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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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 aforesaid.

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Date Of Report 12/06/2020 15:48 Date Of Accident 12/06/2020 12:40

Exact Location Of Accident ALONG TANNERY ROAD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB5150H

Insured/Policyholder

Name Of Registered Owner WENG SOON AUTO & LEASING

Co Reg No 5XXXX794E Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-92727979 Alternative Phone No OFFICE-84892968

Vehicle Particulars

Manufacturer TOYOTA Model

Exact Purpose for which vehicle was being used at WORKING PURPOSES

Are you claiming under your own insurance policy for repair to your vehicle?

REPORTING ONLY

If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5109274512-01

Cover Note Number

Driver

Name of Driver KALYANSUNDARAM BALAKRISHNAN

NRIC No SXXXX552G Date Of Birth 25/11/1971 Occupation OUTDOOR Date Of Driving Pass 23/06/2001

Driving Experience 18 YEARS AND 11 MONTHS

Gender

Mobile Number (LOCAL) +65-92727979

Fax Number

Contact Number OTHERS-84892968

EMail Address NOEMAIL Address

BLK 5A MARSILING DRIVE

#02-473

Postcode

732005

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

COLLISION - HEAD TO REAR

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?

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)

Passenger 1

NAME:

: PASSENGER

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

SJ07112G

Vehicle Make/Model/Colour

HONDA ODESSEY

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

98110419

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

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.
- 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:
 - 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.

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Policyholder's Signature Date & Timo: Driver's Signature

(If driver is not the policyholder)

k. Balo-kiu

Date & Time:

Beporting Centre Personnel's denatur

Name:

NRIC/FIN No.

	Kallang Pudding Rol
A A B	A = GBB 5150H B = 8JQ 7112G. Tannery Rd.
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT
I Stop at	the traffic June of Tonnery Rd
	Pudding Rd due to red light,
	felt an impact from behind. After
the Incident	, I realized Veh B from behind
hit onto my	veh rear portion
CLARATION Ve de NLAGO potoregoing particula	ers are true in every respect. 2 Boloncia and 12/06/2020
licyholders Sgnature ite & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Person of Signature Name: NRIC/FIN No.:

ACCIDENT STATEMENT

Loc	ATION: Tannery Rol	
1	. DETAILS OF VEHICLE	
,	GIVEHICLE NUMBER: GOS 5150 H	
	DINSURANCE COMPANY:	
	CJPOLICY NUMBER:	
	d)POLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THE ATHERM MODEL:	
	f)TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHER g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: WORK	÷5)
	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: Weng Soon Auto & Leasing (MALE/FEMAL	E)
	bjnric/fin/passport:contact: 92 72	
	c/ADDRESS:	7
		_
Α	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
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Including driver) (2) / M 4.	DINRIC/FIN/PASSPORT: CONTACT: F4 892 C) ADDRESS: *d) DATE OF BIRTH: (/ /) (DD/MM/YYYY) B) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / IT NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVE F	
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Policy No.	5109274512-01	Vehicle No.	G885150H		GST Res	pistration No	e:		
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olicyholder Name	WENG SOON AUTO & LEASING				Palicyha	ider NRIC	5	3227794E	
roduct Code ordect No.(Mobile)	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party, Fire	& Theft	Spading		0)	
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ddress #		Address Type	Singapore address	it :	Past Cod		9	99999	
init No.	10-200	Related Policy Number	5101466438-02				1.17		
OI Driver Info									
Iriver Name Innamed driver Name	Unnamed Driver	Drivet Type	Unnamed Driver						
agratur Date of Driver License	KALYANSUNDARAM BALAKRISH	Driver NRIC	500003526		Driver D		2	5/11/1971	
ontact No.(Mobile)	23/06/2001	Driver Age	48			xperience	1	8	
ddress 1	BLK 54 #02-473	Contact No.(Office)				No.(Home)			
dovess 4	SINGAPORE 732005	Address I	MARSILING DRIV	VE	Address			ARSILING SPRI	NG
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	Uploaded By/Date	Polder Date		File Name		Ŷ	Source
Video List							
49	NAC_BUKIT_MERAH_800676(NA S (BUKIT MERAH	TIONAL ASSESSMENT CENTRE SERVICE)) on 12 Jun 2020 16:43	SAS		Normal	5	AS 2020-6-12
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Display in New Window Scan and uploading



Certificate of Insurance

GBB5150H

: JTFHT02P600042460

10 May 2020

: 09 May 2021

Cover : Third Party, Fire & Theft

WENG SOON AUTO & LEASING

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

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

Certificate Number: 5109274512-01

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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 or Hirer's business.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

This Policy does not cover

(a) Use for racing, pace-making, reliability trial 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 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)

N/A

EXCESS (SECTION 2)

\$\$1,500

INSURE WITH COE

YES : ABWIN PTE LTD

HIRE PURCHASE COMPANY

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

: 24 Apr 2020 16:12 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive