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IP Insurer:	Ass't Report b	y Fax / Hand	to Owner/Wksp		SSANIA COS
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:	
TP Particulars: Veh No: J	KX lolku	. INC()/Non-INC()	12 Table 1	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%	6) [Note-Est. Status (V	WO): N: 0-2	0%; P: 21-79%. F: 30-	100%]	-
Year of Registration: ()	Warranty: YES ()/NO()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.

Any false reporting may be referred to the Police for investigation.

- 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

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	ACCIDENT STATEMENT	HOLD VERSION OF
Date Of Report	05/12/2019 13:47	
Date Of Accident	10/10/2019 12:45	
Exact Location Of Accident	BEATTY LANE	
Country/State of Loss	SINGAPORE	
AND THE PROPERTY OF THE PARTY O	DETAILS OF OWN VEHICLE	DESCRIPTION STORY
Vehicle Registration Number	YP5955G	
Insured/Policyholder		

Name Of Registered Owner	LO-NET HANDLING PTE LTD				
Co Reg No	199404658C				

Co Reg No 199404658C
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-83557114

Alternative Phone No OFFICE-83557114

Vehicle Particulars

Manufacturer ISUZU

Model FSR34SUQCC

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 COMMERCIAL VEHICLE

Insurance Company

Vehicle Category

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5089658350-02

Cover Note Number

Driver

Name of Driver RAMAN ARIRAMAN

 Passport No/FIN
 G8527696X

 Date Of Birth
 21/06/1972

 Occupation
 OUTDOOR

 Date Of Driving Pass
 17/04/2018

Driving Experience 1 YEAR AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87094887

Fax Number

Contact Number OFFICE-87094887

EMail Address NOEMAIL

Address

70 ALPS AVENUE

#01-03

Postcode

498801

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

SIDE SWIPE

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

Police Station Address

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE RPORT - T/20191011/2092.

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

SKX1015U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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

Driver's Signature

(If driver is not the policyholder)

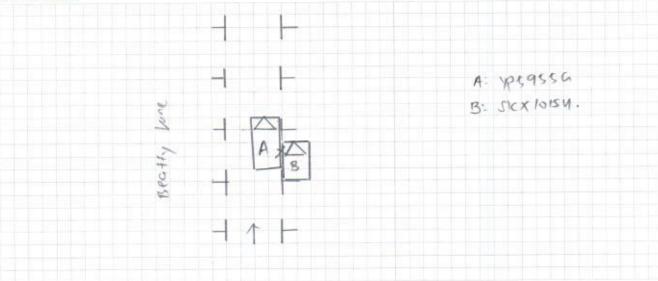
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Leder to police 1904-1/20191011/209~.	

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.:





1 of 3

Report No. T/20191011/2092

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

DEDORT	OF A	TRAFFIC	ACCIDENT
KEPURI	UFA	INALLO	ACCIDE:

Date/Time Report Made: 11/10/2019 15:11			Vide Report No.:	Station Diary No.:			
Informar	nt's Particu	ilars					
Name of Informant: RAMAN ARIRAMAN			Address: 70 ALPS AVENUE #01-03 SINGAPORE 498801				
ID Type / ID No.: FIN NO / G8527696X			Contact No.: Home/Office: Mobile: 87094887				
Nationality: MALAYSIAN			Email:				
Sex: Male	Age:	Date of Birth: 21/06/1972	Type of Informant: Driver				
Race:			Language:	Institution / School Name:			
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class: 2B,3	Date of Expiry:			

Seneral Infor	mation of the Accident			
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/10/2019 12:45	Type of Location
Location:				
BEATTY LAN	IE.			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis Between Mor	sion: ving Vehicles - Side Swipe		Anyone conveyed by ambulance: No	

Details of V	N (Dessayan					
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX1015U	Car	AUDI	A3 SEDAN 1.4 TFSI (AMBIENTE)	Black	Slightly Damaged	0
YP5955G	TRUCK	ISUZU	FSR34SUQ CC	Blue	No Damage	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

2 of 3

Report No. T/20191011/2092

Brief Details.

