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Year of Registration: (Confirmed by: (Date:	Time:)	
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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.
- 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.
- 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.	
System & Charles over the Control of the open	ACCIDENT STATEMENT
Date Of Report	07/01/2020 19:44
Date Of Accident	06/01/2020 14:50
Exact Location Of Accident	PIE (TUAS) BEFORE PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ1954P
Insured/Policyholder	
Name Of Registered Owner	JASINA COSMETICS PTE LTD
Co Reg No	2XXXX937D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER FEA01BR2SDEK (CBU)
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

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5107317756

Cover Note Number

Driver

Name of Driver MOHAMED ASLAM BIN MOHAMAD ISHAQ

 NRIC No
 SXXXX665D

 Date Of Birth
 25/10/1964

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/01/1984

Driving Experience 36 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98930039

Fax Number

Contact Number OFFICE-98930039

EMail Address NOEMAIL

Address BLK 631 BEDOK RESERVOIR ROAD

#03-888

Postcode 470631

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 - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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? YES

Was any injured conveyed to hospital by

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)

1

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

SJJ8867S

Vehicle Make/Model/Colour

HONDA STREAM

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMED ASLAM BIN MOHAMAD ISHAQ

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBJ1954P

YES

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:
 - (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.

Polieyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

DECLARATION

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

Policy folder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date of Accident	: 6 1 2020 Accident Time, 14:50hr (24-HR-Format)
Accident Place	PIE (TUPO) ECTURE Payor Lebon Enit
Vehicle, No. (Car Plate No.)	GBS 1954P Make Model: mitanbishi fluo
Insurace Company	Policy No:
Owner or Company Name /IC No.	
Owner or Company Contact No.	Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Mohamed Aslam Bin mohamord Ishag
DRIVER'S Date Of Birth	: 15 16 1964 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address	: 31k &1 Beeb/ Reservoir Rd # 03-888 W) 470637
DRIVER'S Contact No./ Alt No.	:1) 9893 0639 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	Priver):01
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	ar camera; YES \ NO s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle. No: SJJ 8867	S (4) Vehicle. No:
Vehicle Make Model: Hunda sti	Vehicle Make Model:
Name Driver:	Name Driver:
C No. Driver/Contact:	IC No. Driver/Contact:

^{*} NEW - Passenger's name & gender:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AN	D COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS ANI	D COMPENSATION) RULES 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107317756

Cover : Preferred Workshop Plan

Index mark and Registration Number of Vehicle

To Be Advised

Chassis Number

FEA01BA30052

Name of Policyholder

: JASINA COSMETICS PTE LTD

Effective Date of Insurance

: 30 Jan 2019

4. Expiry Date of Insurance

: 29 Jan 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 possible dis-

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 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)

: S\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: S\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

: N/A

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

: PRO-LINK INSURANCE AGENCY (00000615233)

Date of Issue

: 30 Jan 2019 09:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

eBaoTech									Gener	alClaim	
Hello, NAC_PAYA_UBI_80	0601					and the same of	· Change	e Languag	e • Char	ige Password	· Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	la.				Date o	of Accident		06/01/2020	14:50	
	Vehicle	No.(For Mator)	(For Motor) GBJ1954P Certificate Numb		cate Number						
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107317756		DASINA COSMETICS PTE LTD	200000937D	GCV	Preferred Workshop Plan	GBJ1954	GBJ1954P	30/01/2019	29/01/2020
					C	ontinue					

