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TP Insurer:	Ass't Report by Fa		wner/Wksn	ļ	
Preferred Wksp / INC Assign Wksp / QW:				Fax:	-
TP Particulars: Veh No SE)/Non-INC()		_
Owner / Driver: (304707		Tel:)	
Policy No: ()	Period: (over Type: ()	
Confirmed by : (ate:	Time:)	
	(WO):	N: 0-20%:	P: 21-79% F: 80-	100%]	(Virginia)
Year of Registration: ()		/NO()			
Excess: (\$) Loading: \$	\$1,000 ()/\$2,000 ()			
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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.
- 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	09/04/2020 11:08
Date Of Accident	08/04/2020 13:45
Exact Location Of Accident	BLK 109 MCNAIR RD ENTRANCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE

WALLSTEIN CO. CO. D. P.	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBJ4661P		
Insured/Policyholder			
Name Of Registered Owner	TRANSPORT PTE LTD		
Co Reg No	2XXXXX570W		
Email Address	NOEMAIL		

Mobile Phone No	(LOCAL) +65-90088701
Alternative Phone No	OFFICE-90088701

Ve	hic	le	Part	icul	lars
		•			

Manufacturer TOYOTA

Model HIACE VAN TURBO 5DR MT

Exact Purpose for which vehicle was being used at time of accident

WORKING

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

881

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 YES

Policy Number 5109227871

Cover Note Number

Driver

Name of Driver HAIQAL YAU SHAH RIZAL YAU

 NRIC No
 TXXXX517A

 Date Of Birth
 10/03/2000

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/04/2020

Driving Experience 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92710801

Fax Number

Contact Number OFFICE-92710801

EMail Address NOEMAIL

BLK 201B COMPASSVALE DRIVE Address

#16-539

Postcode 542201

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

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) NO soliciting/offering accident claims assistance.

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

REFER TO STATEMENT.

Attachment(s)

YES Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKS5476Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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.
- 3. 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.
- 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.
- 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 interested parties.
- 7. 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:

- 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 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.

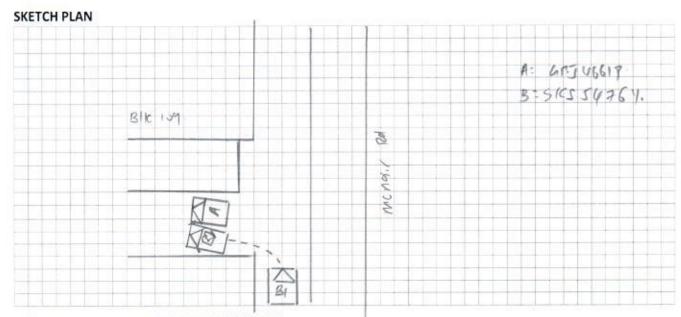
Policyholder's Signature Date & Time:

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

NRIC/FIN No .:

Name:

Reporting Centre Personnel's Signature



lefer to	Harlement.	

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 Personnel's Signature Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, AS I WANTED TURN LEFT ONTO HDB BLK 109 MCNAIR ROAD ENTRANCE. I TURN ON MY INDICATOR LIGHT AND CHECK MY BLINDSPOT. I SLOWLY PROCEED TURN LEFT. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B FRONT BEHIND OF MY VEHICLE TRY TO OVERTAKE MY VEHICLE AND SQUEEZED THROUGHT MY VEHICLE. VEHICLE B FRONT RIGHT PORTION HIT AGAINST MY VEHICLE FRONT LEFT PORTION.

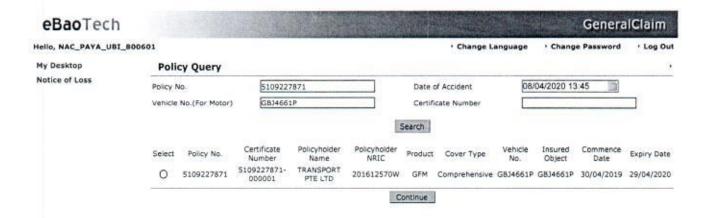
ACCIDENT STATEMENT

	DD/MM/YYYY), TIME:(13 ; 45 .)(HH:MM)
LOCATION: Blic 139 Mona; r 1	enfance
T. DETAILS OF VEHICLE	\s #
a) VEHICLE NUMBER: 4B] 4	661 p.
b)INSURANCE COMPANY: " 47	VC 1
CJPOLICY NUMBER: 5/0977	
d)POLICY TYPE: (COMPREHENSIV	E / TUIDO DADTI ATRIA
SIMARE & MODEL:	E / THIRD PARTY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /	VAN/LORRY/MOTORCYCLE/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / h) PURPOSE OF USING AT ACCIDE	COMMERCIAL / MOTORCYCLE
I) ARE YOU CLAIMING UNDER YOU	IR OWN MINE TO THE TOTAL OF THE
IF NO, PLEASE STATE (THIRD PART	CLAIM (PERSENCE (YES/NO)
2. INSURED / POLICY HOLDER	CLAIM / REPORTING ONLY)
A)NAME:	
b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
c)ADDRESS:	CONTACT: 9088701,
B V P	
* CONTINUE TO 3.d IF DRIVER ALSO	ROHOVINA
THE of passenges. DRIVER	POLICY HOLDER
(Including driver) alNAME: Hargar Van Shah	tizal v
	the state of the s
(V) DINRIC/FIN/PASSPORT: \$ 70603	CONTACT: 907 001
male.	
*d)DATE OF BIRTH: (2/3 /2	JODANA OVOCA
e)OCCUPATION: (INDOOR / OUTDO	OORI -
f) YEARS OF DRIVING EXPRERIENCE	11 4/2020
4. WAS DRIVER AN EMPLOYEE OF T	HE INSURED'S COMPANY? (YES /(NO)
IF NO, RELATIONSHIP OF THE DE	TIVED WITH INCURED S COMPANY? (YES / NO)
5. a) WEATHER CONDITION: (OLDAR / F	PAINING COTTERS
b) ROAD SURFACE: (DRY / WET / OT	HEDS / OTHERS
6. WAS ANYBODY INJURED (YES / MD)	IEKS
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	AND TATIONS
8. THIRD PARTY VEHICLE	
of passenger a) VEHICLE NUMBER: JKS J4764	MODEL:
Including driver) b) DRIVER'S NAME:	MODEL:
(NRIC/FIN/PASSPORT:	CONTACT
9. THIRD PARTY VEHICLE	CONTACT:
	MODEL
No of passinger d) VEHICLE NUMBER:	MODEL:
nduding driver) f) DRIVER'S NAME:	
()	CONTACT:
	9 .

email = Haigalyan@gmail.com/wee hoeauto@hot mail con

fax =

VIDEO = /



Policy No.	5109227871	Policyholder Name	TRANSPO	RT PTE LTD	Policyholder NRIC	201612570W	
Certificate No.	5109227871-000001						
Address	160 SIN MING DRIVE #07-18	SIN MING AUTO	CITY SING	APORE 575722			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	30/04/2019	Effective Date	30/04/201	9 00:00	Expiry Date	29/04/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	Inexperience Driver Excess
	101001000000000000000000000000000000000	Annah Tal	63440727		GST Flag	Y	
Co- insurance	JG MOTOR AGENCY	Agent Tel.	03440727		OS (Nog		
Co- insurance Flag Open Policy Info Certificate		Agent lei.	03440727				
Co- insurance Flag Open Policy Info Certificate Info		Agent Tel.	03440727				
Co- Insurance Flag Open Policy Info Certificate Info Policyh	No	Agent Tel.		#07-18 SIN MING		Address 3	SINGAPORE 575722
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	No older Mailing Address	Addre		Wienersteine in Province	AUTOCITY	Address 3 Post Code	SINGAPORE 575722 575722
Agent Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No older Mailing Address	Addre Addre	ss 2 ss Type	#07-18 SIN MING	AUTOCITY		
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	No older Mailing Address	Addre Addre Relate Numb	ss 2 ss Type	#07-18 SIN MING Singapore address	AUTOCITY		
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 160 SIN MING DRIVE 1 Object: 5109227871-0006	Addre Addre Relate Numb	ss 2 ss Type	#07-18 SIN MING Singapore address	AUTOCITY		
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Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured Sequen	older Mailing Address 160 SIN MING DRIVE d Object: 5109227871-0000 ements ce Date of Endorsement ate Endorsements	Addre Addre Relate Numb 901 Endorseme	ss 2 ss Type ed Policy er	#07-18 SIN MING Singapore address 5115646257	AUTOCITY	Post Code	575722

Accident MT/1091170	11000000				
Policy No.	5109227871	Vehicle No.	GB34661P	GST Registration No.	201612570W
Certificate No.	5109227871-000001				
Policyholder Name	TRANSPORT PTE LTD			Policyholder NRIC	201612570W
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90088701	Contact No.(Office)	٥	Contact No.(Home)	0
Email Address	- 38.00 (18-2)	Special Remark	5.	eCode	tie 🗸
KFK	® No ○ Yes	TCA	@ No. Com-		12. 4
Sill a Soverno			® No ○Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No.
→ Accident Details					
Report Date	09/04/2020 11:20	Accident Report Within 24 hrs.	Yes	Accident Type	Side Swipe
Date of Accident	08/04/2020	Time of Accident his mm	13:45	Country of Accident	Singapore
Reporting Centre		Orange Force		1CM No.	
Accident Location	BUK 109 MONAIR RD ENTRANCE				
♥ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
VIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable			
♥ Benefits	3,000,000	Control of the Contro			
♥ GST Registered Inform	OLECCO)				
			007.0	*********	
GST Registered GST Registration No.	Yes 201612570W		GST Registration Date GST Status Verified	25/04/2017	
Modification History	201012370W		GS1 scatus venned	Yes	
mountailon matery					
Policyholder Mailing Ad	dress				
Address 1	160 SIN MING DRIVE			10.000	
	100 SIN MING DRIVE	Address 2	#07-18 SIN MING AUTOCITY	Address 3	SINGAPORE 575722
Address 4		Address Type	Singapore address	Post Code	575722
Unit No.		Related Policy Number	5115646257		
❤ OI Driver Infp					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HAIQAL YAU SHAH RIZAL YAU	Driver NRIC	TXXXX517A	Driver DOB	10/03/2000
Register Date of Driver License	01/04/2020	Driver Age	20	Driving Experience	0
Contact No.(Mobile)	92710801	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 2018	Address 2	COMPASSIVALE DRIVE	Address 3	SINGAPORE 542201
Address 4		Address Type	Singapore address		F42201
				Post Code	
Unit No.	16-539		Jilyapore audress	Post Code	542201
Does he own a Singapore	16-539		Jilyapona alianasa		542501
	16-539 ○ Yes ® No	Driver Vehicle Na.	angelor access	Post Code Driver Insurer Company	meens
Does he own a Singapore Registered car?			Antigopous montaine		PRECUL
Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test	○ Yes ® No	Driver Vehicle No.			PRECUL
Does he own a Singapore Registered car?			○ Yes ® No		PRECUL
Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test	○ Yes ® No	Driver Vehicle No.			PRECUL
Does he own a Singapore Registered car? Declaration Breathelyser or Blood Test	○ Yes ® No	Driver Vehicle No.			PRECUL
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	○ Yes ® No	Driver Vehicle No.			PRECUL
Does he own a Singapore Registered car? Declaration Breatmayser or Blood Test Reading?	○ Yes ® No	Driver Vehicle No.			PRECUL
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	○ Yes ® No	Driver Vehicle No.			PRECUL
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	○ Yes ® No	Driver Vehicle No.			344 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Does he own a Singapore Registered car? Declaration Breatmayser or Blood Test Reading? Modification History Claim 001 New Claim 1ype *	○ Yes ® No	Oriver Vehicle No. Any injury? Insured Name	○ Yes ® No	Driver Insurer Company Insured NRIC	201612570W
Does he own a Singapore Registered car? Declaration Breatmayser or Blood Test Reading? Modification History Claim 001 New Contact No.(Mobile)	○ Yes ® No	Oriver Vehicle No. Any injury? Insured Name Contact No.(Home)	○ Yes ® No TRANSPORT PTE LTD	Driver Insurer Company Insured NRIC Contact No. (Office)	201612570W
Does he own a Singapore Registered car? Declaration Breatmayser or Blood Test Reading? Modification History Claim 001 New Contact No.(Mobile) Email Address	O mg	Oriver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number	TRANSPORT PTE LTD	Driver Insurer Company Insured NRIC	201612570W
Does he own a Singapore Registered car? Declaration Breatharyser or Blood Test Reading? Modification History Claim 001	O reg Op-Mix □ Please Select □	Oriver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number: Type of Benefit: *	○ Yes ® No TRANSPORT PTE LTD	Driver Insurer Company Insured NRIC Contact No. (Office)	201612570W
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