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TP Particulars: Veh No.	MATTON	. INC(	(13) F(3)()	axi
Owner/Driver: (	1117 21021	· met	Tel:	
Policy No: ( ) Po	eriod: (	)	Cover Type: (	
Confirmed by : (		Dater.	Timer	)
Insured/Driver Liability: ( %)	[Note-Est Status	WO): N: 0-20	%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( )	Warranty: YES (	)/NO(	<u> </u>	
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# SINGAPORE ACCIDENT STATEMENT

55 mm 1940-

# IMPORTANT NOTICE

Vehicle Particulars

- 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.
- 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.

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.

是	ACCIDENT STATEMENT
Date Of Report	18/02/2020 16:06
Date Of Accident	18/02/2020 10:20
Exact Location Of Accident	PANDAN FLYOVER SLIP ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE

A Transport of the Control of the Co	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF1461R
Insured/Policyholder	
Name Of Registered Owner	CRUISE COMMUNICATION NETWORK SERVCES
Co Reg No	5XXXX677K
Email Address	HANCARREPAIRS@GMAIL.COM
THE ACTION CONTRACTOR OF THE PARTY.	

Mobile Phone No	(LOCAL) +65-96873601
Alternative Phone No	OFFICE-96873601

Manufacturer	NISSAN
ACCUSAGO AND	NISSAN
Model	NV350

Are you claiming under your own insurance policy

	147.22U
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES

for repair to your vehicle?	10 0200 1000
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company	SOUTH TOTAL TELLISEE
manufacture company	
Name of Incurance Comment	

To the stance company	N TOC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103626156-01

Policy Number	5103626156-01	
Cover Note Number		
Driver		
Name of Driver	PAVHAN	

OTCH THE SERVICE OF SE	KATHAN
NRIC No	GXXXX069K
Date Of Birth	01/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2014
Deliver E	

Driving Experience	5 YEARS AND 11 MONTHS
Gender	

	MALE
Mobile Number	(LOCAL) +65-96873601
Fax Number	

Contact Number	OTHERS-96873601
EMail Address	HANCARREPAIRS@GMAIL.COM

Address

Postcode

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 - MAJOR/MINOR RD

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

-90

Was any body injured in the Accident?

NO

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)

3

Passenger 1

NAME:

: JAMAL

GENDER

: MALE

Passenger 2

NAME:

: AMAZLD

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 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

SMA5702R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

IZZAH NADIA BINTI ABDUL HAMID

NRIC/Passport Number

GXXXX477P

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.
- 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:
  - (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:

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

Date & Time: NRIC

Reporting Centre Personnel

NRIC/FIN No.:

SKETCH PLAN

Pandan Flyover Sliproad

Vehicle A = GBF 1461R

Vehicle BISMASTOZR



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# DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Period

Name: NRIC/FIN No.:

ntre Paramer Sienduty AM

	Including drives
PERSONAL PARTICUL	ARS 3 Jamal
Date of Accident: 18 / 02/2020 Time of Vehicle No: 6BF1461R Vehicle	Make/Model: NV350 / 2488cc Amgzld
Exact Location of Accident: Pandan Flyor	er Sliproad
Owner's Name/NRIC: Cruise Communication	
Driver's Name/NRIC: Rayhan / G78000	
2/22 2/1	ance Co & Policy No: NTUC Income
Driver's Email Address: hancarrepairs@gm	nail com
	/Friend/Parents/Others specify: Employer/ Employee
Exact Purpose for which the vehicle was being us Private Use \( \sum{Work Purpose} \) Weather Condition & Road Conditions?	vant to claim against) 3) Reporting (For Recording Purposes) sed at time of accident? (Please circle one only)
Clear & Dry / Raining & Wet / After-Rain & Wet  Occupation Indoor / Outdoor  Any Injuries? (MC of 3 Days or more, police rep	
Yes / No If Yes, which police station?	
The Other Party (Vehicle B) Details (634)	45477P) Abdul vehicle No: SMA 5702R
Insurance Company:	Driver's Contact:
(If more than 2 vehicles involved, please indic	ate the other party vehicle numbers below)
Other Vehicle (Vehicle C) :	
Independent Witness (if Any):	Contact:
Preferred Workshop (If Any):	Contact:
* If no proper document are produced, IDAC st	nould not file the report.

\* Information will be discarded after one week.

