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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.

TO SELECT THE CONTRACT OF	ACCIDENT STATEMENT
Date Of Report	09/10/2019 11:27
Date Of Accident	08/10/2019 09:50
Exact Location Of Accident	ALONG RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE
NAME OF THE PARTY	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YP9124L
Insured/Policyholder	
Name Of Registered Owner	WOOD & WOOD FLOORING PTE, LTD.
Co Reg No	200819226M
Email Address	KELVIN@WOODANDWOOD,COM,SG
Mobile Phone No	(LOCAL) +65-96517985
Alternative Phone No	OFFICE-96517985
Vehicle Particulars	
Manufacturer	ISUZU
Model	REWARD-3.0 D NMR85 (M)
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	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	5110849990
Cover Note Number	
Driver	
Name of Driver	SELVARAJU MAHENDRAN
NRIC No	G7845003M
Date Of Birth	16/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2014

5 YEARS AND 6 MONTHS

(LOCAL) +65-96517985

KELVIN@WOODANDWOOD.COM.SG

OTHERS-96517985

MALE

Address

203 HENDERSON ROAD

#08-08 HENDERSON INDUSTRIAL PARK

Postcode

159546

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

10

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

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

SLA852K

Vehicle Make/Model/Colour

NISSAN SYLPHY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ABDUL AZIZ BIN ABU BAKAR

NRIC/Passport Number

S1242832D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SMP1415S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

HONDA ODYSSEY

PRIVATE CAR

HO GIM BEE

S1273013F

#### 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 insurers) 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.

TOOM OF THE PERSON OF THE PERS

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.:

	Whl Vautey
Khuock Roog	A) YP9124L B) SLA 852K c) SMP 1415S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
EU 08/10/2019 A7 ABOUT 09:30HB 7 WAS A7 RWAR
VALLEY JUNCTION KALLOCK ROAD PROFFIC NOS HUDUY
of my LORRY WAS STOTONARY WOMING FOR THE CAR SMP1415
To morn SUDDENLY my locky more forwards of the
THE COR SMP 14158 & I COME BOWN & SAW A COR
SLA 852 K ISBNG ON 20 7th BABBL OF MY LOORRY 9707
PLC:

