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Insured/Driver Liability: (%) [1	Note-Est. Status (W	O): N: 0-2	0%; P: 21-799	%. P: 80-100	%]	
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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.
- 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.
- 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.

国际企业国际保护企业国际企	ACCIDENT STATEMENT
Date Of Report	03/01/2020 15:51
Date Of Accident	02/01/2020 19:45
Exact Location Of Accident	ALONG BALESTIER ROAD NEAR 60 TESSENSOHN ROAD
Country/State of Loss	SINGAPORE
PARTY TO SERVICE AND ADDRESS OF THE PARTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD5401T
Insured/Policyholder	
Name Of Registered Owner	JUBSTAR PTE LTD
Co Reg No	2XXXXX107N
Email Address	JUBSTARSG@GMAIL.OCM
Mobile Phone No	(LOCAL) +65-98447681
Alternative Phone No	OFFICE-69048608
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108220109
Cover Note Number	
Driver	
Name of Driver	GOH KOK CHYE
NRIC No	SXXXX621A
Date Of Birth	13/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	14/03/1978
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98447681
Fax Number	
Contact Number	OFFICE-69048608

DAVIDGOHKC@GMAIL.COM

Address

BLK 611 CLEMENTI WEST STREET 1

#06-276

Postcode

120611

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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?

Number of vehicles (including own vehicle) involved in the accident

NO 2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

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)

2

Passenger 1

NAME:

: ANDREW TAN (PASSANGER)

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-8729999 - FAX NO: 67748639

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200102/2171

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMF8254X

Vehicle Make/Model/Colour

KIA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

SURESH B ABU LOGAN

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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 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:

- 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:
 - (i) 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
- 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:
 - (i) 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: 24

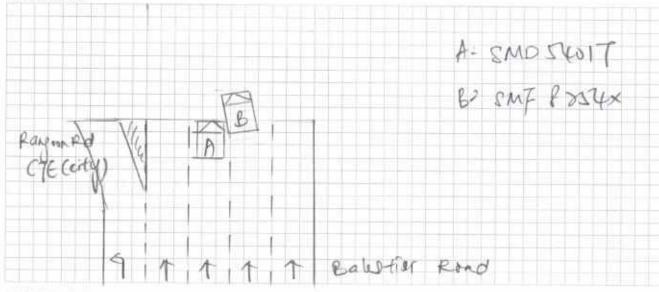
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Pe

Name

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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	17	J				

DECLARATION

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

Policyholds & Figgature
Date & Time: 7 12070

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

STREET, CONTRACTOR OF





1 of 3

Report No. T/20200102/2171

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDES		
REFUSE OF A LEGARETT ACCUMEN	J.T	

	ne Report N 020 21:52	Made:	Vide Report No.: Station Diary				
Informa	nt's Partic	ulars					
Name of Informant: GOH KOK CHYE			Address: APT BLK 611 CLEMENTI WEST STREET 1 #06-276 SINGAPORE 120611				
ID Type / ID No.: NRIC NO / S1427621A			Contact No.: Home/Office: Mobile: 98447681				
National SINGAF	onality: GAPORE CITIZEN		Email:				
Sex: Male	Age: 59	Date of Birth: 13/03/1960	Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupat Other ca drivers r	r and light	goods vehicle	Driving Licence Information: Class: 3,4,5	Date of Expiry:			

General Infor	mation of the Accid	ient		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2020 19:45	Type of Location: Straight Road
BALESTIER I JURONG WE	ST STREET 42	URONG WEST STREE Road Surface: Dry	T 42 NEAR TESSENS	SOHN ROAD Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collis Between Mov	lon: ing Vehicles - Head	To Side		Anyone conveyed by ambulance: No

Details of V	ehicle Invo	lved				D'UN BURNESUL
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMD5401T	Car				Slightly Damaged	1
SMF8254X	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20200102/2+74

Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

2 of 3 Report No. T/20200102/2171

Driver				-	
Name	GOH KOK CHYE		ID No	i i	S1427621A
Related Vehicle	SMD5401T (Car)		Conta	ict No.	98447681
Hospital/Clinic	NIL	100	Class Drivin Licena Expire	g	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
	ted Medical Leave NIL	Degree of			
Driver			DESCRIPTION OF THE PARTY OF THE	17.14	
Name	SURESH B ABU LOGAN		ID No.		NIL
Related Vehicle	SMF8254X (Car)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Driving Licence Expiry	g :e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disch		NIL	
No. of Days grant	ted Medical Leave NIL	Degree of		NIL	

Brief Details.