### Claim Handling

Accident MT/1084868						
Policy No.	5103626156-01	Vehicle No.	GBF1401%		GST Regis	tration No.
Certificate No.						
Palicyholder Name	CRUISE COMMUNICATION NETWORK SERVCES				Policynole	er NRIC
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Сппреволитилум		Leading	
Contact No.(Mobile)	96873801	Cornact No.(Office)	Charles of the control		Contact N	A thromas
Email Address		Special Remark				0. Cathering
KPK.	No Yes		DISK DARKE		eCode .	
		TCA	- No Yes		eCode Rea	
NCD Printection	Nic	NCO Entitlement(%)	141		Provate His	ne
<ul> <li>Accident Details</li> </ul>						
Report Date	18/02/2026 18:15	Accident Report Within 24 hrs	Yes		Accident 1	уре
Date of Accident	18/12/2020	Time of Accident Inhomin	10/29		Country of	Accident
Reporting Centre		Grange Force			1CM No.	
Accident Socation	PANGKN FLYDVER SLIP RIGAD				.4407.0000	
Total Excess Applicable	Providence College State College					
Excess Type	Per Accident	Windscreen Excess		100.00		
COD Chandred Waters						
OD Standard Excess	600-00	TP Standard Excess		0.00		
VIED OD Excess	0.00	VIED IP Excess		0.00	Driver is C	Tovered?
Additional Excess						
Fotal UD Excess Applicable	600.00	Total TP fixcess Applicable		0.00		
⇒ Benefits						
GST Registered Informat	lion					
GST Wegistered	No		GST Regist	ration Date		
GST Registration No.			GST 5190us			Total
Modification History	18/02/2020 16:22:59 System	changed GST Status Verified from N		2011/1900		
<ul> <li>Policyholder Mailing Add</li> </ul>	rates					
Address 1		TI MICHAELONG	C-CONTRACTOR CONTRACTOR		CENSOR CENT	
	3 SOUTH BUONA VISTA ROAD	Address 2	#81-60 VIVA V25TA		Address 3	
Address 4		Address Type	Singapore address		Pest Code	
sinit No.	W1-H0	Related Folicy Number	5110002403			
OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	TOTHAN	Griver NRIC	GXXXX069K		Driver DO	6
Register Date of Driver License	11/03/2014	Driver Age	34		Driving Ex	mattenne
Contact No.(Mobile)	96673601	Contact No. (Office)				
Address 1					Contact N	
	3 SOUTH BUONA VISTA ROAD	Address 2	#B1-60 VIVA VISTA		Address 3	
Address 4		Address Type	Furnign address		Plast Code	
Linit No.	N1-50					
Does he own a Singapore Kegistered car?	Yes - Na	Dower Vehicle No.	GBF1481H		Driver bis	urer Company
Declaration.						
Breathalyser or Blood Test.						
Keading?	0 mg	Any ligury?	Yes - No			
Modification History						
Claim 001 New						
Claim Type *				OD-MX	Insured Name	CRUISE COMMUNICAT
1500 to 01 100 to 00 to 0					Contact	
Contact No.(Mobile)					No.	
					(Hame)	
Email Address					Vehicle	
				1 Action 11 To 11 Action 11	Number	
Claim Description				G8F1461E / SMA5792R ON 18	Feb 2020	
Professed						
Morketing	Insured Liability   Not at Fault	TOWNS TOWNS TO SOME				
finalisation Yes	Repair Preferred Workshop, Nar Option	me unknown * GIA Receive	rd *		Claim	
Date Registered	100001			18/02/2020 16:23	Dose	
Report Taken By				See a construction	Date	
SERVICE LEADER WAY				ROSLI WAHAB	-1	
Print AK letter						
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Accident No.	H1/1084668	Claim No.		00·L		
Last-Duc. Received	* Yes No	Uploat Date		18/02/2020 16:24		
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国	NAC_BURST_MERAN_BODG26()	NATIONAL ASSESSMENT CENTRE SERVICE HI) on 18 Feb 2070 16:24	Photos		Normal	Photos 2020-2-18
