Date In: 19/5/20 - 11:38	Jeb description	1:	Date &Time Completed	Don	e by
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Ref No: NA JING DOS JEOT JEY	SAS e-filing		1	<u> </u>	
Veh No: 40D7 994 B		Shrs, AIC 2hrs)	-		*
D.O.A: 1572/20-16-W	i-Motor Cla	im Form	m/1040814-00~	19/1/20	1207
OD / TP / Reporting Only	i-Motor W/	O (Within: OD 2lir:	s, TP 4hrs)		
SD 11 Taperaig 9 Tay	i-Photo Upl	paded			
TP Insurer:	Assessment/S	urvey Report			
II moute.	Ass't Report	by Fax / Hand t	o Owner/Wksp	<u> </u>	
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No: \$1.7	7241X	. INC ()/Non-INC().	50	
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	0%; P: 21-79%. P: 80-	100%]	
Year of Registration: ()	Warranty: YES ()		
	1,000 ()/\$2,000	()			
General Remarks:-				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i.
() Walk-In Customer : Customer's in	formation strictly Co	nfidential & Str	ictly NO refer of repairer.		
() Total Loss Case : to e-mail Inst	rer URGENTLY.				
Drive-In ()/ Towed-In (); Invoi	ice: YES () / I	NO () ; To	owing Co: ()
Remarks:- (INC hotline: 6788 6616)			Date&Time Completed	Don	by
	Courtesy Car ()		A. C	-,-3
2) QC Check / Post Repair Inspection	Courtesy Car ('			
3) Upload Resurvey Photo [Repair Cost >	\$30001 ()			
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
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Injury: Date/Time Actions Actions Injury: Inimant's Particulars: river/Owner: Inimaged Portion: C Checked by (Engr-In-Charge):	\$3000] (1) AR: Accident 2) DA: Damage A 3) TF: Towing Fe 4) FT: Follow-Th 5) FT: Follow-Th For claiming as 6) TR: Re-inspec 7) N1: Idae DA + 8) NTUC Addition OD* *N5: Courtesy *N6: Repair Co *N7: Fost Repair *N8: DV / Coll	Caration Checklist: Reporting (\$30); Assessment (\$100); INC (\$50); See \$40; Grough Survey Grough Survey (Resurvey) Grough Survey (Resurvey) Grough Survey G	\$0) 0/\$45 \$120 \$30 \$75 \$160 \$5 \$510 \$25 \$5 \$20 \$30	Amt(\$)

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 19/05/2020 12:04

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.
- 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

	ACCIDENT STATEMENT
Date Of Report	19/05/2020 11:58
Date Of Accident	15/03/2020 16:25
Exact Location Of Accident	GUILLEMARD RD
Country/State of Loss	SINGAPORE
Company of the Salar Salar December 1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD7939B
Insured/Policyholder	
Name Of Registered Owner	ACCLAIM SYSTEMS PTE LTD
Co Reg No	1XXXXX237G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62990798
Vehicle Particulars	
Manufacturer	тоуота
Model	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5112939040
Cover Note Number	
Driver	
Name of Driver	LYE AH KWANG

 Name of Driver
 LYE AH KWANG

 NRIC No
 SXXXX855C

 Date Of Birth
 23/12/1966

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/05/1987

Driving Experience 32 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97306348

Fax Number

Contact Number OFFICE-97306348

EMail Address NOEMAIL

Address

BLK 18 LORONG 7 TOA PAYOH

#07-260

Postcode

310018

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

SIDE SWIPE

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

.

GENDER:

: FEMALE

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SL Z7241X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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:
 - 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.

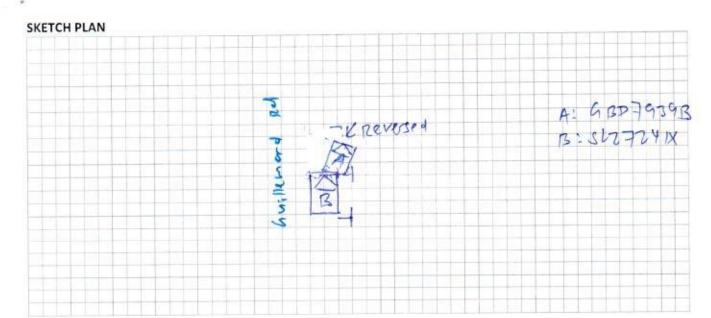
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

ALL ALL

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 .:

