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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number 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.

Mario Mario Carlo Company Commencer	ACCIDENT STATEMENT				
Date Of Report	22/10/2019 15:23				
Date Of Accident	30/09/2019 06:10				
Exact Location Of Accident	PUNGGOL WEST FLYOVER				
Country/State of Loss	SINGAPORE				
The state of the s	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	PC6891A				
Insured/Policyholder					
Name Of Registered Owner	TRAVEL GSH PTE LTD				
Co Reg No	199205400K				
Email Address	NOEMAIL				
Mobile Phone No					
Alternative Phone No	OFFICE-86133011				
Vehicle Particulars					
Manufacturer	ZHONG TONG				
Model	LCK6107H AUTO				
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	BUS				
Insurance Company					
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD				
Type Of Coverage	COMPREHENSIVE				
Fleet Policy	NO				
Policy Number	5067996244-04				
Cover Note Number					
Driver					
Name of Driver	GURPREET SINGH				
NRIC No	G8033837L				
Date Of Birth	13/12/1985				
Occupation	OUTDOOR				
Date Of Driving Pass	22/06/2013				
Driving Experience	6 YEARS AND 3 MONTHS				
Gender	MALE				
Mobile Number	(LOCAL) +65-83153742				
Fax Number					

NOEMAIL

Address

101 UPPER CROSS ST #B1-17M

Postcode

058357

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

RAINING

Road Surface

WET

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

45

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?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBA8605Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

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
 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.

1

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 .:

West

Flyover

Punggol

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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+0	Slippe	ry road.	Му	veh ski	dded	an d	hit out
Ve	h B	rear p	ortion.				

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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Policyholder's Signature Date & Time: GorPreed Sinch.
Driver's Signature

(If driver is not the policyholder) Date & Time: put -

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

	ACCIDENT DATE:	1119)(DD/MM/YY)	(Y), TIME:(6_	: 10 ·)(HH:MM
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	DETAILS OF VI a) VEHICLE NI b) INSURANCE	UMBER:	PC 68917	1	I a
	b)INSURANCE c)POLICY NUM		IMC		
	d)POLICY TYP	E: (COMPREHE	NSIVE / THIRD PA	RTY / THIRD PA	DTV CIDE & THEETI
	e)MAKE & MO	DEL:		************	
	g) VEHICLE CA	TEGORY: (PRIV.	APV /V AN / LORI ATE / COMMERC CIDENT TIME:	CIAL / MOTORC	YCLE)
	i) ARE YOU CLA	AIMING UNDER	YOUR OWN INSU	JRANCE (YES/N	(0)
	IF NO, PLEASE	STATE (THIRD I	PARTY CLAIM / R	EPORTING ONL	<u>Y)</u>
	2. INSURED / POL	ICY HOLDER			
		Travel Go		(MA	LE / FEMALE)
	c)ADDRESS:	SSPORT:		CONTACT:_	86133011
38	CIADDRESS				
	* CONTINUE TO	3.d IF DRIVER	ALSO POLICY HO	UDER	-
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Cladud	ing driver) a)NAME:	Surprect	Singh.	(MA	E / FEMALE)
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C 43	c)ADDRESS:				
	_			And the second second	
	*d)DATE OF BIRT	ГН: (/	/)(DD//	MM/YYYY)	4
	e)OCCUPATION	1: (INDOOR / C	UTDOORI	110000000000000000000000000000000000000	
	f)YEARS OF DRIV	ING EXPRERIE	NCE:		S
	4. WAS DRIVER A	N EMPLOYEE	OF THE INSURE	D'S COMPANY	? (YES / NO)
	5 GIWEATHER CO	INSHIP OF TH	E DRIVER WITH	INSURED:	12 10
	5. a) WEATHER COI	NUMON: (CLE	AR / RAINING / C	OTHERS	
2	6. WAS ANYBODY	E DRY / WEI	/ OTHERS	<u>V. Ø.</u>	
	7. a)REPORTED TO	BOLICE (YES /	NO)		
	IF YES PLEASES	TATE WHICH F	NO)	102	20
	8 THIRD DADTY WELL	ICIE WHICH P	OLICE STATION:		
* He of pa	ssenger a) VEHICLE NUI		BA 86052		
Clududine	driver) b) DRIVER'S NA	ME:	21. 88. 32	_MODEL:	
(_CONTACT:	
<u></u>	9. THIRD PARTY VEH	ICLE		_CONTACT	
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eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident Vehicle No.(For Motor) PC6891A Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Expiry Date Policy No. Product Cover Type Select 5067996244-04 TRAVEL GSH PTE LTD 199205400K GFT Comprehensive PC6891A PC6891A 09/10/2018

