NATIONAL Assessment Centre	Services.	[wif Jan'05]	MMA 11913	6490.		
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	1-Motor W/O (Widda: OD 2014, TP 45/1)					
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Protornet Wash / INC Assign Wisp / QW: (Consumer monomerowane	\ \	Tul:	Fax:	and wang and)
TP Particulars: Veh No: 4	LJ 1849S	INC ()/Non-INC () .		
Owner / Driver: (-5 101 15	•	Tel:)	
Policy No: () Perio	nd: ()	Cover Type: ()	
Confirmed by : (Dates	Time:	100)	
Insured/Driver Liability: (%) [No	ote-Est. Status (V	WO): N: 0-20	%; P: 21-79%. P	: SO-100%		
	arranty; YES ()/NO()			
Pacess: (\$) Loading: \$1,000	()/\$2,000	()		energy co	Marine Inc.	
General Remarks as a Space of a little of the				Zasicer	41.	
() Walk-In Customer: Customer's Inform						
() Total Loss Case : to e-mall Insurer	URGENTLY.		, , , , ,			
Drive-In () / Towed-In (); Invoice:			owing Co: (· ·)
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	ırtesy Car ()	g - 5a'			
2) QC Check / Post Repair Inspection	(-)	-				
1) Upload Resurvey Photo [Repair Cost > \$300	00] () ;				
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ontact No:	7	For claiming at	ainsting Only (waf 10 le	DL 2005)		***
amaged Portion:		6) TR: Re-Inspect	SMRT Survey	. \$160		
The second secon		3) NTUC Addition	nal Services:-			
C Checked by (Eugr-In-Churge):	A.	*NS: Courtary	Car / Tpt Allowance	.53		
	VICTOR AND	*NG: Rapair Co	-ordination	510 523		
uditors Comments:	AND THE	'NE: DV / Coll	out Expess Coordination	35		7
1 15		TP (N11): TP 9) N12: Idao Mole	(Nun INC) against INC	\$20 30		CENTRAL SERVICE - SERVICE
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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.
- 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.

aforesaid.				
Charles and the second of the second	ACCIDENT STATEMENT			
Date Of Report	15/10/2019 09:03			
Date Of Accident	14/10/2019 09:00			
Exact Location Of Accident	MARRYMOUNT RD			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	YP2966U			
Insured/Policyholder				
Name Of Registered Owner	LOGISTICS CONSTRUCTION PTE LTD			
Co Reg No				
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-68910831			
Vehicle Particulars				
Manufacturer	ISUZU			
Model	1 4 0			
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	UNITED OVERSEAS INSURANCE LTD			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	DHOM110161991801			
Cover Note Number				
Driver				
Name of Driver	ULLAH MOHAMMAD SHAFI			
NRIC No	G2004979R			
Date Of Birth	02/04/1992			
Occupation	OUTDOOR			
Date Of Driving Pass	29/09/2015			
Driving Experience	4 YEARS AND 0 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-84673701			
Fax Number				
Contact Number				
E14 7 4 1 1	NOTATE OF THE PROPERTY OF THE			

NOEMAIL

Address

24 KRANJI RD #01-02

Postcode

739465

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)

2

involved in the accident

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

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

I WAS TRAVELLING ALONG MARRYMOUNT RD. WHEN NOTICED MY FRONT VEH SLOW DOWN, AS SUCH I FOLLOW TO SLOW DOWN, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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

SLJ1849S

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.
- 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>repudiate policy liability</u>.
- 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
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 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:
 - 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.

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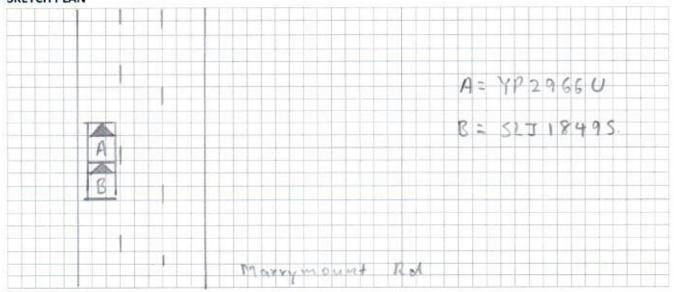
Policyholder's Signature Date & Time: San D

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

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	+ •	state ment	

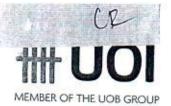
DECLARATION

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 Name:

NRIC/FIN No .:

GIARMC Sketch Plan Form V3



United Overseas Insurance Limited

3 Anson Road #28-01 Springleaf Tower Singapore 079909

Tel (65) 6222 7733 Fax (65) 6327 3869 / 6327 3870 Email: ContactUs@uoi.com.sg uoi.com.sg

Co. Reg. No. 197100152R

Gertificate 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)

ORIGINAL

CERTIFICATE NO.

DH0M110161991801

Excess:

\$500/-SECTION 1

Type of Cover

COMPREHENSIVE

\$100/-WINDSCREEN DAMAGE CLAIM

Vehicle Number

YP2966U

Name of Insured

LOGISTICS CONSTRUCTION PTE LTD

Restricted Driver(s)

NOT APPLICABLE

Period of Insurance 27 May 2019 to 26 May 2020

Engine#

4JJ12N4150

Chassis#

JAANMR85HG7101653

Goods carrying - Private Type [MZ 300]

AUTHORISED DRIVER

Any person who is driving on the Insured's order or with their permission

LIMITATIONS AS TO USE

Use in connection with the Insured's business

- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business
- (3) Use for social domestic and pleasure purposes

THE POLICY DOES NOT COVER

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle

Provided that the person 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

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (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.

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).

UNITED OVERSEAS INSURANCE LTD

FSCPP Date: 13/05/2019

For the Compan