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Owner/Driver: (DI WIN		Tel:)	
Polley No: ()	Period: ()	Cover Type: (),	
Confirmed by r (3.5	Dates,	Tine)	
	[Note-Est Status (V.	70): N: 0-2	0%; P: 21-79%.	P: 80-100	<u>[4]</u>	
Year of Registration: ()	Warranty: YES ()/NO()			
Excess: (\$) Londing: \$	1,000 ()/52,000	()	CHICAGOOD IN THE PARTY	with PCYS	for the same	enipre n
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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.

	ACCIDENT STATEMENT			
Date Of Report	01/02/2020 18:01			
Date Of Accident	31/01/2020 18:20			
Exact Location Of Accident	ALONG CHANGI ROAD (NO 283)			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBF4427X			
Insured/Policyholder				
Name Of Registered Owner	INSTIL SERVICES PTE LTD			
Co Reg No	1XXXXX426G			
Email Address	INSTIL@SINGNET.COM.SG			
Mobile Phone No	(LOCAL) +65-91453232			
Alternative Phone No	OFFICE-83411257			
Vehicle Particulars				
Manufacturer	KIA			
Model	K2500			
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	COMMERCIAL VEHICLE			
Insurance Company				
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	5113208786			
Cover Note Number				
Driver				

Driver

Name of Driver KARUPPIAH MUTHUPANDIAN

 Passport No/FIN
 GXXXX235T

 Date Of Birth
 24/05/1987

 Occupation
 OUTDOOR

 Date Of Driving Pass
 03/05/2018

Driving Experience 1 YEAR AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91453232

Fax Number

Contact Number OTHERS-83411257

EMail Address INSTIL@SINGNET.COM,SG

Address BLK 212 HOUGANG STREET 21

#03-341

Postcode 530212

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

Venicie

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? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

0.000

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 1

Number of Passengers (Including Driver)

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 SKETCH PLAN

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

SG6138K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

WONG CHEI KANG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.

GERVICO SERVICO

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

14. Met Berchiz

Date & Time:

Reporting Centre Personnel'SSignature

Name:

NRIC/FIN No.:

SKETCH PLAN	Along	CHANGET	ROAD (x10:283	,)	
A) GBF 4 B) SG 6	477 X		19	5		
D) 34 0		11	MA	P		
DESCRIBE CIRCUMS	TANCES OF THE A	CCIDENT				
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DECLARATION I/We deciare the forego		ue in every respect.			mlorin	2
Policyhaday Signafure Date & Time	Driv (If d	er's Signature river is not the policy & Time:	holder)	Reporting Centre Name: NRIC/FIN No.:	Personnel's Sign.	MAROR

ACCIDENT STATEMENT

ACCIDENT DATE: (3) 101 /2020 (DD/M	(M/YYY), $TIME: (18:21)(HH:MM)$
LOCATION: 383 CHANSIRE THEOR	Traffic Sinsnal
1. DETAILS OF VEHICLE	The second secon
GIVEHICLE NUMBER: CIRI LAND	7 V
DINSURANCE COMPANY: Thome	
CIPOLICY NUMBER: 511 320 878	
	HIRD PARTY / THÍRD PARTY FIRE &THEFT)
e)MAKE & MODEL: 12 2 2 2 2	
f)TYPE:(SALOON / COUPE / MPV /VAN	
g) VEHICLE CATEGORY: (PRIVATE / CON	MERCIAL (MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIM	MMERCIAL / MOTORCTCLE)
I) ARE YOU CLAIMING UNDER YOUR OV	WAL INICID ANDE INTO AND
IF NO. PLEASE STATE (THIRD PARTY CL	AN TREBODING OF IN
2. INSURED / POLICY HOLDER	AT MARKET PARKETON OF
AINAME: INSTIL STILL STRUICH	S PH (1) (MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 914532 32
CIADDRESS: BLK 212 HOUOTS	DUM 57 31 11 53 - 341
: So 530 212	HIVE ST. 11 THOS - 57
* CONTINUE TO 3.d IF DRIVER ALSO POL	LICY HOLDER
WHO of passanger, DRIVER	DOT HOLDER
(Including driver) DINAME: MUTHY PANDIAN	(MALE / FEMALE)
DINPIC/FIN/PASSPORT: OT 4 50 35	
C)ADDRESS: BLIC 212 Headens	ST-21 # 03-341
*d) DATE OF BIRTH: (24 / 05 / 1987	MDD/MM DOOON
e)OCCUPATION: (INDOOR / OUTDOOR	J(DD/MM/TTTT)
	N94 3
4. WAS DRIVER AN EMPLOYEE OF THE I	MCHRED'S COMPANYS (VES:/ NO)
IF NO, RELATIONSHIP OF THE DRIVE	R WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAIN	ING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	at a
IF YES, PLEASE STATE WHICH POLICE ST.	ATION:
A THIRD PARTY VEHICLE CO	Allon L
No of passenger a) VEHICLE NUMBER: SON 6138	MODEL: 13.US
Including driver) b) DRIVER'S NAME: WONG ChE's	KANOT
C) NKIC/FIN/FASSPORT: 1 DL408 62	28 CONTACT:
9. THIRD PARTY VEHICLE	
Ho of passanger all DRIVER'S NAME	MODEL:
Ind. As a let a Co. Daily ER STRAME.	
Including deliver) NRIC/FIN/PASSPORT:	CONTACT:
	Cellismontaliae section