▽ Policy Information

Policy No.	5067996244-04	Policyholder N	ame TRAVEL GSH PTE LT	D Policyholder N	RIC 199205400K
Certificate No.					
Address	101 UPPER CROSS STRE	ET #B1-17M PEOPLE'S	PARK CENTRE SINGAPORE	058357	
Product Name	FLEET INSURANCE	Plan		Group Policy F	lag N
Policy issue Date	09/10/2018	Effective Date	09/10/2018 00:00	Expiry Date	08/10/2019 23:59
Third Party Excess	1500.00	Own damage Excess	3000.00	Windscreen Excess	500.00
Additional Excess		OS Premium	0	53463639	
Outside Singapore OD Excess		Outside Singa TP Excess			
Agent	NLE INSURANCE AGENC	IES PTE Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag Open Policy Info Certificate Info	No				
→ Policyholder	Mailing Address				
Address 1	101 UPPER CROSS STRE	ET Address 2	#B1-17M PEOPLE'S	PARK CENTF Address 3	SINGAPORE 058357
Address 4		Address Type	Singapore address	Post Code	058357
Unit No.		Related Policy Number	5104559207		
Insured Obje	ct: PC6891A				
▼ Endorsement	es .				
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	01/11/2018 00:00	Basic Information Endorsement	000001286935289	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following vehicle(s) has/have been deleted from this policy: VEHICLE NUMBER CANCELLATION DATE REFUND PREMIUM (INCL GST) 1. PC7051B 01-11-2018 \$1,575.11 In view of this amendment, a refund of \$1,575.11 (inclusive of GST) will be adjusted against the outstanding premium.
2	23/11/2018 00:00	Basic Information Endorsement	000001286948644	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm and endorse that from 26 Nov 2018, the geographical limit of the policy is extended to cover West Malaysia for the following vehicles: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. PC108T 26-11-2018 \$1,350.86 An excess of \$\$5,000.00 for both Section I & II is applicable for accidents arising in West Malaysia. In view of this amendment, an additional premium of \$1,350.86 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
3	29/11/2018 00:00	Basic Information Endorsement	000001286952754	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 29 Nov 2018, the following amendment(s) is/are made to this policy for PC3000A: EXCESS (SECT 1): \$3,000.00 EXCESS (SECT II): \$1,500.00
4	29/11/2018 00:00	Basic Information Endorsement	000001286952676	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm and endorse that from 29 Nov 2018, the geographical limit of the policy is extended to cover West Malaysia for the following vehicles: VEHICLE NUMBER PREMIUM (INCL GST) 1. PC3000A \$1,338.07 An excess of \$\$\$,000.00 for both Section I & II is applicable for accidents arising in West Malaysia. In view of this amendment, an