## 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:

Reporting Centre Personnel's Signature H

#### Claim Handling Accident HT/1300054 Policy No. 53,10049,099 Vehicle No. 1991241 GST Hagritration for 2000292209 Certificate No Folicyholder Name WOOD & WOOD FLOCKING PTE, LTD. Policyholder NAJE 220112422694 Product Code COMMERCIAL VEHICLE INSURAR Cover Type 0.5 Contact No. (Myllian) 86512965 Contact No.: Office? Contact No.(Home) imail Address Research Remarks **eCode** Ma \* - No Yes TEA. - ho Yes eCrete Reserve NCD Fraturtion 760 NCO Emitterwent(%) Private Hee 265 - Accident Details Report Date 09/10/2019 11:55 Accident Report Within 24 fers Accident Type Chain Collision Date of Accelest 98/10/2019 Time of Academs hhimm 09:00 Country of Accident Engapore. Reporting Carrier Drange Firms iON No. Accident Location ALDING RITHER VALUES ROAD Total Excess Applicable Exons Type Windscreen Excess 100.00 OD Standard Parket TP Standard Excess 0.08 VIED DD Excess VIED TF Excuse 0.00 3.05 Driver is Covered? Covered Additional Excess Total CO Excess Applicable 600.00 Total IV Excuss Applicable 0.00 - Benefita · GET Registered Information UST Registress GST Registration Date 09/03/2009 GST Registration No. 200819236H GST Status verified Modification Hatery GW.(0/3019 11:59:03 System changed GST Repairation Date from 9U/03/2015 to 06/03/2009 09/10/2019 11:59:03 System changed GST Status vertical from No to Yes → Pullcyhalder Halling Address Address 3 207 HENDESSON BOAD Address I KON-ON HENDERSON INDUSTRI Address & SINGAPONE ESRÍA Address 4 Address Type Singapore address POST COOK 339546 Street Tax Related Publicy Number 5110849990 ♥ Ol Oriver Info Drivet Name Universed Orlean Driver Type Limemed Driver Unnamed driver Name SELVARAXI HAHENDRAN Driver NRIC G7945003H Seven DG8 38/05/\$985 Responer Date of Driver License 11/03/201W Driver Age 14 Droxing Experience Contact No (Monie) 86517965 Carried No.(Office): Contact No. (Formel) Address 3 203 HENDERSON KOAD PRE-DA PENDERSON PROJECTION Address A SINGAPORE 159546 Address 4 **Ардгева Туре** Furnige address **Post Cade** 115546 Unit No. Does he tom a Singapore Registered par? Yes - No Driver Vetrcle No. 1191241 Orliver Insurer Company NEUT Declaration Breathalyser or Blood Test Reading? II mg Ans. injury? Yes - No Mulification History Claim 001 Hsw Claim Type \* Insured | WOOD & WOOD FLOORING FTE | Insured NAME | NAME | WOOD & WOOD FLOORING FTE | INSURED NAME | OD-MX 20091922894 Contact to (Poble) 96771511 62211854 (Office) Email Address Venide (PP124) Vehicle Numbe SUARSON harte of Porterio Claim Description (PRIDE / SLARED) ON a Oct 2010 Published Listony Not at Fault \* GIA Request to: Yes Preferred Workshop, Name unknown CHA Received Date Registered BW/1W2019 12:03 Aspert Taken by BOSLI WANAS TWO AK better Save Summ Attachment Accelent No MT71066054 901 Last Disc. Received # THE D NO Upload Date 19/10/2019 12:56 Category \* Description \* Choose File No file chosen \* 140 \* Sprmal \* Clear Please Select Chaose File No file chosen CMar # ND Please Select \* Normal Chaose File No like chosen \* 100 Clear Fleane Select \* Normal . Choose File No file chosen Clear Please Select • NO \* Normal ٠ Chasse File No file shown • NO Clear \* Normal . Please Select Chasse File No No shopen Clear. Please Select \* 100 \* Normal Hersage Road Sand Henarge Attachment List Uploaded By/Date Antomorround Ŷ Category Wrsteney. Description NAC\_BURST\_MEHAH\_800676/, NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURST NERAH)) un de Dut 2015 12/108 Herica Acres Photos 2019-15-9 NAC, BUNIT, MERAH, BIOK/NC NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT NERAH)) in 09 Oct 3019 12 GE Photos 2019-10-9

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1000	NAC_BUKIT_MERAH_BIDE76 S (BUKIT ME	NATIONAL ASSESSMENT CENTRE SERVICE RAHIT on 09 Set 2019 12:45	Photos		Normal		Page 3019-10-9
2	NAC_BUNIT_MERAH_BUCE?E 5 (BUNIT ME	NATIONAL ABSESSMENT CENTRE SERVICE UNITED OF DR CH 2019 12:05	Phanes		Normal		Photos 2019-10-8
-	NAC_BURTT_HERAH_BODE74 \$ (BURTT HE	( NATIONAL ASSESSMENT CENTRE SERVICE (API)) on 09 Cut 2019 [2:05	Photos		Normal		Protos 2513-10-9
5	KAC, RURTT_MERAH_BODE76 S (BURTT ME	( NATIONAL ASSESSMENT CENTRE SERVICE RAH)) on 09 Oct 2019 12:04	Photos		Normal		Phones 2019-10-0
5	NAC_BEKIT_MENAH_SOOSTE S IBEKIT ME	( NATIONAL ABBESSMENT CENTRE SERVICE RAN)) on 99 Oct 2019 12:06	Protos		Normal		Photos 2019-10-9
37.75 E45	MAC_BURIT_MERAN_800678	(NATIONAL ASSESSMENT CHATUS SERVICE RAHJ) on 08 Oct 2018 12:06	Photos		Normal		Photos 2019-19-9
-	WAC_BUNIT_MERAH_900676 S (SUNIT ME	(NATIONAL ADDESSMENT CENTRE SERVICE RAM)) on 09 Oct 2019 12:06	Photos.		Normal		Phutos 2019-10-5
1							