AT THE STATED DATE, TIME AND PLACE

I WAS TRAVELLING ALONG A ONE-LANE ROAD WHICH WAS VERY NARROW. BESIDE MY VEHICLE THERE WERE OTHER VEHICLES PARKED AND I HAD TO SWERVE LEFT AND RIGHT TO AVOID COLLIDING WITH THEM. HOWEVER, I ACCIDENTALLY HIT THE VEHILCE ON MY RIGHT, WHICH IS A BLACK CAR AND THE CAR'S LEFT MIRROR WAS DAMAGED. I COULD NOT SEE THE CAR AT THE RIGHT SIDE SINCE IT WAS A BLIND SPOT. AFTERWARDS, SINCE NO ONE WAS ON THE CAR, I LEFT MY PARTICULARS ON THE BLACK CAR. I WAITED FOR 40 MINUTES FOR THE OWNER BUT HE DID NOT APPEAR, THUS I LEFT.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191011/2092

CONTINUATION OF REPORT

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	muomani	13	HOL	aule	w	DIOVIGE	SVETOLI	piali

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: TP / LIM CHIN KIAT	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2019 15:11	
Officer In Charge Of Case: TP / GIT /	Classification Of Case:	_
Contact No.:		_
Authorization Clamp		

Authentication Stamp NP168

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	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRJC	Product	Caver Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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ertificate No.					Policyholder NRIC	199404658	
olicyholder Name	CO-NET HANDLING PTE LTD	12/11/2005	Comprehensive		Loading	199404000	
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive		Contact No.(Home)	0.	
ontact No.(Mobile)	NO.	Contact No.(Office)			eCode	The V	
mail Address	all all	Special Remark	® No ○Yes		eCode Reason	11032	
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CD Protection	No	NCD Entitlement(%)	30		riwate rise	NO	
→ Accident Details						Contract into	Standard Lindson
eport Date	11/10/2019 09:41	Accident Report Within 24 hrs	Ves		Accident Type		Parked Vehicle
ate of Accident	10/10/2019	Time of Accident hhimm	12:55		Country of Academ	Singapore	
eporting Centre		Orange Force			ICM No.		
coldent Location	BEATTY LANE						
Total Excess Applicable	Per Accident	Windscreen Excess		100.00			
ecess Type	Per Account	MINUSCRETT EXCES		144.00			
O Standard Excess	1,500.00	TP Standard Excess		0.00			
IED OD Excess		VIED TP Excess			Driver is Covered?	Not Applica	D(W)
daitional Excess							
etal OD Excess Applicable	1500.00	Total TP Excess Applicable		0.00			
▽ Benefits							
overage			Sum Insured				
hird Party Working Risk			99999999.99				
□ GST Registered Informa					Sales Control		
ST Registered	Yes		GST Registratio		01/12/1996		
ST Registration No.	199404658C	changed GST Registered from Ni	GST Status Ver	ried	res		
locification History	11/10/2019 09:42:55 System	changed GST Registration No. fri changed GST Registration Date t	om null to 199404658C				
Policyholder Mailing Ad		changes and hagananan sous.	10117-00-10-2018-00-20				
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ddress 4		Address Type	Singapore address		Post Code	544688	
nit No.		Related Policy Number	5312557315				
Of Driver Info							
river Name		Driver Type					
innamed driver Name		Driver NKIC			Driver DOB		
egister Date of Driver License		Driver Age:			Driving Experience		
ontact No.(Mobile)		Contact No.(Office)			Contact No.(Home)		
ddress 1		Address 2			Address 3		
Address 4		Address Type	Foreign address		Post Code		
int No.							
					Onver Insurer Compa		
logistered car?	○ Yes ® No	Driver Vehicle No.				ny	
ooes he own a Singapore togistered car? todification History	○ Yes ® No	Driver Vehicle No.				TN/	
tegistered car?	○ Yes ® No	Driver Vehicle No.				ny.	
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ogistered Car? odification History Claim 002 New	OD-MX. ✓	Driver Vehicle No Insured Name	LO-NET HANDLING PT	ELTO	Insured NRIC	199404651	Dec
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confiction History Claim 002 New Claim Type * Contact No.(Mobile) Intel Address Claimant Type Claimant Type * Claimant Name * Claimant Address Claimant Description	OD-MX 90470788 myuen@seabencgroup.com Please Select	Insured Name Cornact No.(Home) Of Venicle Number Type of Benefit + Claimant NRIC +	NIL YPS95SG Picase Select	V	Insured NAIIC Contact No.(Office)	199404651 63470168 SKX1015J	
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