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Veh No: GDBSKOL	E-mail (within Shrs,	AIC 2hrs)			
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OD / TP / Reporting Only	i-Photo Uploaded				(* a (* )a
TP Insurer:	Assessment/Survey	Report			
Tr msurer.	Ass't Report by Fa:	x / Hand to Owner/V	/ksp		W-11-15
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fa	X:	
TP Particulars: Veh No:		INC( )/Non	-INC()		-
Owner / Driver: (		Tel:		)	
Policy No: ( )	Period: (	) Cover Ty	ре: (	)	-
Confirmed by : (	Da	ite:	Time:	)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21	-79%. P: 30-10	0%1	
Year of Registration: ( )		NO( )			
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Drive-In ( )/ Towed-In ( ); Invoi	ice: YES ( ) / NO (	) ; Towing Co:	( 1	9	)
Remarks: (INC hotline: 6788 6616)		Date&Tir	ie Comptered	Done	hv
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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

dioresaid.	
REPORT OF THE PROPERTY OF THE	ACCIDENT STATEMENT
Date Of Report	20/11/2019 09:48
Date Of Accident	25/10/2019 20:00
Exact Location Of Accident	SIN LIM SQUARE GANTRY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD8450L
Insured/Policyholder	
Name Of Registered Owner	YONG JIT TRADING COMPANY
Co Reg No	30823400J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62892529
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100733323-01
Cover Note Number	
Driver	
Name of Driver	YAP SOON HENG
NDIO N	040000000

NRIC No S1333665B Date Of Birth 22/12/1958 Occupation OUTDOOR 19/09/1977 Date Of Driving Pass 42 YEARS AND 1 MONTH Driving Experience MALE Gender Mobile Number (LOCAL) +65-98994030 Fax Number

Contact Number OFFICE-98994030

EMail Address NOEMAIL

31 PASIR RIS DRIVE 3 Address

#04-02

519491 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

COLLIDED INTO PROPERTY Type Of Accident

Weather Conditions CLEAR DRY Road Surface

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2 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) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

## **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?

If Yes, against whom?

### Circumstances of Accident

REFER TO STATEMENT.

# Attachment(s)

YES Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

NO

Was there any audio recorded?

NO

# 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.

TAPE WOOD

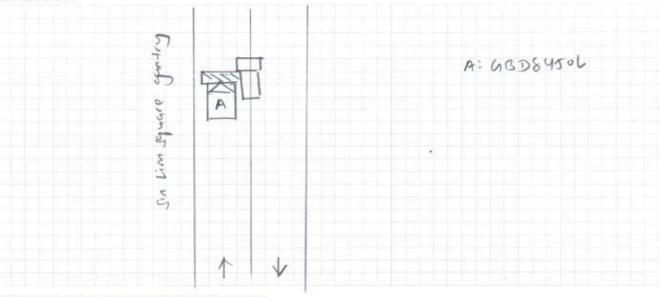
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

peter to statemen.		
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		14

# DECLARATION

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

Policyholde Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, AS I EXIT FROM THE SIN LIM SQUARE BUILDING. I ACCIDENTALLY HIT ONTO THE BARRIER.

# **ACCIDENT STATEMENT**

ACCIDENT DATE: 15/10/ M. )(DD/MM.	/YYYY), TIME:( > :00. )(HH:MM
LOCATION: SIM UM JAMAR GENTA	4
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: 6508450L.	
DINSURANCE COMPANY: HTVC	
CIPOLICY NUMBER: SIW7335030	1
d)POLICY TYPE: (COMPREMENSIVE / THIRD	PARTY / THIRD PARTY FIRE STHEET
e)MAKE & MODEL:	TOWN / THIRD FARTT FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN / L	OPPY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMM	EDCIAL (MOTORCYCLE) OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIME:	Payete
I) ARE YOU CLAIMING UNDER YOUR OWN	MACHE AND THE STATE OF THE STAT
IF NO, PLEASE STATE (THIRD PARTY CLAIM	INSURANCE (YES/NO)
2. INSURED / POLICY HOLDER	/ REPORTING ONLY)
A) NAME: Yong Jit Trading comp	
b) NRIC/FIN/PASSPORT:	
CJADDRESS:	CONTACT: 6789 7579.
97.10011200.	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	7.12 10 10 10 10 10 10 10 10 10 10 10 10 10
THE of passenge DRIVER	HOLDER
(Induding dian) alNAME: YGP Joon Hing	
hinds (made)	(MALE / FEMALE)
CIADDRESS:	CONTACT 9899 4030.
JA TO DINESS.	
*d)DATE OF BIRTH: 1 1988 10	
e)OCCUPATION: (INDOOR / OUIDOOR)	D/MM/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:	
4 WAS DRIVED AN EMPLOYEE OF THE	_ 0
4. WAS DRIVER AN EMPLOYEE OF THE INSU	JRED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING	/ OTHERS
6. WAS ANYBODY INJURED (YES / NO)	
7 GIPEPORTED TO BOLICE (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATIC	N:
Me of passenger a) VEHICLE NUMBER: Barrier.	
b) DRIVER'S NAME:	MODEL:
Including driver) b) DRIVER'S NAME:	
9. THIRD PARTY VEHICLE	CONTACT:
THE PARTY VEHICLE	
No of passanger d) VEHICLE NUMBER:	MODEL:
Induding driver) A NAME:	A STATE OF THE STA
Induding driver f) DRIVER'S NAME:	CONTACT;
8	
— <u>F</u> 9	

email = Shyap 2 @ Yahoo. com

fax =

VIDEO = X

10-05-19;17:17 /LQ

F512

G8D8450L

08 Jun 2019

07 Jun 2020

JTFHT02P800161952

YONG JIT TRADING COMPANY

Cover : Preferred Workshop Plan

16334 0624



6BD8450L

# 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: 5100733323-01

- 1. Index mark and Registration Number of Vehicle
  - Chassis Number
- 2. Name of Policyholder
- 3. Effective Date of Insurance
- 4. Expiry Date of Insurance
- 5. Persons or Classes of Persons entitled to drivet
  - (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 inor-erative 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

EXCESS (SECTION 1)

: \$\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: \$\$100

INSURE WITH COE HIRE PURCHASE COMPANY

: YES

: HONG LEONG FINANCE LIMITED

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: 10 May 2019 16:49 hrs

LO INSURANCE AGENCY PTE LTD

1809 BENCOOLEN STREET #64-01 THE BENCOOLEN SINGAPORE 1893-8 TEL: 5-334-0703 FAX: 5-334-052 (to, Reg. No: 199805500 N

Countersigned By:

**Authorised Officer** 

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

eBaoTech										Genera	alClaim
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	Vehicle	No.(For Motor)	GBD84	50L		Certif	cate Number	į į			
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	Select	Palicy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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Accident Details									
port Date	07/11/2019 13:53	Accident Report Within 24	hrs Yes			Accident Type		Collided	into Property
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		Address Type	Singapore			Post Code		408726	
(No.		Related Policy Number	50947490	019-02					
OI Driver Info									
er Name		Driver Type							
named driver Name		Driver NRIC				Driver DOB			
pister Date of Driver License		Driver Age				Driving Experience			
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