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OD (Reporting Only	I-Motor W/O (Within: OD Thrs, TP 4hrs) (6:23					
(II) ! Reporting Only	i-Photo Uploaded					
1111	Assessment/St	urvey Report			••.	
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wkstz					
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Faxt		
TP Particulars: Veh No:	5555M	. INC(.)/Non-INC()		•	
Owner / Driver: (·	10.		Tel: ·			
Policy No: () Per	iod: ()	Cover Type: ()	
Confirmed by : (28	Date:	Timer)	
			0%; P: 21-79%. P: 8	0-100%]		
	Varranty: YES ()/NO(<u>)</u>			
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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.

archiving and that copies of this report will, for a fee, be made ave 7. By the lodgement of this report to the insurers, you hereby cons- aforesaid.	illable upon application by interested parties. sent to the archiving of this report at the centre and to copies of the report being made available
The same of the sa	ACCIDENT STATEMENT
Date Of Report	04/05/2020 15:29
Date Of Accident	04/05/2020 06:40
Exact Location Of Accident	AYE EXIT SOUTH BUONA VISTA (TOWARDS TUAS)
Country/State of Loss	SINGAPORE
As the second of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH9161T
Insured/Policyholder	
Name Of Registered Owner	LPH CATERING
Co Reg No	5XXXX165B
Email Address	ADMIN@LPH.COM.SG
Mobile Phone No	(LOCAL) +65-98178362
Alternative Phone No	OFFICE-64747866
Vehicle Particulars	
Manufacturer	тоуота
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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
Fleet Policy	NO

Fleet Policy

5104810027-01 Policy Number

Cover Note Number

Driver

Name of Driver CHUA KAI LOON NRIC No GXXXX968U 23/09/1993 Date Of Birth OUTDOOR Occupation 13/02/2017 Date Of Driving Pass

3 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97527590 Mobile Number

Fax Number

OFFICE-64747866 Contact Number ADMIN@LPH.COM.SG EMail Address

Address BLK 37 JALAN RUMAH TINGGI

#02-421

Postcode 100537

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 Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions RAINING
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 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)

1

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 SKQ5555M

Vehicle Make/Model/Colour MERCEDES C180

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver BRYAN

NRIC/Passport Number

Contact Number 98890015

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.
- 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.
- 5. 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) of:
 - (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or (c) 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.
- 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

complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

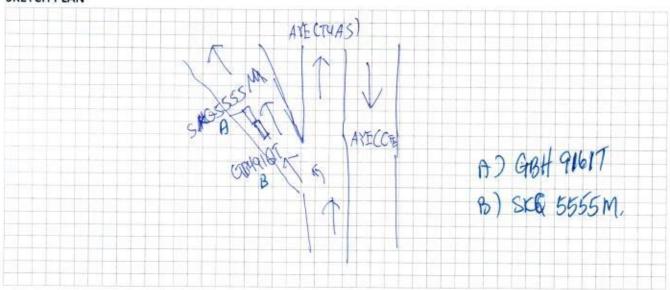
(If driver is not the policyholder)

Date & Time:

Reporting Centre Pe

Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Secretaria de estados de la procesa de la composición del composición de la composición de la composición de la composición del composición de la composición de la composición del composición de la composición de la composición de la composición del composició
On als/10 at about 06:40an I was filtering out from highway to south Burna Vista from AYE. It was raining heavily.
highway to south Burng Vista from AYE. It was raining beauty.
A Red Merceles braked in front of me because the bus was filtering out of the bus stop
bus was filtering out of the bus stop
I tried braking but was unable to the brake on time. My vehicle hit the back of the red mercedes.
My vehicle hit the back of the red mercedes.

DECLARATION

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

Policy of Per's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature And Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

