

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)

Page 2 of 18



SKETCH PLAN

IMPORTANT NOTICE

- i. Please report correctly the details of the addition to speed up the claims process.
- 2. This Form must be completed by the Polloyhalder and/or the Authorised Orliver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiete policy flability</u>.
- The issue and exceptance of this Form by incurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false recoming may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Control established by the General insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made evallable upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforeseld.
- 5. Consent under the Personal Data Protection Act (PDPA)

I understand, admowledge, 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/jaw firms, the Monetery 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 dains including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my dolms:
 - (iii) sarrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the maling of correspondence, statements, involces, 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, fixed ling and/or dealing with my dalms. [collectively the "Purposes"]
- (b) ell insurer(s) who have insured vehicle(s) involved in this eccident and the insurers' iswyers/law firms, may/are permitted to collect, use, dictions and/or process my Personal information for one or more of the above Purposes; and
- (i) my Personal Information may/ran be disclosed by any of the insurers and/or GIA to their third party service providers or againstingloading their lawyers/law firms), which may be sized outside of Singapore, for one or more of the above Purposes.
- (b) my Personal information will also be collected and used to contails 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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agandes as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

(8)

Policyhologina Signature Date & Times

Driver's Signature

(If driver is not the policyholder)

Date & Time:

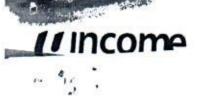
Reporting Centre Personnels Signature

Name:

KRIC/FIN No.:

(Income

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Date of Accident	a color Time.
	: 25 Kakibukit @ Synergy 5 floor up slope
Accident Place	2 2.0 (92:00)
Vehicle Reg. No. (Car Plate No.)	: 8KG6262D
Vehicle Make/Model	: Honda Vezel
Insurance Company	NYUC Policy No
Owner or Company Name /IC No.	: Carhub leasing Pte Utd 2018429389
Owner or Company Contact No.	: 97729299 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Ye Jia, Hui@Yap ka Hwee 58438420H
DRIVER'S Date Of Birth	: 29-11-1984 DRIVER'S License Pass Date 12-Nov-2013
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Revta
DRIVER'S Address	: 372 Hougang street 31 # 07-49 8 (530372)
DRIVER'S Contact No./ Alt No.	:1) 83669966 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@Mycar.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 D	river):
Was there any video Captured by ca Exact purpose for which vehicle wa	ar camera: YES \ NO s being used at the time of accident: Private use \ Work purpose
Other 1	Party Driver's Particular (if any)
Vehicle Reg. No: gmD 1113 B	Vehicle Reg. No:
Vehicle MakelModel: Volyo XC	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:



Certificate of Insurance

Cover : drivo CLASSIC

: CARHUB LEASING PTE LTD

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189	9)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	ď.
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD DARTY DIEVE) BUILES AGES (ALL) AVEIAL	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108657811-000009

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. 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.

: SKG6262D

: L15B4021260

: 09 Jul 2019

: 08 Jul 2020

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # 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) : S\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : TAI THONG LEE TRADING (PRIVATE) LIMITED

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue

: 03 Apr 2019 17:32 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive

Countersigned By:



Policy No.	5108657811	Policyholder Name	CARHUB LEASING PTE LTD	Policyholder NRIC	201842930G	
Certificate No.	5108657811-000009			77750		
Address	170 UPPER BUKIT TIMAH ROAD	#03-19 BUKT	T TIMAH SHOPPING CENTRE S	SINGAPORE 5881	79	
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N	
Policy Issue Date	03/04/2019	Effective Date	03/04/2019 00:00	Expiry Date	02/04/2020 23	:59
Excess Type	Per Accident	All Claims Excess				
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100	
Additional Excess		OS Premium	0			
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/	Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Y	
Co- insurance Flag Open Policy Info	No					
insurance Flag Open Policy Info Certificate	No					
insurance Flag Open Policy Info Certificate Info	No nolde <mark>r Mailing Address</mark>					
Insurance Flag Open Policy Info Certificate Info Policyh		i ROAD Addre	ss 2 #03-19 BUKIT	TIMAH SHOPPINI	Address 3	SINGAPORE 588179
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Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	170 UPPER BUKIT TIMAN 03-19 d Object: 5108657811-00000	Addre Relate Numb	ss Type Singapore addre d Policy 5108657811 er	ess		
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https://giclaim.income.com.sg/gcs/icm/eclaim/registrationInit.do?policyNo=510865781... 4/10/2019