Policy No.	5107317756	Policyholde Name	JASINA CO	SMETICS PTE LTD	Policyholder NRIC	200000937	D
Certificate No.		Hame			THE STATE OF THE S		
Address	15 CHANGI NORTH STREET 1 #0)1-16/17 I-I	OFTS @ CHAI	NGI SINGAPORE 498	3765		
Product Name	COMMERCIAL VEHICLE INSURAI	Plan			Group Policy Flag	N	
Policy ssue Date	30/01/2019	Effective Date	30/01/2019	9 00:00	Expiry Date	29/01/2020	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				You	ng/Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Υ	
Co- insurance Flag	No						
riay							
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Claim Handling					
Accident MT/1079054					
olicy No.	5107317756	Vehicle No.	GB31964P	GST Registration No.	2000009370
ertificate No.					
olicyholder Name	JASINA COSMETICS PTE LTD			Policyholder MRJC	2000009370
roduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading	0
ontact No.(Mobile)	0	Contact No.(Office)	0	Contact No. (Home)	Q.
mail Address		Special Remark		eCode.	- Comment
FK.	(€) No ○ Yes	TCA	® No ○ Yes	eCode Reason	14.4
CD Protection	Ne	NCD Entelement(%)	8		27
Accident Details		ALD CIGARANTE (M)		Private Hire	No
eport Date					
	07/01/2020 19:55	Accident Report Within 24 hrs.	Yes	Accident Type	Collision - Head to Rear
ate of Accident	06/01/2020	Time of Accident hh:mm	14:50	Country of Accident	Singapore
aporting Centre		Orange Force		1CM No.	
codent Location	PIE (TUAS) BEFORE PAYA LEBAR RD EXIT				
Total Excess Applicable					
ксеяв Туре	Per Accident	Windscreen Excess	100.00		
O Standard Excess	600.00	TP Standard Excess	0.00		
IED OD Excess	0.00	VIED TP Excess		Driver is Covered?	
dditional Excess					
otal OD Excess Applicable	600.00	Total TP Excess Applicable			
♀ Benefits	47 (175.4)				
GST Registered Inform	ation				
ST Registered	Yes		GST Registration Date	38.003.0000	
ST Registration No.	2000009370		GST Status Verified	29/02/2000 Yes	
lodification History			497 313433 7011103	3860	
Policyholder Hailing Ad	idress				
ddress 1	15 CHANGI NORTH STREET 1	Address 2	#01-16/17 1-LOFTS @ CHANGE	Address 3	SINGAPORE 498765
ddress 4	211001110	Address Type			
nt No.			Singapore address	Post Code	498765
		Related Policy Number	5092781662-02		
OI Driver Info					
river Name	Unnamed Driver	Oriver Type	Unnamed Driver		
nnamed driver Name	MOHAMED ASLAM BIN MOHAMA	Driver NR3C	SXXXX665D	Driver DDS	25/10/1964
igister Date of Driver License	01/01/1984	Driver Age	55	Driving Expensence	36
intact No.(Mobile)	98930039	Contact No. (Office)	0	Contact No.(Home)	0
fdress 1	BLK 631	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS GROVE
ddress 4	SINGAPORE 470631	Address Type	Singapore address	Post Code	470631
nit No.	03-888				470021
bes he den a Singapore	○ Yes ® No				
ogistered car?	C TES IN NO	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test	1200		2.18		
eading?	0 mp	Any injury?	⊕ Yes ○ No		
odification History					
N					
Claim 001 New					
am Type *	00-MX				nontolens
		Insured Name	DASINA COSMETICS PTE LTD	Insured NRIC	200000937D
intact No.(Mobile)	97506994	Contact No.(Home)	NIL	Contact No.(Office)	65434862
nak Address		OI Vehicle Number	GB)1954P	TP Vehicle Number	53388675
elmant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
umant Name +	22	Claimant NRJC +			
simant Address					
em Description	GB31954P / S3188675 ON 6 Jan 2020			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
quire Finalisation	Yes	Preferered Repair Option		GIA center	The second
te Registered	07/01/2020 19:57	Claim Close Date	Preferred Workshop, Name unknown	2010/01/01	Received
	and the second s	Carrie Code Date		Date Received	07/01/2020 00:00
port Taken By	Jackson				
Print AK letter					
			Paral March		
20.000000000000000000000000000000000000		2	Save Submit		
Attachment					
,					
cident No.	MT/1079054	Claim No.	DOT		
st Doc. Received	● Yes ○ No	Upload Date	07/01/2020 19:57		
	Path *		Category *	Confidential Urgen	Cy * Description
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		Browse		✓ Normal	9
		Browse	A second reserved	Y Normal	<u> </u>
		Browse	Clear Please Select	▼ Normal	V
		Browse.	I STORES F	▼ Normal	<u>×</u>