ACCIDENT'STATEMENT

ACCIDENT DATE: 41 5/ 2020)(DD/MM/YYY), TIME: 6:40 (HH:MM)
LOCATION: AYE EXIT South Buona Vista Cto ward Tuas
alvehicle Number: GBH91617
DINSURANCE COMPANY: NTUC
CJPOLICY NUMBER:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
OMAKE & MODEL: TOYOTA HE HIACE
FITYPE: (SALOON / COUPE / MPV / NAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: 6 400m on 1 the way
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO)
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
DINRIC/FIN/PASSPORT: DA GUI 658 CONTACT: (474 7846 19817 8362.
STATES ON THE CONTACT CONTACT
CIADDRESS: 4008 Depot Lane #01-88 109762.
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Who of passanges DRIVER
(Including diser) diname: Chan kgt. Loon (MALE) FEMALE)
(1)
c)ADDRESS: 15/k 37 Jalon Rumah Tinggi 100537
*d)DATE OF BIRTH: (23/ 09/ 1993)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASC 13/2/2018
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b)ROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES (NO)
7. a) REPORTED TO POUCE (YES (NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
He of passinger a) VEHICLE NUMBER: SKO 5555M MODEL: MEC C180.
MODEL
Including driver) b) DRIVER'S NAME: BOYAN. () C) NRIC/FIN/PASSPORT: CONTACT: 9889 0015
9. THIRD PARTY VEHICLE
d) VEHICLE MILLIPED.
el DRIVER'S NAME:
Including driver) f) NRIC/FIN/PASSPORT: CONTACT:
()

