Date In: 4/1/19-18:08	Jeb description	Date &Time Completed	Done	s p)
Ref No: 44 NC43 19486/24	SAS e-filing			
Veh No: Gyylog E	E-mail (within Shrs, AIC 2h	rs)		
D.O.A: 1/1/19-12:30	i-Motor Claim Form	M7 106991 - 001	4/11/19 19	8:10
	i-Motor W/O (Within: Of	The state of the s	1111111	
OD (TP)! Reporting Only	i-Photo Uploaded		1	
	Assessment/Survey Repo	ort i		
TP Insurer:	Ass't Report by Fax / Ha			
Preferred Wksp / INC Assign Wksp / QW:		Tel:	Fax:	
TP Particulars: Veh No: y		C()/Non-INC()		
Owner / Driver: (V	Tel:)	
Policy No: ()	Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (9	%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80	-100%]	
Year of Registration: () Warranty: YES ()/NO (()		
	\$1,000()/\$2,000()			
General Remarks;-	europa, in european acceptuazione acceptante en S	SEE 1971 SEE 18 (SEE 25)	Deplete.	
() Walk-In Customer: Customer's			A CONTRACTOR OF THE PROPERTY O	-
() Total Loss Case : to e-mail In				
Drive-In ()/ Towed-In (); Inv	voice: YES() / NO()	Touring Co. f		
Drive-In ()/ Towed-In (); Inv	125(), 115()	; Towing Co. (
		Date&Time Completed	Done	by
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	04/11/2019 18:08
Date Of Accident	02/11/2019 12:30
Exact Location Of Accident	BARTLEY BIZ CENTRE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GY4109E
Insured/Policyholder	
Name Of Registered Owner	KWANG CHUN PTE LTD
Co Reg No	201424747H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92731030
Alternative Phone No	OFFICE-92731030
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE MANUAL
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	THIRD PARTY
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	5111385146
Cover Note Number	
Driver	
Name of Driver	FABIAN HEW WEN GUANG
NRIC No	S9443536F
	05/44/4004

 NRIC No
 S9443536F

 Date Of Birth
 25/11/1994

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/01/2014

Driving Experience 5 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92731030

Fax Number

Contact Number OFFICE-92731030

EMail Address NOEMAIL

BLK 577 HOUGANG AVENUE 4 Address

#15-660

530577 Postcode

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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 0

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

Was there any audio recorded?

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YL5144X

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)

SKETCH PLAN

IMPORTANT NOTICE

- Mease report extractly the details of the stallent to speed up the claims process.
- . The Form must be goodstand by the Pollogistider and/or the Avitorised Oring:
- L. Information provided must be as <u>trustitul</u> and <u>eccurate as possible</u>. Any solful misrapresentation or with tolding of metarial
- The base and exceptance of this form by inturance companies is not so admission of policy liability on the part of the insurance.
- L. Any false recombesines be referred to the Police for investigation.
- i. The report will be forwarded by the Insurers of the GIA Records Management Control ostablished 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
- 7. By the ladgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of
- 1. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- My Inturer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, discrease 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 oblightively referred to as the "insurers"), the insurers lawyers/javz firms, the Monetary Authority of Singapore and any relevant government agenty/authority (such as the police), for the purpose(s)
 - (i) processing, handling and/or dealing with my dates including the settlement of the claims and any necessary
 - (ii) Investigating the accident and/or my dolms:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (by) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve discipsure of cortain 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 dains.(collectively the
- (t) all insurer(s) who have insured vehicle(s) involved in this eccident and the insurers' iswyers/law firms, may/are permitted to rollect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (a) the Personnel Information may/ran be disclosed by any of the insurers and/or GUA to their third party service providers or agents (including their lawyers) aw firms), which may be steet outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal information will also be collected and used to compile deline history for the purpose of freud 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 agancies as reasonably required for the purposes stated, or
 - (2) for complying with requirements under any regulations, laws or court orders.

Folloybolders Signature Date & Times

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Roporting Centre Personn

Kama:

NRIC/FIN No.:

SEETCH PLAN	
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parked in	parking lot outside my shop. Vehicle B
210000	parking lot pursiae my shop, vehicle B
eversed an	d collided onto my van
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AND STREET SOCIAL PROPERTY.	Exporting Contra Personnel's Satestine
& Time	(If driver is not the policyholder) Name:

	: 2Nov 2019 Accident Time: 1230 pm (24-HR-Format)
Accident Place	: Bartley Biz Centre #01-08
Vehicle Reg. No. (Cer Plate No.)	: G74109E
Vehicle Make/Model	: Toyota Hiace
Insurance Company	: NTUC Policy No
Owner or Company Name /IC No	. : Kwang Chun Pte Ltd
Owner or Company Contact No.	: 92731030 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: fabian Hew Wen Guang 59443536F
DRIVER'S Date Of Birth	: 25-11-1994 DRIVER'S License Pass Date 02-Jan - 2014
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 577 Hougang Avenue 4 #15-660 s'(530597)
DRIVER'S Contact No./ Alt No.	:1) 92731030 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@Mycar.cg
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	, , , , , , , , , , , , , , , , , , , ,
Number of Passengers (Including	Driver): 0
Number of Passengers (Including Was there any video Captured by Exact purpose for which vehicle v	Driver): 0 car camera: YES (NO)
Number of Passengers (Including Was there any video Captured by Exact purpose for which vehicle v	Driver): 0 car camera: YES (NO) vas being used at the time of accident: Private use \ Work purpose r Party Driver's Particular (if any)
Number of Passengers (Including Was there any video Captured by Exact purpose for which vehicle v	Driver): 0 car camera: YES (NO) vas being used at the time of accident: Private use \ Work purpose r Party Driver's Particular (if any) Vehicle Reg. No:
Number of Passengers (Including Was there any video Captured by Exact purpose for which vehicle v Other Vehicle Reg. No: YL5144X Vehicle Make\Model:	Driver): 0 car camera: YES (NO) vas being used at the time of accident: Private use \ Work purpose r Party Driver's Particular (if anv) Vehicle Reg. No: Vehicle Make\Model:
Number of Passengers (Including Was there any video Captured by Exact purpose for which vehicle v Other Vehicle Reg. No: YL5144X	Driver): _O car camera: YES NO vas being used at the time of accident: Private use \ Work purpose r Party Driver's Particular (if anv) Vehicle Reg. No: Vehicle Make\Model: Name Driver:

50 319 80 30

Done Kwang Chun - NTUC Income CV-T...





Certificate of Insurance

Cover : Third Party

KWANG CHUN PTE LTD

: JTFHS02P000012213

GY4109E

. 24 Jul 2019

23 Jul 2020

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 : 5111385146-000012

I Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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

- - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.
 - (b) Use for the carriage of passengers or goods 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 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.

N/A EXCESS (SECTION 1) : SS1,500 **EXCESS (SECTION 2)** N/A INSURE WITH COE N/A HIRE PURCHASE COMPANY N/A SUM INSURED

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

: ANG KOK CHIN (00000587457)

Date of Issue

: 24 Jul 2019 10:28 hrs

Countersigned By:

Authorised Officer

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBao Tech	General							alClaim			
Hello, NAC_PAYA_UBI_80	0601						· Change	Languag	je • Chai	nge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy No. 5111385146				Date o	of Accident		02/11/2019	18:30		
	Vehicle	No.(For Motor)	GY4109E			Certificate Number					
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111385146	5111385146- 000012	KWANG CHUN PTE LTD	201424747H	GFM	Third Party	GY4109E	GY4109E	24/07/2019	23/07/2020
					C	ontinue					

folicy No.	5111385146	Policyholder Name	KWANG CH	HUN PTE LTD	Policyholder NRIC	201424747H	
Certificate No.	5111385146-000012	MIN-15-547			V1012012		
Address	21 TOH GUAN ROAD EAST #01-	03 TOH GUAN	CENTRE SI	NGAPORE 608609			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	24/07/2019	Effective Date	24/07/201	9 00:00	Expiry Date	23/07/2020 23:5	9
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	7584.51				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/In	experience Driver Excess
Agent	ANG KOK CHIN	Agent Tel.	94567080		GST Flag	Y	
Co- insurance Flag	No						
insurance Flag Open	No						
insurance	No						
insurance Flag Open Policy Info Certificate Info	No older Mailing Address						
Insurance Flag Open Policy Info Certificate Info Policyh		T Addre	55 2	#01-03 TOH GUAN	CENTRE	Address 3	SINGAPORE 608609
Insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address		ss Z ss Type	#01-03 TOH GUAN Singapore address		Address 3 Post Code	SINGAPORE 608609 608609
insurance Flag Open Policy Info Certificate Info	older Mailing Address	Addre	ss Type d Policy				
onsurance Flag Open Policy Info Certificate Info Policyth Address 1 Address 4 Unit No.	older Mailing Address 21 TOH GUAN ROAD EAS	Addre Relate Numb	ss Type d Policy	Singapore address			
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## STATE ST	Claim Handling						
		not been collected.					
Marchan March Ma	Palicy No.	\$111385146	Vehicle to	(0vz109E		CSY Banatration No.	2014242424
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Company Comp	report Date	04/11/2019 18:16	Accident Report Within 24 hrs	Yes		Academ Type	Damaged whilst parked
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Description Page Account	coident Location	BARTLEY BIZ CENTRE					
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## STATE OF THE PROPERTY OF T	nnamed driver Name	FABIAN HEW WEN GUANG	Driver NRIC	59443536	P.	Driver DOS	25/11/1994
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To the control of the	ddress 1	BUX 577	Address 2	HOUGANG	AVENUE 4	Address 3	SINGAPORE 530577
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Any rigury? Order to Blood Test omg Any rigury? Oves ® No. Insured Name KWANG CHUN PTE LTD Insured NRIC Dollazarion Insured NRIC Insured NRIC Insured NRIC Dollazarion Insured NRIC I	nit No.	15-660					
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