0	NAC_BUKIT_MERAH_800676[ 1 S [BUKIT MERA	NATIONAL ASSESSMENT CENTRE SERVICE NI) un 18 Feb 2020 15-24	Photos		Normal	Photos 2020-2-1s
1	NAC_NUKIT_MERAH_80067E( N S (BUKIT MERA	ATIONAL ASSESSMENT CENTRE SERVICE (1) on 18 Feb 2020 16.24	Photos		Normal	Phonus 2020-2-18
0	NAC_BUKIT_MERAH_800678( N S (NUKIT MERA	ATIONAL ASSESSMENT CENTRE SERVICE N)) on 18 Feb 2020 16:24	Fhotos		Normal	Phurus 2020-2-18
	NAC_BORTT_MERAH_800670( N S_ENUKIT_MERA	ATJONAL ASSESSMENT CENTRE SERVICE (j) on 18 Feb 2020 15: 24	Photos		figreen	Photos 2020-2-18
1	NAC_BUKTT_MEKAH_BOD676( N S (BUKTT MEKA)	ATIONAL ASSESSMENT CENTRE SERVICE (1) on 18 Feb 2020 16:24	Photos		Normal	Phulaus 2020-2-18
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0	NAC_HUKIT_MERAH_BOOB76( N S (BURIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (1) OH 18 Feb 2020 16:24	Photos		Normal	Photos 2020-2-18
1	NAC_BURTT_MERAH_800676( N S (BURTT MERAH	NTIONAL ASSESSMENT CENTRE SERVICE () on 18 Feb 2020 16:24	Photos		Normal	Photos 2029-2-18
1	NAC_BUKIT_MERAH_BDD676[ N/ 5 (BUKIT MERAH	STIONAL ASSESSMENT CENTRE SERVICE    on 18 feb 2020 18 24	Photos		Normal	Photos 2025-2-18
	NAC_BURTT_MERAM_BOOG766 N/ 5 (BURTT MERAM	STIONAL ASSESSMENT CENTRE SERVICE 3) on 18 Feb 2020 16 24	Phones		Normal	Photos 2020-2-18
	NAC_BUKIT_MERAH_800676( N/ 5 (BUKIT MERAH	TIONAL ASSESSMENT CENTRE SERVICE )) on 18 Feb 2020 16:24	Photos		Normal .	Photos 2020-2-18
37	NAC_BUNIT_MERAH_B00676; NA S (BUKIT MERAH	TIONAL ASSESSMENT CENTRE SERVICE 1) UN 18 Feb 2020 16:24	NRIC/ Driving License	365	Nurrial	WATCh Driving License 2020-3-1
47	NAC_BUKIT_MERAH_BOOG76( NA S (BUKIT MERAH	TIONAL ASSESSMENT CENTRE SERVICE () on 18 Feb 2020-15:24	NRIC/ Driving License	¥	Normal	NRIC/ Orwing Litterse 3020-2-1
ni.e	NAC BURIT MERAH BOOGTO! NA 5 (BURIT MERAH	TIONAL ASSESSMENT CENTRE SERVICE I en 18 Feb 2020 16 34	WRIC/ Driving License	9	Normal	NRIC/ Driving License 2020-2-1
THE THE	NAC_BURTT_MERAH_BOOBTG[ NA S (BURTT MERAH	TIONAL ASSESSMENT CENTRE SERVICE ) on 18 Feb 2020 16:24	NRIC/ Driving License	SY	Normal	NRIC/ Driving Ucenae 2020-2-1
40	NAC_BUIT_MERAH_BOINTA( NA S (BUKIT MERAH)	TIONAL ABSESSMENT CENTRE SERVICE ) on 18 Feb 2020 16:24	SAS		Normal	SAS 2020-2-18
Video List	Market State of State					
	Uploaded By/Date	Folder Date		le Name		3 Source

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# 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)

Certificate Number: 5103626156-01

Cover : Comprehensive

1. Index mark and Registration Number of Vehicle

: GBF1461R

Chassis Number

2. Name of Policyholder

: JN2MC2E26Z0006330

3. Effective Date of Insurance

: CRUISE COMMUNICATION NETWORK SERVICES

4. Expiry Date of Insurance

1 10 Jul 2020

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.

fi. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

(b) Lise 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)

: 55600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS INSURE WITH COE

: 55100

HIRE PURCHASE COMPANY

YES

: ABWIN PTE 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

: ABWIN PTE LTD (00000614234)

Date of Issue

: 02 Jul 2019 10:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

ABWIN PTE LTD

8 Kaki Bukit Road 2 #01

Ruby Warehouse Coo

Singapore 41791

Tol: 6842 3332 Fax 6743 8750

Countersigned By:

Authorised Officer

Chief Executive