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TP Insurer:	Ass't Report by Fax		ner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		То		Fax:	-
TP Particulars: Veh No: SULG	IGER	INC( )	Non-INC( )		
Owner / Driver: (	1/2/-		el:	)	
	iod: (	) Cos	ver Type: (	)	
Confirmed by : (	Dat	e:	Time:	)	
Insured/Driver Liability: ( %) [N	Note-Est. Status (WO):	N: 0-20%;	P: 21-79%. P: 30-	100%]	
Year of Registration: ( ) W	Varranty: YES ( )/1	40()			
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( ) Total Loss Case : to e-mail Insurer			-		
Drive-In ( )/ Towed-In ( ); Invoice:		) ; Towin	a Co. (		7
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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.

aforesaid.	
Brown and the Contraction of the Park	ACCIDENT STATEMENT
Date Of Report	12/12/2019 14:57
Date Of Accident	11/12/2019 08:00
Exact Location Of Accident	LOR 3 GEYLANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH7597H
Insured/Policyholder	
Name Of Registered Owner	FOOTPRINT CONSTRUCTION PTE LTD
Co Reg No	201600115G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90480240
Alternative Phone No	OFFICE-90480240
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMPREHENSIVE
Fleet Policy	NO
Daliau Numbar	5104072910.01

Policy Number 5104073819-01

Cover Note Number

### Driver

Name of Driver RAVICHANDRAN RAJKUMAR

 Passport No/FIN
 G7721603R

 Date Of Birth
 15/06/1987

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/05/2015

Driving Experience 4 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86183514

Fax Number

Contact Number OFFICE-86183514

EMail Address NOEMAIL

Address

170 UPPER BUKIT TIMAH ROAD

#03-15 BUKIT TIMAH SHOPPING CENTRE

Postcode

588179

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

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)

3

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

GENDER:

: MALE

**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

SLL9495R

Vehicle Make/Model/Colour

HONDA CITY

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

97660006

Address

Postcode

Page 2 of 16

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

## IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process. 1)
- 21 This form must be completed by the policy holder and/or the authorised driver.
- 3) 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.
- 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. 5)
- 6) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
  - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
  - (II)Investigations the accident and/or my claims;
  - (111) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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 envelops/mail packages); and/or
  - Complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively (V) the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
  - (1) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (11) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder)

Date / time:

reporting centre personnel's Signature Date / time:

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## DECLARATION

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

( NOITS

Policy holder's signature Date & time:

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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. Any false reporting may be referred to the traffic police department for investigation.

Date of accident	11/12/2019	100/100/100
Time of accident	0800	(DD/MM/YY)
exact location of accident	Along Lorong 3 Geylang	(HH:MM)

Vehicle registration number	GBH 7597 H
Vehicle make and model	Touota Dyna
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:
Vehicle category	Private  Commercial Motorcycle
Purpose of using at said time	Motorcycle
Are you claiming under your own insurance company?	Yes No sif no, please select: Third part claim Reporting only

<b>高州</b> 。伊尔尼·金州	INSURANCE IN	FORMATION	STATE SHOW THE PARTY OF
Insurance company	NTUC		<b>一种的一种</b>
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

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Name	Footprint Construction Pte Ltd	Male □	Female
NRIC / Fin / Passport number	Constitution for miles	Widie Li	remale [
Contact	9048 0240 (Andy)		
Address	8 Sungei Kadut Indu Street 5 Industrial Estate 5(728955)	Sungei Kado	ut

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)							
Name	Ravichandran Rajtumar	Male 🗷	Female					
NRIC / Fin / Passport number	G7721603R	- Indice	1 ciliate L					
Contact	8618 3514							
Address								
Email address								
Date of birth	15/06/1987							
Occupation	Indoor D Outdoor		-					
Driving date pass	27/05/2015							

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the insured's company?	1		of the d	river and in	neurad.			
Accident captured by camera?	Yes 🗆	No	or tire u	iver and n	isureu.			
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Vehicle make model	Honda City	
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Contact	9766 0006	
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Which vehicle person in?		Carried Name	
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?		Alderes	/
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Name	THE PERSON NAMED IN	INJURED P	
Injuries sustained	The state of the s	INJURED P	
Injuries sustained Which vehicle person in?		INJURED P	
Injuries sustained	Yes 🗆 /	No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 /		
Injuries sustained Which vehicle person in? Were seat belts worn?	-	No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	-	No 🗆	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	-	No 🗆 No 🗈	
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No   No   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No   No   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No   No   No	RSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes 🗆	No   No   No   No   No   No	RSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes 🗆	No   No   No   No   No   No	RSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes 🗆	No   No   No   No   No   No	RSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No   No   No   No   No   No	RSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes  Yes  Yes  Yes	No   No   No   No   No   No   No	RSON 5



### THE SCHEDULE

### Commercial Vehicle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document. GST Reg No. M4-0003030-8

Policy Number

5104073819-01

The Policyholder

: FOOTPRINT CONSTRUCTION PTE. LTD.

