

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 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. 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.

ACCIDENT STATEMENT

Date Of Report	08/06/2020 12:05
Date Of Accident	06/06/2020 11:30
Exact Location Of Accident	CLEMENTI RD SLIP RD TO COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK2420B
Insured/Policyholder	
Name Of Registered Owner	EPLUS HEALTHCARE PTE LTD
Co Reg No	2XXXXX973R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90698875

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
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	NO
Policy Number	5116744814
Cover Note Number	

Driver

Name of Driver	SUN SHIFENG
Passport No/FIN	GXXXX871K
Date Of Birth	15/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2020
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96148031
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	47 LORONG 16 GEYLANG
Postcode	398880
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

PLS REFER TO THE ATTACHED 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	YP7209P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:
 - (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.

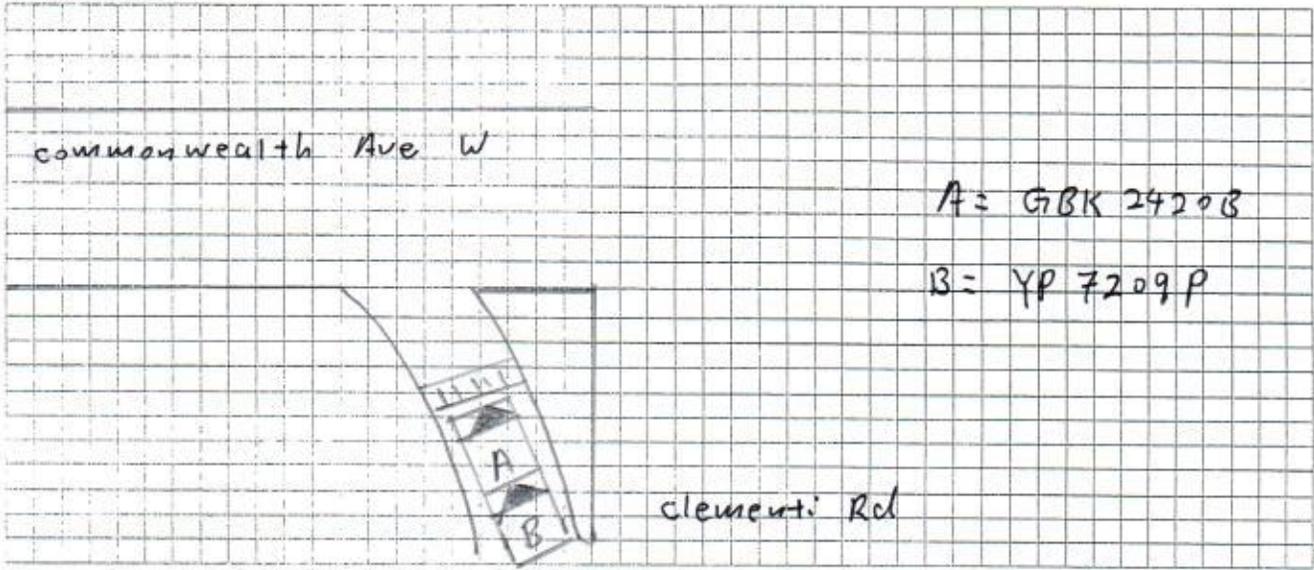


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along clementi Rd at the slip Rd twds commonwealth Ave W, I stop my veh before zebra crossing ^{give} ~~to~~ way to pedestrian crossing, all of a sudden, I felt an impact from behind. After the incident, I realized veh B from behind collided onto my veh rear portion.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

[Handwritten Signature] 08/06/20

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

Roslinda

ACCIDENT STATEMENT

ACCIDENT DATE: (6/6/20) (DD/MM/YYYY), TIME: (11:30) (HH:MM)

LOCATION: Clementi Rd Slip Rd to Commonwealth Ave W

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GRK 2420B
- b) INSURANCE COMPANY: IMC
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
- 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: EPlus Healthcare pte Ltd (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 90698875
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Sun Shi Feng (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 96148031
- c) ADDRESS: 47 Lor 16 Geylang CS) 398880

- *d) DATE OF BIRTH: (___ / ___ / ___) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friends

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

- a) VEHICLE NUMBER: YP 7209P MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passengers
(including driver)
(2)
/ M

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

Email = weehoeauto@hotmail.com

fax =

VIDEO = No.