email = admin@Lph.com.sg

Claim Handling Accident MT/1092164

Policy No.	5104810027-01	Vehicle No.	G8H9161T		GST Regis	tration No.	
Certificate No.							
Policyholder Name	LPH CATERING				Palicyholde	F NRIC	529601658
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop	Plan	Loading		0
Contact No.(Mobile)	98178362	Cantact No.(Office)	64747866		Contact No	(Home)	processors.
Email Address	ADMINITUPH COM SG	Special Remark			eCode		No *
KPK	+ No Yes	TCA	* No Yes		eCode Rea		SM 400
NCD Protection	No	NCD Entitlement(%)	10		Private Hir	92	No
Accident Details					Variable .		
Report Date	04/05/2020 16:11	Accident Report Within 24 hrs	Yes		Accident T		Collision - H
Date of Accident	04/05/2020	Time of Accident hh:mm	05:40		Country of	Accident	Singapore
Reporting Centre		Orange Force			ICM No.		
Accident Location	AYE EXIT SOUTH BUONA VISTA (TOWARDS TUAS						
→ Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess		100.00			
OD Standard Excess	600,00	TP Standard Excess		0.00			
VIED OD Excess	1900,00	YIED TP Excess		0.00	Driver is C	overed?	Covered
Additional Excess	(# paradoxy acas)						
Total OD Excess Applicable	1600.00	Total TP Excess Applicable		0.00			
→ Benefits							
Coverage			Sum Insun	ed			
PAB			99999999	99			
	tion						
ST Registered	Yes		GST Regist	ration Date		25/11/2016	
GST Registration No.	M90371251L		GST Status	Verified		Yes	
Modification History	04/85/2020 16:17:33 System of 04/85/2020 16:17:33 System of	nanged GST Registered from No to hanged GST Registration No. from n	es ull to M90371251L				
	04/05/2020 16:17:33 System of	ranged GST Registration Date from	null to 25/11/2016				
 Policyholder Mailing Add 					557 6		
Address 1	70 SOUTH BUCKA VISTA ROAD	Address 2	NATIONAL COMMUN	NETY LEADER	Address 3		SINGAPORE
Address 4		Address Type	Singapore address		Post Code		118176
Unit Na.		Related Policy Number	5104809328-01				
OI Driver Info			112				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		Deves DO		2210077005
Unnamed driver Name	CHUA KAI LOON	Driver NRIC	GXXXX966U		Driver DO		23/09/1993
Register Date of Driver License	13/02/2018	Driver Age	26		Driving Ex		*
Contact No.(Mobile)	97527590	Contact No.(Office)			Contact N	(Home)	
		Address 2			Address 9		
Address 1		Address 2			Address 3		
Address 1 Address 4		Address 2 Address Type	Foreign address		Address 3 Post Code		100537
Address 1 Address 4 Unit No.	02-421	Address Type			Post Code	2007/2002/2009	
Address 1 Address 4 Unit No. Does he own a Singapore	02-421 Yes + No		Foreign address GBH9161T		Post Code	urer Company	100537 NTUC
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?		Address Type			Post Code	urer Company	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	Yes + No	Address Type Driver Vehicle No.	GBH9161T		Post Code	urer Company	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test		Address Type			Post Code	urer Company	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	Yes + No	Address Type Driver Vehicle No.	GBH9161T		Post Code	urer Company	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	Yes + No	Address Type Driver Vehicle No.	GBH9161T		Post Code	urer Company	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	Yes + No	Address Type Driver Vehicle No.	GBH9161T		Post Code	urer Company	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	Yes + No	Address Type Driver Vehicle No.	GBH9161T Yes ∗ No		Post Code	urer Company	
Address 1 Address 4 Link No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	Yes + No	Address Type Driver Vehicle No.	GBH9161T		Post Code Driver Ins	urer Company	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	Yes + No	Address Type Driver Vehicle No.	GBH9161T Yes ∗ No	OD-MX	Post Code Driver Ins	urer Company	NTUC
Address 1 Address 4 Link No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Addification History Claim 001 New Claim Type *	Yes + No	Address Type Driver Vehicle No.	GBH9161T Yes ∗ No	OD-MX	Post Code Driver Ins v Insured Name Contect	LPH CATERING	NTUC
Address 1 Address 4 Link No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Addification History Claim 001 New Claim Type *	Yes + No	Address Type Driver Vehicle No.	GBH9161T Yes ∗ No	OD-MX	Post Code Driver Ins		NTUC
Address 1 Address 4 Link No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile)	Yes + No	Address Type Driver Vehicle No.	GBH9161T Yes ∗ No	OD-MX	Post Code Driver Ins Insured Name Contect No. (Home) OI	LPH CATERING MIL	NTUC Ins. NR. Cool No.
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile)	Yes + No	Address Type Driver Vehicle No.	GBH9161T Yes ∗ No	OD-MX	Post Code Driver Ins Insured Name Contact No. (Home)	LPH CATERING	NTUC Institution
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile) Email Address	Yes + No	Address Type Driver Vehicle No.	GBH9161T Yes ∗ No		Post Code Driver Ins Insured Name Contect No. (Hdme) OI Vehicle Number	LPH CATERING MIL	Insurance Insura
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Contact No. (Mobile) Email Address Claim Description	Yes + No	Address Type Driver Vehicle No.	GBH9161T Yes ∗ No	GBH916LT / SKQ5535M O	Post Code Driver Ins Insured Name Contect No. (Hdme) OI Vehicle Number	LPH CATERING MIL	NTUC Institution
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Contact No. (Mobile) Email Address Claim Description	Yes + No	Address Type Driver Vehicle No. Any injury?	GBH9161T Yes ∗ No	GBH9161T / SKQ5535M OI	Post Code Driver Ins Insured Name Contect No. (Hdme) OI Vehicle Number	LPH CATERING MIL	NTUC Ins. NR. Cor No. (Off TP Ver Nur Nat
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Contact No. (Mobile) Email Address Claim Description Preferred Workshop	Yes + No D mg Insured Liability Fully at Fault Proferered Repeir Preferred Workshop, Namy	Address Type Driver Vehicle No. Any injury?	GBH9161T ✓ Yes * No	GBH9161T / SKQ5535M OI	Post Code Driver Ins Insured Name Contect No. (Home) OI Vehicle Number N 4 May 2020	LPH CATERING MIL	NTUC Ins NR. Coo No. Off TP Ver Nu Nai Pre Wo
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Contact No. (Mobile) Email Address Claim Description Proferred Workshop Registered Contact No. (Yes	Yes + No O mg Insured Liability Fully at Fault	Address Type Driver Vehicle No. Arry injury?	GBH9161T ✓ Yes * No	GBH9161T / SKQ5535M OI	Post Code Driver Ins Insured Name Contect No. (Home) OI Vehicle Number N4 May 2020 Claim Close	LPH CATERING MIL	Ins. Ins. NR. Coo No. (Of TP Vet Num Nata Pre Wo
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Countersigned By:

Certificate of Insurance MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 licable to ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA) Certificate Number: 5104810027-01 Cover : Preferred Workshop Plan Index mark and Registration Number of Vehicle GRH9161T Chassis Number : JTFHT02P000246168 2. Name of Policyholder LPH CATERING 3. Effective Date of Insurance 25 Oct 2019 4. Expiry Date of Insurance 24 Oct 2020 Persons or Classes of Persons entitled to drive# (a) The Policyholder. cheque). (b) Any other person who is driving on the Policyholder's order or with his/her permission. i.sg Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive ur Policy 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. ire 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 headings. EXCESS (SECTION 1) \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100 INSURE WITH COE YES digit HIRE PURCHASE COMPANY : 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 010" 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 : 09 Oct 2019 17:34 hrs Reprint : 09 Oct 2019 17:34 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Authorised Officer

Chief Executive