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TP Particulars: Veh No: SU	GSOOA . INC ()/Non-INC()		
Owner / Driver: (Tel:)	
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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.
- 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	30/10/2019 10:48
Date Of Accident	25/10/2019 16:00
Exact Location Of Accident	TAMPINES ST 31
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GU5377L
Insured/Policyholder	
Name Of Registered Owner	EVERGREEN SEAFOOD PTE LTD
Co Reg No	199501536N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE 5 DR
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5112754127
Cover Note Number	
Driver	
Name of Driver	KRISHNASAMY BHARATHI
Passport No/FIN	G3816377P
Date Of Birth	07/06/1995
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2019
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83134622
Fax Number	
Contact Number	OFFICE-83134622

NOEMAIL

Address

94E JALAN SENANG

Postcode

418472

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 - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

NO

Was any body injured in the Accident?
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

REFER TO STATEMENT.

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

SLJ6300A

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)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLU4674B

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)

PRIVATE CAR

1

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;
 - 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.

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

oregoing 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.:

Service Control of the Control of th	
Personal Particulars	*
Date of Accident: 25/10/19	Time of Accident: 4-000 m
Exact Location of Accident:	Tampines St 31
Owner's Name: Ever (1000 Sec	Red Pte Lto NRICNO: HP NO:
Driver's Name: Knth nasamy	Bharathi NRICNO: G3816377 PHP NO: 8313462
	ce Passing Date: 11 6 2019 Occupation: Indoor / Outdoor
Address: 94E JIn Senan	(418472)
Relationship of Driver with Insured: Emp	Yeu Email Address:
Vehicle No: Au 5377 L	Make & Model:
Insurance Co:NTU C	Coverage: Policy No:
*Purpose of Reporting? Own D	smage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Wa	as Being Used At Time Of Accident: Private Use / Work
	Raining / Others: Wet / dry / Others:
	rolved? (Yes / No) If yes, Vehicle No & How many pax: + 0
*Was Anybody Injured ? (Yes / () If yes,
Name / NRIC / In Vehicle:	
*Was The Accident Reported To	he Police ?
No O Yes, Which Police Station?	
*Does the Driver Own Any Other	Vehicle?
O No O Yes, Vehicle Registration No:_	insurer:
Was any foreign vehicle involve	17 (Yes / No) If yes, Vahicle No & Category:
*Was there any video captured b	y Car Camera? (Yes/No)
Third Party Driver's Particulars	
Vehicle & No: SLJ 6300 A	Make & Model:
	Make & Model:
Vehicle C No: SLU 46748	NRIC No: HP No:
Carried Science	Make & Model: NRIC No: HP No:
Witness Particulars	TATION OF THE NO.
Names.	MOICAL



Countersigned By:

Authorised Officer

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: 5112754127-000001 Cover : Third Party 1. Index mark and Registration Number of Vehicle : GU5377L Chassis Number CR420018388 2. Name of Policyholder : EVERGREEN SEAFOOD PTE, LTD. 3. Effective Date of Insurance : 17 Sep 2019 4. Expiry Date of Insurance : 16 Sep 2020 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. 6. Limitations as to Use# (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. This Policy does not cover (a) Use for hire or reward. (b) Use for racing, pace-making, reliability trial or speed-testing. (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. # 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) : N/A EXCESS (SECTION 2) : N/A INSURE WITH COF N/A HIRE PURCHASE COMPANY N/A SUM INSURED N/A 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 : LQ INSURANCE AGENCY PTE LTD (00000613125) Date of Issue : 18 Sep 2019 11:11 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



laim Handling									
cident MT/1068966									
kcy No.	5112754127	Vehicle No.	GU5377L			GST Registration N	io.	199501536N	
tificate No.	5112754127-000001								
scyholder Name	EVERGREEN SEAFODO PTE, LTD.					Policyholder NRIC		199501535N	
duct Code	FLEET MASTER INSURANCE	Cover Type	Third Party			Loading		0	
nact No.(Mobile)	PAR.	Contact No.(Office)				Contact No.(Home)		
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Protection	No	NCD Entitlement(%)	٥			Private Hire		Not available	
Accident Details									
ort Date	29/10/2019 19:13	Accident Report Within 24 hrs.	Yes			Accident Type		Collision - Char	nge / Cross lane
e of Accident	25/10/2019	Time of Accident hhomm	15:45			Country of Acciden	100	Singapore	
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ident Location	TAMPINES AVE 2 BEFORE TAMPINES ST 3:	2500-012-000-000				ICM No.			
Total Excess Applicable									
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Registered	Yes			Registration Date		01/05/200	04		
Registration No.	199501536N			Status Verified		Yes			
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Policyholder Mailing Ad									
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