8 SUNGEI KADUT STREET 5

SUNGEI KADUT INDUSTRIAL ESTATE

SINGAPORE 728955

Period of Insurance

: 25 Sep 2019 To 24 Sep 2020

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

: \$\$1,985.34 Premium (inclusive GST)

Interest Insured

Cover Type

: Comprehensive

Make/Model

: TOYOTA/DYNA

Number of Seater

Capacity

: 1.78 ton(s)

Registration Date

NCD Entitlement

: 25 Sep 2018

Registration Number Chassis Number

: G8H7597H : JTFAT35Y80K211440

Insure with COE

: Yes : 10%

Excess (Section 1)

: 5\$600

Excess (Section 2)

: N/A

Windscreen Excess

: \$\$100

Hire Purchase Company

: UNITED OVERSEAS BANK LIMITED

Memo A: N/A

Endorsement Operative : N/A

Agency

: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue

: 03 Sep 2019 21:12 hrs

## **DUTY OF DISCLOSURE**

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

<b>eBao</b> Tech			General						alClaim		
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Notice of Loss	Notice of Lass Policy No.					Date	of Accident	11/	12/2019 08	:00	
	Vehicle	No.(For Motor)	GBH75	97H		Certif	ficate Number				
					100	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104073819- 01		FOOTPRINT CONSTRUCTION PTE. LTD.	2016001150	GCV	Comprehensive	GBH7597H	GBH7597H	25/09/2019	24/09/2020
						Continue					

Policy No.	5104073819-01	Policyholder Name	FOOTPRINT	CONSTRUCTION PTI	Policyholder NRIC	201600115G	
Certificate No.							
Address	170 UPPER BUKIT TIMAH ROAD	#03-15 BUK	T TIMAH SHO	PPING CENTRE SING	APORE 58817	79	
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	03/09/2019	Effective Date	25/09/2019	00:00	Expiry Date	24/09/2020 23:	59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/I	nexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
<b>▽</b> Policyh	older Mailing Address						
Address 1	170 UPPER BUKIT TIMAH	ROAD Addr	ess 2	#03-15 BUKIT TIMA	AH SHOPPIN	Address 3	SINGAPORE 588179
Address 4		Addr	ess Type	Singapore address		Post Code	588179
Unit No.		Relat Num	ed Policy ber	5104648183-01			
	d Object: GBH7597H						
) Insure							
<ul><li>▶ Insure</li><li>▽ Endors</li></ul>	ements						

laim Handling					
cident MT/1075485					
icy No.	5104073819-01	Vehicle No.	G8H7597H	GST Registration No.	
tificate No.					
icyholder Name	FOOTPRINT CONSTRUCTION PTE. LTD.			Pakcyholder NRIC	201600115G
SOUCE CODE	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
rtact No.(Hobile)			0	Contact No.(Home)	o
ari Address	5.0057300007ml	Contact No (Office) Special Remark		eCode	5.9
K	(i) No ( ) Yes	TCA.	® No ⊜ Yes :	eCode Reason	
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Accident Details				Inches Harrison and Con-	-
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te of Accident	11/12/2019	Time of Accident hhomm	08100	Country of Accident	Singapore
porting Centre	g Centre			JCM No.	
cident Location	LOR 3 GEYLANG				
Total Excess Applicable					
езу Туре	Per Accident	Windscreen Excess	100.00		
Standard Excess	600.00	TP Standard Excess	0.00		
D GD fiscess	0.00	YIED TP Excess		Oniver is Covered?	
ditional Excess					
al DO Excess Applicable	600.00	Total TP Excess Applicable			
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dification History	12/12/2019 10:15:33 5VSR	Changes as status venned no			
Welleyholder Mallie Co	·				
Policyholder Mailing Ad		10000000	AND THE RESIDENCE PROPERTY.	Address 3	SINGAPORE 588179
dress i	170 UPPER BURST TIMAH ROAD	Address 2	#03-15 BUKIT TIMAH SHOPPIN		
Idress 4		Address Type	Singapore address	Post Code	588179
It No.		Related Policy Number	5104648183-01		
OI Driver Info					
iverName	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	RAVICHANDRAN RAJKUMAR	Driver NRIC	G77216038	Driver DOB	15/06/1987
gester Date of Driver License	27/05/2015	Driver Age	32	Oriving Experience	4
mact No.(Mobile)	86183514	Contact No.(Office)	0	Contact No. (Home)	0
	170 UPPER BUKIT TIMAH ROAD	Address 2	BUKIT TIMAH SHOPPING CENTR	Address 3	SINGAPORE 588179
dress 1	170 GIPPER BURLY TIMAH RUAD				
dress 4		Address Type	Singapore address	Post Code	588179
nt No.	03-15				
oes he dwn a Singapore ogistered car?	○ Yes  No	Driver Vehicle No.		Driver Insurer Company	
SACESTANCES.					
claration					
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aung					
odification History					
Claim 001 New					
sim Type *	OD-MX V	Insured Name	POOTPRINT CONSTRUCTION PT	Insured NRIC	201600115G
	13.1	Contact No.(Home)	NIL CONSTRUCTION FI	Contact No.(Office)	69173657
ntact No.(Mobile)				32 93	
nail Address		OI Vehicle Number	GBH7597H	TP Vehicle Number	SLL9495R
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
smant Name *	88	Claiment NRIC +			
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aim Description	GBH7597H / SLL9495R ON 11 Dec 2019			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
suire Finalisation	Yes 🔻	Preferered Regair Option	Preferred Workshop, Name unknown 💙	GIA report	Received
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