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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5116744814

Cover : Comprehensive
 1. Index mark and Registration Number of Vehicle : **GBK2420B**
 Chassis Number : JTFHT02P000249927
 2. Name of Policyholder : EPLUS HEALTHCARE PTE LTD
 3. Effective Date of Insurance : 13 Mar 2020
 4. Expiry Date of Insurance : 12 Mar 2021

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\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$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 : NET LINK COMMERCIAL PTE. LTD. (00000615136)
 Date of Issue : 13 Mar 2020 11:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

Claim Handling

Accident MT/1093909

LOS SAL SUB

Policy No.	5116744814	Vehicle No.	GBK2420B	GST Registration No.	201322973R
Certificate No.					
Policyholder Name	EPLUS HEALTHCARE PTE LTD			Policyholder NRIC	201322973R
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	90698875	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	08/06/2020 12:16	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/06/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre	NATIONAL ASSESSMENT CENTR	Orange Force	No	ICM No.	
Accident Location	CLEMENTI RD SLIP RD TO COMMONWEALTH AVE WEST				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	600.00	TP Standard Excess	0.00	Driver is Covered?	Covered
YIED OD Excess	1,000.00	YIED TP Excess	0.00		
Additional Excess					
Total OD Excess Applicable	1,600.00	Total TP Excess Applicable	0.00		

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/10/2013
GST Registration No.	201322973R	GST Status Verified	Yes
Modification History	08/06/2020 12:19:09 System changed GST Registration Date from 21/07/2013 to 01/10/2013 08/06/2020 12:19:09 System changed GST Status Verified from No to Yes		

Policyholder Mailing Address

Address 1	50 CHIN SWEET ROAD	Address 2	#05-02 THONG CHAI BUILDING	Address 3	SINGAPORE 169874
Address 4		Address Type	Singapore address	Post Code	169874
Unit No.	05-02	Related Policy Number	5116744814		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SUN SHIFENG	Driver NRIC	GXXXX871K	Driver DOB	15/03/1981
Register Date of Driver License	21/01/2020	Driver Age	39	Driving Experience	0
Contact No.(Mobile)	96148031	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	47 LORONG 16 GEYLANG	Address 2	SINGAPORE 398880	Address 3	
Address 4		Address Type	Singapore address	Post Code	398880
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Investigation

Claim 001 OD-MX New

Claim Case Officer

LOS SAL SUB

Claim Type	OD-MX	Insured Name	EPLUS HEALTHCARE PTE LTD	Insured NRIC	201322973R
Contact No.(Mobile)	96799376	Contact No.(Home)	81290639	Contact No.(Office)	62357346
Email Address	DJNGFENG77@HOTMAIL.COM	O1 Vehicle Number	GBK2420B	TP Vehicle Number	YP7209F
Claim Description	GBK2420B / YP7209F ON 6 Jun 2020			Name of Preferred Workshop	
Preferred Workshop	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Preferred Repair Option	Unknown	Insured at report	Not at report
Date Registered	08/06/2020 12:22	Claim Close Date		Date Received	08/06/2020 00:00
Report Taken By	ROSLINDA	Workshop Repairer		Total Loss but Repaired	

Print AK letter

Modification History

Special Claim Creation Approval

Approval	Reason
Remarks	

Attachment

Accident No.	MT/1093909	Claim No.	001		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	08/06/2020 00:00		
Path *		Category *	Confidential	Urgency *	Description *
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
<input type="button" value="Choose File"/> No file chosen		<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>	<input type="button" value="Normal"/>	
		<input type="button" value="Clear"/>			

Choose File No file chosen

Upload as Default

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Clear

Please Select

NO

Normal

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Key	Urgency	Description	Msg Sent? (CO)	Action
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Jun 2020 12:22	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-6-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Jun 2020 12:22	SAS		Normal	SAS 2020-6-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Jun 2020 12:22	Photos		Normal	Photos 2020-6-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Jun 2020 12:22	Photos		Normal	Photos 2020-6-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Jun 2020 12:21	Photos		Normal	Photos 2020-6-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Jun 2020 12:21	Photos		Normal	Photos 2020-6-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Jun 2020 12:21	Photos		Normal	Photos 2020-6-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Jun 2020 12:21	Photos		Normal	Photos 2020-6-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Jun 2020 12:21	Photos		Normal	Photos 2020-6-8		Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SER VICES) on 08 Jun 2020 12:21	Photos		Normal	Photos 2020-6-8		Edit

Video List

Uploaded By/Date	Folder Date	File Name	Key	Source	Action
<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>					