email = INSTIL @ sing net.com.so VIDBO MUTHUDLUE 2412@ gmail.com

Claim Handling

Last Doc, Received * Yes No. Upload Date 03/02/2020 10/26	Accident MT/1082555								
Continue No. Continue No. Co	Policy No.	5113209786	Vehicle No.	GBF44371		4	mer a	AND DESCRIPTION OF THE PARTY OF	
Manufactor Man	Certificate No.			(991) (300)		,	an meg	entration no.	
Private Control No. Private Control No. Control	Policyholder Name	INSTIL SERVICES FTE LTD				4	Policyho	Ider NRIC	
Part		COMMERCIAL VEHICLE INSURAL	Cover Type	Comprehensive					
Street		01453232	Contact No.(Office)				Contact	No:(Hame)	
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Martin M		DC# 515 #03-341				Α.	daress 3		
Driver Form Driver Dri						Þ	est Code	8	
Driver Type			subjected Policy Number	5133308796					
Unit Note Contact No. Market Ma		Unnamed Driver		700771175-11-					
Register Care of Oriver License 03/05/2018 Driver Age 32 Oriving Experience						0.2			
Contact No. Mobile 63411237	Register Date of Driver License								
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25	NAC_BUKTT_MERAH_B00676(NA S (BUKTT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE) on 03 Feb 2020 10:28	Photos		Normal		Photos 2020-2-3
Attachment	Upition	ded By/Date	Category	9	Urgency		Description

Display in New Window | Scan and uploading



Certificate of Insurance

E NAME OF A SECURE OF THE PROPERTY OF THE PROP	SWIANDSCHOOL STATEMAN	Wash sales self-see-of thereoe."
MOTOR VEHICLES (THIRD PARTY RISKS MOTOR VEHICLES (THIRD PARTY RISKS	AND COMPENSATION)	ACT (CHAPTER 189)
ROAD TRANSPORT ACT, 1987 (MALAYSI	AND COMPENSATION)	VOLE2: 1300
MOTOR VEHICLES (THIRD PARTY RISKS)	-0 f	Δ)
Certificate Number : 5113208786		Cover : Comprehensive
1. Index mark and Registration Number	or of Vehicle	: GBF4427X
Chassis Number	a of venicle	: KNCSJX76LG7058853
2. Name of Policyholder		: INSTIL SERVICES PTE LTD
3. Effective Date of Insurance		24 Oct 2019
4. Expiry Date of Insurance		23 Oct 2020
5. Persons or Classes of Persons entitle	ed to drive#	
(a) The Policyholder.		
(b) Any other person who is driving	on the Policyholder's o	order or with his/her permission.
Provided that the person driving	g is permitted in accord.	ance with the licensing or other laws or regulations to drive
the Motor Vehicle or has been s	to 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.
Limitations as to Use#		
(a) Use for social domestic and plea	isure purposes and in co	onnection with the Policyholder's business or profession.
(b) Use for the carriage of passenge	ers or goods in connectle	on with the Policyholder's business.
This Policy does not cover		
(a) Use for hire or reward.		
(b) Use for racing, pace-making, rel	iability trial or speed-te	sting.
(c) Use whilst drawing a trailer exce	ept the towing of any or	ne disabled mechanically propelled vehicle.
headings.	- of the road Hallsport	Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: 55600	
EXCESS (SECTION 2)	: N/A	
WINDSCREEN EXCESS	: \$\$100	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY SUM INSURED	: HL BANK	WHAT I PROCESS OF A CONTROL OF THE C
SOW INSURED	: MARKET VALUE OF I	INSURED VEHICLE AT TIME OF LOSS
Venicles (Third Party Risks and Compens	ation) Act (Chapter 189	tes is issued in accordance with the provisions of the Motor r) and Part IV of the Road Transport Act, 1987 (Malaysia)
	CY PTE. LTD. (00000573	430)
Date of Issue : 15 Oct 2019	16:50 hrs	
		For National Contract to the Contract of the C
	1	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITE
7-0 /)	/
March	I	
014	1	
Countersigned By:		
A-COST DATES OF THE PROPERTY I	dead office	
Autho	orised Officer	Chief Executive