Accident MT/1064922						
Policy No.		1501 351 471 380 x	23.574.650.00	- WINNESS - WINN		
Certificate No.	5067996244-04	Vehicle No.	PC6891A	GST Registration No.	199205400K	
Policyholder Name	TRAVEL GSH PTE LTD					
Product Code	FLEET INSURANCE	Cover Type	20075000	Policyholder NRIC	199205400K	
Contact No.(Mobile)	NIL	Contact No.(Office)	Comprehensive	Loading	0	
Email Address		Special Remark		Contact No.(Home)		
KPK	· No Yes	TCA TCA		eCode	No T	
NCD Protection	No	NCO Entitlement(%)	No Yes	eCode Reason		
▼ Accident Details		aco Engoemenc(%)	0	Private Hire	No	
Report Date	01/10/2019 15:47	Acceptant Manager Manager Tables	227			
Date of Accident	30/09/2019	Accident Report Within 24 hrs Time of Accident hh:mm	Yes	Accident Type	Unknown	
Reporting Centre	2010072010		06:15	Country of Accident	Singapore	
Accident Location	THE EXIT PUNGGOL WAY	Orange Force		ICM No.		
♥ Excess	THE EXT PONGGOL WAY					
Own damage Excess	770000					
Unnamed Driver Excess	3,000.00	Additional Excess		Windscreen Excess	500,00	
Third Party Excess	1,500,00	Outside Singapore OD Excess Outside Singapore TP Excess				
♥ Benefits	1,200,00	Governor ampapore in Excess				
▼ GST Registered Informat	tion					
GST Registered	Yes		GST Registration Date	26/10/1998		
GST Registration No.	199205400K		GST Status Verified	Yes Yes		
Modification History				0.75		
▽ Policyholder Hailing Add	iress					
Address 1	101 UPPER CROSS STREET	Address 2	#81-17M PEOPLE'S PARK CENTI	Address 3	SINGAPORE 058357	6
Address 4		Address Type	Singapore address	Post Code	058357	
Unit No.		Related Policy Number	5104559207		0.6767200	
♥ OI Driver Info						
Driver Name		Driver Type				
Unnamed driver Name		Driver NR3C		Driver DOB		
Register Date of Driver License		Driver Age		Driving Experience		
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)		
Address 1		Address 2		Address 3		
Address 4		Address Type	Foreign address	Post Code		
Unit No. Does he own a Singapore						
Registered car?	Yes • No	Driver Vehicle No.		Driver Insurer Company		
Claim 002 New						
Claim Type *			оо-нх	Insured TRAVEL GSH PTE LTE	Insured NRIC	19920
Contact No.(Mobile)			Control of the Contro	Contact	Contract	
Compt HolyHousey			93805854	No. (Home)	No. (Office)	65363
Email Address				OI Vehicle PC6891A	TP Vehicle	GBA86
			3	Number	Number Name of	Annual Control
Claim Description			PC6891A / GBAB605	Z ON 30 Sept 2019	Preferred Workshop	0
Preferred Workshop o	Preferenced Liability Fully at Fault				Workshop	
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A.	NAC_PAYA_UBI_800601(NATIO 22 Oc	NAL ASSESSMENT CENTRE SERVICES) o t 2019 15:34	Photos	Normal	Photos 2019-10-22
A F	NAC_PAYA_UBI_800601(NATIO 22 Oc	NAL ASSESSMENT CENTRE SERVICES) o d 2019 15:34	Photos	Normal	Photos 2019-10-22
	NAC_PAYA_UB1_B00601(NATIO 22 Oc	NAL ASSESSMENT CENTRE SERVICES) o tt 2019 15:34	Photos	Normal	Photos 2019-10-22
	NAC_PAYA_UBI_800601(NATIO 22 Oc	NAL ASSESSMENT CENTRE SERVICES) o t 2019 15:34	Photos	Normal	Photos 2019-10-22
	NAC_PAYA_UBI_800601(NATIO 22 Oc	NAL ASSESSMENT CENTRE SERVICES) o tt 2019 15:34	Photos	Normal	Photos 2019-10-22
	NAC_PAYA_UB1_800601(NATIO 22 Oc	NAL ASSESSMENT CENTRE SERVICES) a tt 2019 15:34	Photos	Normal	Photos 2019-10-22
	NAC_PAYA_UB1_800601{ NATIO 22 D	NAL ASSESSMENT CENTRE SERVICES) o ct 2019 15:34	Photos	Normal	Photos 2019-10-22
	NAC_PAYA_UBI_800601(NATIO 22 O	NAL ASSESSMENT CENTRE SERVICES) o ct 2019 15:34	Photos	Normal	Photos 2019-10-22
1	NAC_PAYA_UBI_800601(NATIO 22 O	INAL ASSESSMENT CENTRE SERVICES) o ct 2019 15:34	Photos	Normal	Photos 2019-10-22
	NAC_PAYA_UBI_800601(NATIO 22 0	ONAL ASSESSMENT CENTRE SERVICES) o ct 2019 15:34	Photos	Normal	Photos 2019-10-22
W.P.	NAC_PAYA_UBI_800601(NATIO 22 0	ONAL ASSESSMENT CENTRE SERVICES) o ct 2019 15:34	Photos	Normal	Photos 2019-10-22
0/22/2019			Claim Handl	ing(Claim Task)	