I am the above mentioned person and affirmed it to be correct and true. I am currently working as a Grabcar Driver for a year.

On 02/01/2020 at about 1945hrs, I was driving my vehicle (SMD5401T) and fetch my passenger namely Andrew Tan, HP: 93638993 from Civil Service Clun @ Tessensohn located at 60 Tessensohn Road towards Jurong West St 42.

While driving along Balestier Road on the very left lane, a vehicle (SMF8254X) who was driving in the middle land drove fast in a zig-zag manner and attempt to overtake me. In the midst of doing so, the vehicle (SMF8254X) hit onto the front right of my car which cause a dent and scratch marks.

I went to check with my passenger if he's alright. After assuring my passenger is okay and do not require any medical attention, I proceed to meet up with the driver of vehicle (SMF8254X) whom informed that he is in the rush and he has no fault. We exchanged our particulars and they said driver left. I did not take a picture of his driving license clearly. We did not required any medical attention nor called for police.

This is the first time it had happened to me. I notified my management about the said matter and was advised to lodge a police report. There is in-vehicle camera that capture the whole incident.





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

3 of 3 Report No. T/20200102/2171

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

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 Interpreter: Not applicable Date/Time: 02/01/2020 21:52 Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Signature Of Officer Recording The Report: D / Sgt 2 CHONG SHAO XUAN, VANESSA	Signature Of Informant:
TP / GIA / Staff Sgt WONG SIEU LUI		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	TP / GIA / Staff Sgt WONG SIEU LUI	Classification Of Case:









Particulars of Insured / Driver & Details of this Accident	(Pls circle where applicable)
Location Of Accident: ALONG ROAD 1 TRAVELING TOWARD ROAD	2 (BALESTIER BY) Date & Time Of Accident : 03/01/2020 819:459
Purpose when vehicle was used at the time of accident : GRAI (e.g Going home)	š
Details of Own Vehicle	= ^
Vehicle Registration number: Sp.05401 T	Make / Model: TOSOTA SIENTA
Vehicle Category: PRIVATE HIRE	
Claim Own Insurance: YES /(NO)	If No. Reporting only/ Third Party Claim
Name of Preferred Workshop: OPTIME WERKZ PTE 4TO	Contact: 648(1522
Insured / Policy Holder	AT 10 2010
Name of Registered Owner: JUSSTAR PTE 4TD	NRIC No.: 201 FORW 7 N
Address: I VENTURE DRIVE #14-28 VICTOR EXCHANCE	SPORE GARSAG
Mobile No:	Other Contact: Home / Office no: 69048608
4 (MAG)	Email: JUB STARSA @GMAIL-COM
<u>Oriver</u>	F-WATTAWN
Name of Driver: 604 tok CHYE	NRIC /Fin No.: 5142762/A
Orlving Licence Pass Date: I4/03/1978 Address:	D.O.B: 13/03/1960
	Q246773
Occupation: INDOOR OUTDOOR	Mobile No: 98447681
Sender: MALE) FEMALE	Other Contact: Home / Office no:
	Email: davidgonke @ gravit com
General Information of Accident Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: CHA	
Weather Conditions: CLEAR / RAINING / DRIZZLING /OTHERS:	ES THAT A CKOTT THAT
Road Surface DRY) WET	2
Any video captured by car camera? YES / NO	*Any witness?: YES /NO
Any police report made: YES / NO	*Injured party: YES //NO (If yes, pls provide name & Tel)
No. of Passenger (including Driver:)62	
Details of Passenger 1	
THE PROPERTY OF THE PROPERTY O	Details of Passenger 2
lame: ANDREW THO	Details of Passenger 2 Name:
lame: ANDREW THE	Mame:
Name: ANDREW TAN Gender: MALE	Name: Gender:
Name: ANDREW TAN Gender: MALE Details of Passenger 3	Name: Gender: Details of Passenger 4
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Name: ANDREW TAN Gender: MALE Details of Passenger 3 Name: Gender: Details of Other Vehicle Property 1 Vehicle Registration No: SMF 8 3 5 4 X Vehicle Make/Model/Color: CIA Name Of Driver: SUKECH B ABU 105 AN	Name: Gender: Details of Passenger 4 Name: Gender: Details of Other Vehicle Property 2 Vehicle Registration No: Vehicle Make/Model/Color: Name Of Driver:
Name: ANDREW TAN Gender: MALE Details of Passenger 3 Name: Gender: Details of Other Vehicle Property 1 Vehicle Registration No: SMF 8 3 5 4 X Vehicle Make/Model/Color: CIA Name Of Driver: SUKECH B ARU 105 AN No.of Passenger(Including Driver)	Name: Gender: Details of Passenger 4 Name: Gender: Details of Other Vehicle Property 2 Vehicle Registration No: Vehicle Make/Model/Color: Name Of Driver: No.of Passenger(including Driver)
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Name: ANDREW TAN Gender: MALE Details of Passenger 3 Name: Gender: Details of Other Vehicle Property 1 Vehicle Registration No: SMF 8 3 5 4 X Vehicle Make/Model/Color: LIA Name Of Driver: SUKECH B AGU 105 AN No.of Passenger(Including Driver) NRIC: Contact Number:	Name: Details of Passenger 4 Name: Gender: Details of Other Vehicle Property 2 Vehicle Registration No: Vehicle Make/Model/Color: Name Of Driver: No.of Passenger(including Driver) NRIC: Contact Number:
Name: ANDREW TAN Gender: MALE Details of Passenger 3 Name: Gender: Details of Other Vehicle Property 1 Vehicle Registration No: SMF 8 3 5 4 X Vehicle Make/Model/Color: CIA Name Of Driver: SUKECH B ARG 105 AN No.of Passenger(Including Driver)	Name: Gender: Details of Passenger 4 Name: Gender: Details of Other Vehicle Property 2 Vehicle Registration No: Vehicle Make/Model/Color: Name Of Driver: No.of Passenger(including Driver) NRIC:

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2020			Claim Handlin	g(accident reporting	Claim Task)		



AUTOMOBILE LEASE AGREEMENT

THE S	CHEDULE
Name (Lessee): Goh Kot Chye Address: 611 Clementi Wart A 1 #06-	NRIC/PP/UED No. : 214276219
DESCRIPTION	ON OF VEHICLE
Registration No.: SMD54017 Make / Model: Toyota Standa Hybrid 1-56 OV Chassis No.: NHP176 - 7110645	Colour: Sther Engine No. 142-840 2642
TERMS OF RE	ENTAL PAYMENT
nitial Payment of SGD \$	#Free Restal 23 Aug 2019 to 1 Sept 2019 on the every Friday of the month.
PARTICULARS OF MAIN NAMED DRIVER Name: Gold Folk Cype Date of Birth: 13-03-1968 NRIC / FIN / PP No.: 21427621 A Address: 611 Clementi West 2+ 1 #	Nationality: Chappered 7 Contact No.: 9844 7681 Driving Licence No.: 21427644 86-276 2120611
PARTICULARS OF OTHER NAMED DRIVER	
RIC / FIN / PP No.	Driving Licence No. :
Company :	
HER TERMS OF LEASE 24 Hr Emergency Break down 7 Towing IN Singapore: YES 24 Hr Emergency Break down 7 Towing IN Malaysia: NO Estimated Residual Value (For reference only): GNED by for and on behalf of JUBSTAR PTE LTD TOTAL STATE TOTAL S	SIGNED by OR for and on behalf of LESSEE: Name: NRIC / PP No.:

JURSTAR PTF I TD Bee to change out the 2 Venture Print #16 08 Notice Fundament Common Print Fundament Common P

eBaoTech GeneralClaim Hello, MAC_BUKIT_MERAH_800676 Change Language / Change Fassward **Policy Query** Notice of Core Poscy tro. 5108210109 Date of Accident 02/01/2020 19:38 Vehicle hat/For history 5/10/54011 Cartificate Number Search Cortificate Number 5108220109-000019 Policy No. Core Type once CLASSIC Priduct Expry Date 04/04/2020 Insured Object Communice Date 5100220109 JUBSTAR FTE LTD 201808157N GFH \$8054017 05/04/2019 Continue



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)

Ce	rtificate Number: 5108220109-000019	Cover : drivo CLASSIC
1	Index mark and Registration Number of Vehicle	5MD5401T
	Chassis Number	: NHP1707110645
Z	Name of Policyholder	: JUBSTAR PTE LTD
3.	Effective Date of Insurance	: 05 Apr 2019
4	Expiry Date of Insurance	: 04 Apr 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 or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.
 - # 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)	: 5\$2,000
EXCESS (SECTION 2)	: \$\$1,500
WINDSCREEN EXCESS	: 5\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	i N/A
HIRE PURCHASE COMPANY	DB5 BANK LTD
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 ; S & M ALLIANCE PTE LTD (000000614373)
Date of Issue ; 14 Mar 2019 17:33 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

014

Authorised Officer

Chief Executive

Countersigned By: