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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.

THE SEPTEMBERS OF SEPTEMBERS OF SEPTEMBERS	ACCIDENT STATEMENT
Date Of Report	29/01/2020 15:56
Date Of Accident	29/01/2020 14:40
Exact Location Of Accident	UBI AVE 2
Country/State of Loss	SINGAPORE
The Control of the Co	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM9637P
Insured/Policyholder	
Name Of Registered Owner	MSI INTEGRATED PTE LTD
Co Reg No	2XXXXX613Z
Email Address	LCL.OPS.MSI@MASINDOLOGISTIC.COM
Mobile Phone No	(LOCAL) +65-92274649
Alternative Phone No	OFFICE-92274649
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA-3.0 D B31 (A)
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
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE

NO

5111619067

Dri	ver	

Fleet Policy

Policy Number

Cover Note Number

Name of Driver CHONG FOOK SANG

NRIC No SXXXX109F
Date Of Birth 02/02/1962
Occupation OUTDOOR
Date Of Driving Pass 23/02/1984

Driving Experience 35 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92274649

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 720 YISHUN ST 71 #07-241

Postcode

760720

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

WET

Other Information

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

: -

Passenger 1

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

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT

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

SHC3587T

Vehicle Make/Model/Colour

HYUNDAI 140

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection,
- 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

with requirements under any regulations, laws or court orders. Logistic Pie

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Policyholder's Signature

Date & Time:

Agnature

(If driver is not the policyholder)

Date & Time:

Reporting Entre Personnol's Signature

Name

NRIC/FIN No

DECLARATION

Ad Logistic PA iculars are true in every respect.

Goods Received

contains unchecked

icyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Cent sonnel's Signature

Name

NRIC/FIN No .

March No.	Claim Handling				
Carl Information Carl Infor	Accident MT/1082098				
Part	Policy No.	5111619067	Value (1974 - 1975)		
Policy Control No. Contr	Certificate No.		Vehicle No.	YM9637P	GST Registration No.
Michael Mich	Policyholder Name	MSI INTEGRATED DIE LID			
Contact Notice Cont	Product Code				Policyholder NRIC
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Driver NRIC S1520109F Driver DOB gegister Date of Driver License 23/02/1984 Driver Age 57 Driving Experience ontact No. (Mobile) 92274649 Contact No. (Office) 0 Contact No. (Office) ddress 1 BLK 720 =07-241 Address 2 Y15HUN STREET 71 Address 3 ddress 4 SINGAPORE 760720 Address Type Singapore address Post Code nit No. 07-241 sease he own a Singapore O'res ® No Driver Vehicle No. WM9637P Driver Insurer Company claration claration darksey or Blood Test 0 mg Any injury? O'res ® No Insured Name MSI INTEGRATED PTE. LTD. Insured NRIC dated No. (Mobile) Contact No. (Home) Contact No. (Home) Singapore Select Vehicle No. WM9637P Type of Benefit * Please Select Vehicle No. O'referred Workshop Contact Insured NRIC Contact No. (Home) Please Select Vehicle No. O'referred Workshop, Name unknown Vehicle Name or Freferred Workshop, Name unknown Verification Name of Freferred Workshop, Name unknown Verification Name of Registered Insured Registered Repair Option Preferred Workshop, Name unknown Verificate Option Option Preferred Workshop, Name unknown Verificate Option Optio	river Name	Unnamed Driver	Driver Type	Hanamad Dalam	
pepser Date of Driver License 23/02/1984 Driver Age 57 Driving Experience Contact No. (Office) 92274649 Contact No. (Office) 0 Contact No. (Home) 1 Address 2 YISHUN STREET 71 Address 3 Address 3 SINCAPORE 760720 Address 7 YISHUN STREET 71 Address 3 Post Code Not No. 07-241 See he own a Singapore address Not No. 07-241 See he own a Singapore address Not No. 07-241 See he own a Singapore address Not No. 07-241 See he own a Singapore address Not No. 07-241 See he own a Singapore and Not No. 07-241 See he own a Singapore and Not					
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1520109F



CHONG FOOK SANG





CHINESE

02-02-1962

SINGAPORE

FOLIMANACASE OUN

GAPORE DRIVING LICENCE Number S 1 5 2 0 1 0 9 F **CHONG FOOK SANG** Birth Date: 02 Feb 1962 Issue Date: 01 Dec 2003

5702603



09-02-2017

APT BLK 720 YISHUN STREET 71 #07-241 SINGAPORE 760720

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

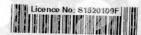
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Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