cident MT/1065465		1000 4			
icy No.	5108657811	Vehicle No.	SKG6262D	GST Registration No.	
rtificate No.	5108657811-000009				
licyholder Name	CARHUB LEASING PTE LTD			Policyholder NRIC	201842930G
oduct Code	FLEET MASTER INSURANCE	Cover Type	drivo CLASSIC	Loading	0
ntact No.(Mobile)	92729299	Contact No.(Office)	0	Contact No.(Home)	0
nad Address		Special Remark		eCode	No. V
ĸ	® No ○ Yes	TCA	No ○ Yes	eCode Reason	
D Protection	No:	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	04/10/2019 17:47	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
te of Accident	02/10/2019	Time of Accident hh:mm	14:55	Country of Accident	
	02/10/2019		14.55		Singapore
porting Centre		Orange Force		ICM No.	
cident Location	25 KAKI BUKIT @ SYNERGY				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	0.00	YIED TP Excess		Oriver is Covered?	
ditional Excess					
tal OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits	11.760.77530	CONTROL OF THE PARTY OF THE PAR			
GST Registered Informa	ition				
T Registered Informa	No		GST Registration Date		
T Registered T Registration No.	740		GST Registration Date GST Status Verified	Yes	
dification History			Contract vertices	189	
000000000000000000000000000000000000000					
Policyholder Mailing Ad	drace				
		00000000		G6000000	
idress 1	170 UPPER BUKIT TIMAH ROAD	Address 2	#03-19 BUKIT TIMAH SHOPPINI	Address 3	SINGAPORE 588179
dress 4		Address Type	Singapore address	Post Code	588179
it No.	03-19	Related Policy Number	5108657811		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	YE JIAHUI QYAP KA HWEE	Driver NRIC	58438420H	Driver DOB	29/11/1984
gister Date of Driver License	12/11/2013	Driver Age	34	Driving Experience	5
ntact No.(Mobile)	83669966	Contact No.(Office)	0	Contact No. (Home)	0
dress 1	8LK 372	Address 2	HOUGANG STREET 31	Address 3	
	BUX 372				SINGAPORE 530372
dress 4		Address Type	Singapore address	Post Code	530372
et No.	07-49				
ses he own a Singapore rigistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test					
eding?	D mg	Any injury?	☐ Yes ® No		
eding?	0 mg	Any injury?	☐ Yes ® No		
eading?	0 mg	Any injury?	○ Yes ® No		
eading?	D mg	Any injury?	○ Yes No		
ading? dification History	D mg	Any ingury?	○ Yes No		
asing? dification History	0 mg	Any ingury?	○ Yes No		
asing? dification History	0 mg	Any ingury?	○ Yes No		
ading? dification History Claim 001 New	0 mg	Any injury?	○ Yes No CARHUB LEASING PTE LTD	Insured NRIC	201842930G
ading? dification History Claim 001 New	00-MX			Insured NRIC Contact No.(Office)	201842930G
dification History Claim 001 New im Type * next No. (Mobile)		Insured Name Contact No.(Home)	CARHUB LEASING PTE LTD	Contact No.(Office)	+
dification History Claim 001 New Im Type * next No.(Mobile)	OO-MX V	Insured Name Contact No.(Home) OI Vehicle Number	CARHUB LEASING PTE LTD SKG6262D		201842930G + SMD1113B
dification History Claim 001 New Im Type * need No.(Mobile) as Address smart Type Claimant Type *	OO-MX V NII, Please Select V	Insured Name Contact No.(Home) Oil Vehicle Number Type of Benefit *	CARHUB LEASING PTE LTD	Contact No.(Office)	+
dification History Claim 001 New Im Type * react No. (Mobile) say Address umant Type Claimant Type * umant Name. *	OO-MX V	Insured Name Contact No.(Home) OI Vehicle Number	CARHUB LEASING PTE LTD SKG6262D	Contact No.(Office)	+
dification History Claim 001 New Im Type * mack No. (Mobile) sal Address smart Type Clarmant Type * smart Address smart Address	CO-MX ✓ NIL Please Select ✓	Insured Name Contact No.[Home) DI Vehicle Number Type of Benefit = Claimant NRIC +	CARHUB LEASING PTE LTD SKG6262D	Contact No.(Office) TP Vehicle Number	* SMD1138
dification History Claim 001 New Im Type * react No. (Mobile) said Address smart Type Claimant Type * smart Address smart Address sm Description	OO-MX V NII, Please Select V	Insured Name Contact No.[Home) DI Vehicle Number Type of Benefit = Claimant NRIC +	CARHUB LEASING PTE LTD SKG62620 Please Select	Contact No.(Office)	* SMD1138
ading? Claim 001 New Im Type * mact No. (Mobile) all Address immant Name * temant Address im Description referred Workshop Confact	CO-MX V NIL Please Select V	Insured Name Contact No.[Home) DI Vehicle Number Type of Benefit = Claimant NRIC +	CARHUB LEASING PTE LTD SKG6262D	Contact No.(Office) TP Vehicle Number	* SMD1138
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dification History Claim 001 New Im Type * neact No. (Mobile) asi Address amant Type Claimant Type * amant Address amant Address am Description ferred Workshop Coreact quire Finalisation	DO-MX	Insured Name Contact No.[Home) DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	CARHUB LEASING PTE LTD SKG62620 Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	† SMD1133B
dification History Claim 001 New Im Type * neact No. (Mobile) sail Address simant Name * simant Address simant Address simant Address simant Address underprise giver Finalisation te Registered	DO-MX	Insured Name Contact No.[Home] DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	CARHUB LEASING PTE LTD SKG62620 Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	† SMD3133B Received
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dification History Claim 001 New Im Type * neact No. (Mobile) sail Address smant Type Claimant Type * smant Name * smant Address smant Address smant Address um Description eferred Workshop Coreact ouire Finalisation te Registered port Taken By	DO-MX	Insured Name Contact No.[Home] DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option	CARHUB LEASING PTE LTD SKG62620 Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	SMD5133B
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dification History Claim 001 New Im Type * Incact No. (Mobile) Insi Address Immant Type Claimant Type * Immant Address	DO-MX	Insured Name Contact No.[Home] DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	CARHUB LEASING PTE LTD SKG62620 Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report	† SMD3133B Received
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dification History Claim 001 New Im Type * mact No. (Mobile) sian Address smart Type Curmant Type * smart Address im Description ferred Workshop Confact puire Finalisation te Registered port Taken By Print AK letter Attachment puident No.	DO-MX	Insured Name Contact No.[Home] DI Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preference Repair Option Claim Close Date	CARHUB LEASING PTE LTD SKG62620 Please Select Fully at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received	+ SMD3133B Received 04/10/2019 00:00
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