Display in New Window Scan and uniceding

Action

# ACCIDENT'STATEMENT

		ATION: RIVER VALLET Rd	→1(HH:WW)
(**)	1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER: VP 9124 L  b) INSURANCE COMPANY: COMED CAL DELLY LE  c) POLICY NUMBER: 510849990  d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FI  e) MAKE & MODEL:	
•		()TYPE:(SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE IN)PURPOSE OF USING AT ACCIDENT TIME: 1 50 114 (VI)  (I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	EKINIS
	2.,	A) NAME: WOOD 9 NOOP FROM (MALE / 1)  b) NRIC/FIN/PASSPORT: 266/906/ CONTACT: 95  c) ADDRESS:	
two of passes of the out	inga viver)	CONTINUE TO 3, d IF DRIVER ALSO POUCY HOLDER  DRIVER  DINAME: SELVARASU MAHENDRAW (MXLE/F  DINRIC/FIN/PASSPORT: GT TRUSCO3 M CONTACT: 965  CIADDRESS: 203 HENDERSON DA 08-08 HEMDER	17926
	4.	e)OCCUPATION: (INDOOR / OUTDOOR)  FIDATE OF DRIVING PASS  WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY?	(E\$ / NO)
7	6,	DIF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS  DIROAD SURFACE: DRY / WET / OTHERS  WAS ANYBODY INJURED (YES / NO)  DIREPORTED TO POUCE (YES / NO)	7 ,
ne of passons	8. ger	IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE  O) VEHICLE NUMBER: SLA 852 K MODEL: NISSE  b) DRIVER'S NAME: ABOVE 4212 Bid ABOVE TABLER	N
() No of passo Industrians	9. 1987.	C) NRIC/FIN/PASSPORT: SIZH DRIZO CONTACT: THIRD PARTY VEHICLE  d) VEHICLE NUMBER: SMD INS S MODEL: e) DRIVER'S NAME: HO DIM BEE  () NRIC/FIN/PASSPORT: SIZIBDIDE CONTACT:	
(_)		CONTACTOR	

email = MANIZHAL SMS & 9 Mail - com VIDEO KELVIN @ Woodand word - com 50



# Certificate of Insurance

Certificate Number: 5110849990  1. Index mark and Registration Nu Chassis Number	Cover . Comprehensive
Chassis Number	umber of Vehicle VD01244
	PHD41144412244233
The Britain of the Profile of the Life of	: JAANNR85HJ7100060
Name of Policyholder     Effective Date of Insurance	: WOOD & WOOD FLOORING PTE. LTD.
Errective Date of Insurance     Expiry Date of Insurance	: 17 Jul 2019
<ol> <li>Expiry bate of filsurance</li> <li>Persons or Classes of Persons e</li> </ol>	: 16 Jul 2020
(a) The Policyholder.	Stitled to diver
	riving on the Policyholder's order or with his/her permission.
Provided that the person d the Motor Vehicle or has b	friving is permitted in accordance with the licensing or other laws or regulations to drive seen 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#	
(b) Use for social domestic and	d pleasure purposes and in connection with the Policyholder's business or profession.
	sengers or goods in connection with the Palicyholder's business.
This Policy does not cover	
(a) Use for hire or reward.	<ul><li>(2) (10.2 報告記事品の19.3 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)</li></ul>
	g, reliability trial or speed-testing. r except the towing of any one disabled mechanically propelled vehicle.
# Limitations rendered inope	erative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation)
headings.	ion 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	□ N/A
WINDSCREEN EXCESS	: 5\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

Chief Executive

**Authorised Officer**