ACCIDENT STATEMENT

1. DETAILS OF VEHICLE a) VEHICLE NUMBER: GRD 79398 b) INSURANCE COMPANY: NITU c) POLICY NUMBER: 5 11293943 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e) MAKE & MODEL: f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)	
d) VEHICLE NUMBER: GD 7939B b) INSURANCE COMPANY: NTJC c) POLICY NUMBER: 5 112939W> d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e) MAKE & MODEL:	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
e)MAKE & MODEL:	
G) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2. INSURED / POLICY HOLDER	
A)NAME: A CC/91m System The Lid (MALE / FEMALE) b)NRIC/FIN/PASSPORT:	360
* CONTINUE TO A LIE DE LA	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER	
(Including driver) DINAME: Me AN KWUNG (MALE/FEMALE)	
(V) bINRIC/FIN/PASSPORT: S1768850 CONTACT: 97306348	
*d)DATE OF BIRTH: (2) 12/1966)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 6/3/1987	
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 POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE	
the of passenger a) VEHICLE NUMBER: SLZ 7241X MODEL:	
(Including driver) b) DRIVER'S NAME:	
() NRIC/FIN/PASSPORT:CONTACT:	
9. THIRD PARTY VEHICLE	
No of passenger el DRIVER'S NAME:MODEL:	
(Including driver) f) DRIVER'S NAME:	
() CONTACT:	

email = John 1 1 68 @ hot line - com

fax =

VIDEO =



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: 5112939040-000010 Cover : Comprehensive 1. Index mark and Registration Number of Vehicle : GBD7939B Chassis Number : KDY2318017237 2. Name of Policyholder : ACCLAIM SYSTEMS PTE LTD 3. Effective Date of Insurance : 16 Oct 2019 4. Expiry Date of Insurance : 15 Oct 2020 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 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) : S\$500 **EXCESS (SECTION 2)** : N/A WINDSCREEN EXCESS \$\$100 INSURE WITH COE YES HIRE PURCHASE COMPANY : N/A 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 : POH CHENG PEOW (00000160047) Date of Issue : 26 Sep 2019 13:59 hrs For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED Countersigned By: **Authorised Officer** Chief Executive

Policy Search Page 1 of 1



ccident HT/1090814		Charles and Charles	G0030300	-	OT Designation b	le :	M201065	403
NCy No.	5112939040	Vehicle No.	G8D79398	9	SST Registration N	vo,	M201065	402
ertificate No.	\$112939040-000010			2				
Reyholder Name	ACOLAIM SYSTEMS PTE LTD	F040000040000	ne-totogouses		folicyholder NR3C		19920223	176
oduct Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive		gnibeo		0	
ntact No. [Mobile]	NA .	Contact No.(Office)			Contact No. (Home	9	_	
nail Address		Special Remark			Code		NEV	
K	No ○ Yes	TCA	® No ○ Yes		Code Reason			
D Protection	No	NCD Entitlement(%)	0	P	rivate Hire		No	
Accident Details								
port Date	06/04/2020 13:58	Accident Report Within 24 hrs	Yes		socident Type		Collision -	Head to Rear
te of Accident	15/03/2020	Time of Academt his mm	16:30	c	Country of Acciden	30	Singapore	
porting Centre		Orange Force		31	CM No.			
cident Location	GUILLEMARD RD INFRÔNT CITY PLAZA P.	ARKING LOT						
Y Total Excess Applicable								
сева Туре	Per Accident	Windscreen Excess	100.00					
Standard Excess	500.00	TP Standard Excess						
ED OD Excess		YIED TP Excess		0	driver is Covered?		Not Applic	table
ditional Excess								
tal OO Excess Applicable	500.00	Total TP Excess Applicable	0.00					
P Benefits								
GST Registered Informa								
T Registered	Yes		GST Registration Date		01/04/15	194		
T Registration No.	M201065402		GST Status Verified		Yes			
dification History								
Dollar helder Manager	dram							
Policyholder Mailing Ad		Address A	CHIRLLY INDUSTRIAL CLEAN	3	Littrage 3		CHICARO	RE 416020
idress 1	171 KAKI BUKIT AVENUE 1	Address 2	SHUN LI INDUSTRIAL PARK		Address 3			NE WENTER
Idress 4		Address Type	Singapore address		Post Code		416020	
VI NO.		Related Policy Number	5112939040					
OI Driver Info		C9804102300						
iver Name		Driver Type						
named driver Name		Driver NR3C			Onver DOS			
gister Date of Driver License.		William Ward			Driving Experience			
		Driver Age						
		Concect No. (Office)			Contact No.(Home			
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