23 Feb 1984

For LKK/NAC Use Only

NP 428A



ACCIDENT STATEMENT

ACCIDENT DATE: 29/01/2020 (DD/MM/TTT), TIME: 1440PM (HH: LOCATION: UP) AUR 2 1. DETAILS OF VEHICLE GIVENICLE NUMBER: YM 9637P DINISURANCE COMPANY: NT4C. CIPOLICY NUMBER: 5111 619067. dIPOLICY TYPE: (COMEREPHISIVE / THIRD PARTY / THIRD PARTY FIRE ATHE EMAKE & MODE: MANS M. TSUDISH FUS PEES (ITYPE: (SALON / COUPE / MPV / VAN / CRRPY / MOTORCYCLE / OTHERS) BY PHICLE CAI / COUPE / MPV / VAN / CRRPY / MOTORCYCLE / OTHERS) BY PHICLE CAI / COUPE / MPV / VAN / CRRPY / MOTORCYCLE / OTHERS) BY PHICLE CAI / COUPE / MPV / VAN / CRRPY / MOTORCYCLE / OTHERS) BY PHICLE CAI / COUPE / MPV / VAN / CRRPY / MOTORCYCLE / OTHERS) BY PHICLE CAI / COUPE / MPV / VAN / CRRPY / MOTORCYCLE / OTHERS) BY PHICLE CAI / COUPE / COMMERCIAL / MOTORCYCLE / OTHERS) BY PHICLE CAI / COUPE / COMMERCIAL / MOTORCYCLE / OTHERS) BY PHICLE CAI / COUPE / COMMERCIAL / MOTORCYCLE / OTHERS) CIADDRESS: BY INTERMINED / CAIM / REPORTING ONLY) CIADDRESS: BY INTERMINED / CONTACT: 9227 H 6 CIADDRESS: BY INTERMINED / CONTACT: 9227 H 6 CIADDRESS: BY INTERMINED / OTHERS BY PASSON OF DRIVING EXPRERIENCE. 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) / NO) BY PASSON OF PROTECTIONS (INDOOR / OTHERS) CONTACT: 91000 OR / OTHERS CONTACT:	
1. DETAILS OF VEHICLE CIVENICLE NUMBER: DINSURANCE COMPANY: DINSURANCE COMPANY: DINSURANCE COMPANY: DINSURANCE COMPANY: JI 6 4 0 6 7 DINSURANCE COMPANY: JI 6 1 0 6 7 DINSURANCE COMPANY: JI 7 6 1 0 6 7 DINSURANCE COMPANY: JI 7 6 1 0 6 7 DINSURANCE COMPANY: JI 7 6 1 0 6 7 DINSURANCE COMPANY: JI 6 1 0 6 7 DINSURE S MODEL: JI 6 1 0 6 7 DINSUR S MODEL: JI 6 1 0 6 7 DINSUR S MODEL: JI 6 1 0 6 7 DINSUR S MODEL: JI 6 1 0 6 7 DINSUR S MODEL: JI 6 1 0 6 7 DINSUR S MODEL: JI 6 1 0 6 7 DINSUR S MODEL: JI 6 1 0 6 7 DINSURCIAL MOTORCYCLE / OTHERS JI 7 6 0 MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MARCHAR MOTORCYCLE / OTHERS JI 7 6 DINSUR S MOTORCYCLE / OTHERS JI 7 6 DIN	MYYYY! TIME! 14400
GIVENICLE NUMBER: JIM 9637? DINSURANCE COMPANY: NTUC CIPOLICY NUMBER: JII 6 90 67 DIPOLICY TYPE: (COMPREDENSIVE / THIRD PARTY / THIRD PARTY FIRE & THE BIMAKE & MODEL: MIMS MISSANDISH FUSD FE 83 (ITYPE: (SALION / COUPE / MPV /V AN / GREY / MOTORCYCLE / OTHERS) GIVENICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS) DIPURPOSE OF USING AT ACCIDENT TIME: WORLD: IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) CIADDRESS: WIST CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: 2008 IS 6 (37contact: 100) CIADDRESS: BUX 720 YISMAN ST 7 THORTON (MALE / FEMALE) DINRIC/FIN/PASSPORT: S1520109 F CONTACT: 922746 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER GINAME: Chong Fook Sawy. (MALE / FEMALE) DINRIC/FIN/PASSPORT: S1520109 F CONTACT: 922746 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S1520109 F CONTACT: 922746 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S1520109 F CONTACT: 922746 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: S1520109 F CONTACT: 922746 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER THE PARTY SERVICE OF THE INSURED'S COMPANY? (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE OF PRISSENGARY OF VEHICLE NUMBER: SHC3587T MODEL: Hydram: 7440 CONTINUE TO 3.D IT HIRD PARTY VEHICLE OF PRISSENGARY OF PRISSENGARY OF VEHICLE NUMBER: SHC3587T MODEL: Hydram: 7440 CONTINUE TO 3.D IT HIRD PARTY VEHICLE OF THIRD PARTY VEHICLE	(HH:MM)
(2) GINAME: Chong Fook Sang. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: \$1520109 F CONTACT: 922746 c)ADDRESS: BUX 720 VISMIN St 71 #07-24/ GODATE OF BIRTH: (02/02/1962)(DD/MM/1777) e)OCCUPATION: (INDOOR / OVIDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: b)ROAD SURFACE: (DRY / WEF / OTHERS 6. WAS ANYBODY INJURED (YES / NO): IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE of Passenger of VEHICLE NUMBER: SHC3587T MODEL: Hyundar 740 clusting driver) D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT:	POPARTY / THÜRD PARTY FIRE &THEFT) INTSUBISH FUS. FE & 3 FORRY / MOTORCYCLE / OTHERS) MERCIAL / MOTORCYCLE) INSURANCE (YES/NO) M / REPORTING ONLY)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a) WEATHER CONDITION: (QLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WEY / OTHERS 6. WAS ANYBODY INJURED (YES / NO): IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: CONTACT:	MALE / FEMALE) F CONTACT: 92274649 St 71 #07-24/
8. THIRD PARTY VEHICLE SHC35 8 7 MODEL: Hyundar 740 C) NRIC/FIN/PASSPORT: CONTACT: 9. THIRD PARTY VEHICLE	JRED'S COMPANY? (YES) NO) /ITH INSURED:
of passenger of vehicle number: SHC3587T Model: Hyundan 740 Linding driver) D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT:	IM.
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VIDEO =



Certificate of Insurance

Cover : Comprehensive

: MSI INTEGRATED PTE. LTD.

: YM9637P

: 12 Aug 2019

: 11 Aug 2020

: FE83BEA11193

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: 5111619067

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 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 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

EXCESS (SECTION 1) : S\$1,500 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

: TAN INSURANCE BROKERS PTE LTD (00000690287)

Date of Issue

: 08 Aug 2019 10:46 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive