NATIONAL Assessment Centre	Services. per	11 Jan'03] . MN	A 1200170	001	
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The second secon	BG 7792 R.	. INC()/Non-INC ()	
Diver: (Tel:		
Policy No. () Perio	nd: () C	over Type: (
Confirmed by : 1	5	Date:	Time:)
Insured/Driver Liability: (%) [No	ote-Est. Status (WO): N: 0-20%;	P: 21-79%. P	30-1009	[4]
Year of Registration: () W	arranty: YES (/NO()		-	
	0 () / \$2,000 () emeror constitution	PRIESTRE CONTROL	727 77E	The second
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2) QC Check / Post Repair Inspection	.(+)				
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and the state of t		TP (N11): TP (159	n INC) ogalast INC	\$20	
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- 1/W	1.00	vater dated	Fee CI	ary rd	KIRITAN

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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

《公司》(1985年) 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	ACCIDENT STATEMENT
Date Of Report	07/02/2020 09:33
Date Of Accident	09/01/2020 06:35
Exact Location Of Accident	KPE EXIT 9A FIRST JUNC TURN TO TAMPINES RD
Country/State of Loss	SINGAPORE
关键 化对应性 医神经性病	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC6000E
Insured/Policyholder	
Name Of Registered Owner	TRAVEL GSH PTE LTD
Co Reg No	1XXXXX400K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65369300
Vehicle Particulars	
Manufacturer	ZHONG TONG
Model	LCK6107H DIESEL TURBO 45SEATER
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	BUS
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	5112415009
over Note Number	
river	

Driver

Name of Driver **GURPREET SINGH** NRIC No GXXXX837L Date Of Birth 13/12/1985 Occupation OUTDOOR Date Of Driving Pass 22/06/2013

Driving Experience 6 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83153742

Fax Number

Contact Number

EMail Address NOEMAIL Address 101 UPPER CROSS STREET #B1-17M PEOPLE'S PARK CENTRE

Postcode 058357

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 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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBG7792R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711

Office (65) 63476100 Email insure@iii.com.sg Fox (65) 62244174 Website www.ii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1940 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MCV0000782

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle

YQ41X

Chassis No

: JAANPR85HJ7100317

2. Name of Policyholder

: LEEWAY TRANS-ACT PTE LTD

3 Effective date of Insurance

: 22 Jan 2019

4. Expiry date of Insurance

: 21 Jan 2020

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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*
 - Use in connection with the Policyholder's business.
 - Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - c) Use for social, domestic and pleasure purposes.

- a) Use for hire or reward or for racing, pace-making, reliability trail, or speed-testing.
- b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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 Sect I:

SGD1,000.00 (Each & every claim)

Windscreen Excess: SGD200.00

Hire Purchase Company : Maybank Singapore Limited

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

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).

Agent/Broker : A000041/P & C INSURANCE AGENCY

: 28/01/2019 14:22:31 Date of Issue MZ300C (GOODS CARRYING)

COMPANY

For India International Insurance Pte Ltd

Authorised Signatory

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.

X

Policyholder's Signature Date & Time: GurPrect Sinth

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

Date & Time:

Fred

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Tompines Rol	
AB	
7 / 1	A = PC 6000E
11(11)	B = 6867792
	6 = 3001111,2
KPE Exit 90	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Refer to statement	
to statement	

Date & Time:

lars are true in every respect.

Policyholder's Signature

Gos Prect Sinh

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

I WAS TRAVELLING ALONG KPE EXIT 9A AT THE FIRST TRAFFIC JUNCTION TURNING RIGHT INTO TAMPINES RD, WHILE HALF WAY TURNING INTO TAMPINES RD, SUDDENLY VEH B COME FROM MY RIGHT LANE ABRUPTLY CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT FRONT PORTION.

ACCIDENT STATEMENT

	ACCIDENT DATE: 7 /1 / 20)(DD/MM/YYYY), TIME: (06 :	35-11HH-MM1
4	ICCATION: H	Juno H
5	J Control	1.50
	77	ampines
	, TOMBER	
	DINSURANCE COMPANY:	
	c)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY)	
	F)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE	/ OTHERS!
	ON TOPOLOGICAL AND TOPOLOGICA AND TOPOLOGICAL AND TOPOLOGICA AND TOPOLOGICA AND TOPOLOGICA AND TOPOLOGICA AND	E)
	THE ONE OF USING AT ACCIDENT TIME.	
	TARE TOO CLAIMING UNDER YOUR OWN INSUBANCE WEST	
	" TO THE STATE STATE STATE OF THE PROPERTY OF	
	ZI MOUNTED / FOLICY HOLDER	
	A)NAME: Travel GSh pte Ltd (MALE!	FEMALE)
	CONTACT:	536 9300
t 16	c)ADDRESS:CONTACTGC	
	* CONTINUE TO 3 d IS DELVED	
c of passa	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
1 1-1220	a diname: G., a - 1 C. 1	
iduding di	niver) alname: Gurpreet Singh. (MALE/1	FEMALE)
(1)	b)NRIC/FIN/PASSPORT:CONTACT:	315 374:
	C/ADDICESS.	
	f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YEAR) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	ES / NO)
	CATHER CONDITION: (CLEAR / RAINING / OTHERS	
	ONONO JUNIACE: IDRY / WET / OTLIEDS	
	O. WAS ANTRODY INJURED LYES / NO.)	
	/. GIREPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
passons:	8. THIRD PARTY VEHICLE	
d'a l	er a) VEHICLE NUMBER: GBG 7792R MODEL:	
James Sant	o) MDIC TRAVE	
_)	9. THIRD PARTY VEHICLE CONTACT:	- /- H- GE STOR
3	d) VEHICLE NUMBER: MODEL:	
Preseng	e) DRIVER'S NAME:MODEL:	0.45
ding driv	V2F) EL 1999 FRANCE	
Y	f) NRIC/FIN/PASSPORT:CONTACT:	
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us J	VIDEO = Yes.	
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Certificate of Insurance

Cover : Comprehensive

: PC6000E /

09 Oct 2019

: 08 Oct 2020

: LDY6K59D1B0005335

TRAVEL GSH PTE LTD

MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	

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

Certificate Nun	nber : 511241.	5009-000014
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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 the carriage of passengers in connection with the Policyholder's business.
 - (b) Limited to carry 45 passengers

This Policy does not cover

HIRE PURCHASE COMPANY

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY

 EXCESS (SECTION I)
 : \$\$3,000

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

 WINDSCREEN EXCESS
 : \$\$500

 INSURE WITH COE
 : NO

SUM INSURED : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/ PARF VALUE AT TIME OF

L

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

: NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of Issue

: 08 Oct 2019 14:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

: N/A

Chief Executive

Accident MT/1079650					
Policy No.	5112415009	Vehicle No.			
Certificate No.	5112415009-000014	vende se.	PC6D00E	GST Registration No.	199205400K
Policyholder Name	TRAVEL GSH PTE LTD				
Product Code	FLEET MASTER INSURANCE			Policyholder NRIC	199205400K
Contact No.(Mobile)		Cover Type	Comprehensive	Loading	0
Email Address	No.	Contact Ne.(Office)		Contact No.(Home)	4.7
KFK		Special Remark		eCode	No *
NCD Protection	- No Yes	TCA	+ No. Yes	eCode Reason	190
Accident Details	No	NCO Entitlement(%)	0	Private Hire	No
Report Date					
Date of Accident	13/01/2020 on: 56	Accident Report Within 24 hrs.	Yes	Accident Type	Others
	09/01/2020	Time of Accident hitemin	06:30	Country of Accident	
Reporting Centre		Orange Force		ICM No.	Singapore
Accident Eposition	ALONG TAMPINES ROAD			100-1-100	
Total Excess Applicable					
tixoess Type	Per Accident	Windscreen Excess	500.00		
10.0			300.00		
OD Standard Excess	3,000,00	TP Standard Excess	1,500.00		
TED OD Excess		YIED TP ENDERS	555.0F.1055.0	Deliver to Co. sec. 41	
Additional Excess				Driver is Covered?	Not Applicable
otal CD Excess Applicable	3000,000	Total TP Excess Applicable	1,500.00		
₩ Benefits			***************************************		
GST Registered Informa	tion				
ST Registered	Yes		GST Registration Date	****	
ST Registration No.	199205400к		GST Status Verified	26/10/1998	
adification History				Yes	
To Both of the Control of the Contro					
Policyholder Mailing Add					
ddress 1	101 UPPER CROSS STREET	Address 2	#81-17M PEOPLE'S PARK CENTI	200	
ddress 4		Address Type	Singapore address	Address 3	SINGAPORE 058357
nit No.		Related Policy Number	5112417558	Post Code	058357
OI Driver Info					
river Name		Driver Type			
nnamed driver Name		Driver NRIC		Driver DOS	
gister Date of Driver License		Driver Age			
intact No.(Mobile)		Contact No.(Office)		Oriving Experience	
dress 1				Contact No.(Home)	
idress it		Address 2		1010000	
		Address Type	Fortion address	Address 3	
it No.			Foreign address	Address 3 Post Code	
	Yes No	Address Type	Foreign address	Past Code	
it No.	Yes - No		Foreign address		
it No.	Yes - No	Address Type	Foreign address	Past Code	
it No. its he dwn a Singapore gistered car?	Yes - No	Address Type	Foreign address	Past Code	
ite No. Its he dwn o Singapore gestered car? dification History Claim 002 New	Yes = No	Address Type	Foreign address	Past Code	
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ite No. Its he dwn a Singapore gestered car? dification History Claim 002 New Im Type *	Yes = No	Address Type	Foreign address OD-MX	Post Code Driver Insurer Company Insured TRAVEL GSH PTE LT	D Insured III
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in No. Singapore general and Singapore general car? dification History Claim 002 New Im Type = Itact No.(Mobile) all Address Im Description ferred school (Yes) in Registered	Proferenced Performed Workshoon In	Address Type Driver Vehicle No.	93805854 PC60000 / GBC7792R	Post Code Driver Insurer Company Insured TRAVEL GSH PTE LT Name Contact No. (Home) OJ Vehicks Number ON 9 Jan 2020	NRIC EL Contact No. (Office) TP Venicle Number Name of Preferred o Workshop
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