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Owner/Driver: (30	Tel:)
Policy No: () Perio	nd: (-)	Cover Type: ()
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SINGAPORE ACCIDENT STATEMENT

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.
- 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 aforesaid.

ACC	DE NO		11 17.	1-13	
ACC		I STA			

 Date Of Report
 20/07/2020 13:46

 Date Of Accident
 19/07/2020 13:45

Exact Location Of Accident TAMPINES LINK SLIP RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF8856P

Insured/Policyholder

Name Of Registered Owner KANNAN MARINE FOODS PTE LTD

Co Reg No 2XXXXX678H Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-62955125

Vehicle Particulars

Manufacturer TOYOTA
Model HIACE

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 NO

Policy Number 5089037020-03

Cover Note Number

Driver

Name of Driver PERIYASWAMY KANNAN

 NRIC No
 GXXXX903P

 Date Of Birth
 12/08/1980

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/12/2008

Driving Experience 11 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83108336

Fax Number Contact Number

EMail Address NOEMAIL

Page 1 of 11

Address 131 LORNG AH SOO #01-374

Postcode 53013

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

YES

NO

NO

2

Number of Passengers (Including Driver)

inder or raddengers (moldaring Direct)

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ3574J

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

No. Of Passenger (Including Driver)

Page 2 of 11

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 <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:
 - (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.

Policyholders (@484076781

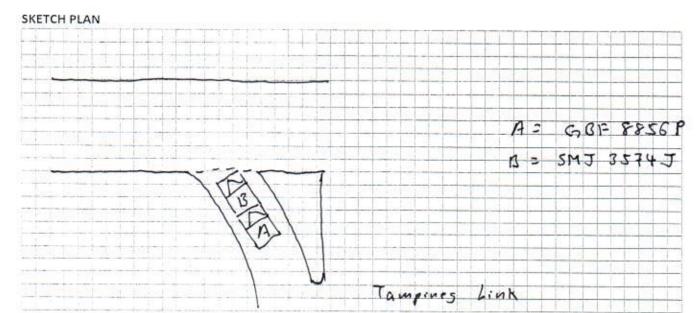
Driver's Signature (If driver is not the policyholder)

Date & Time: NRIC

NRIC/FIN No .:

Name:

Reporting Centre Personnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:



Certificate of Insurance

Cover : Comprehensive

: KANNAN MARINE FOODS PTE LTD

: GBF8856P

: 04 Apr 2020

: 03 Apr 2021

: KDH2010218545

Ne.

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: 5089037020-03

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : S\$100

INSURE WITH COE HIRE PURCHASE COMPANY

: THINK ONE CREDIT 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 Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue

: 30 Jan 2020 09:39 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

ACCIDENT STATEMENT

LOCATION:	Trimpines	Link	Sign	Pd .	
a)VEHIO b)INSUI c)POLIO d)POLIO e)MAKI f)TYPE:(S OF VEHICLE CLE NUMBER: RANCE COMPANY; CY NUMBER: CY TYPE: (COMPREH E & MODEL: SALOON / COUPE / CLE CATEGORY: (PRI	ENSIVE / THI	RD PART	- / MOTORCY	CLE / OTHERS)
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passenga, DRIVER					121
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ding diama al NAME	E: /FIN/PASSPORT:	Lean-college			
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ding driver) b)NRIC/ c)ADDR *d)DATE e)OCCU f)YEARS 4. WAS DF IF NO, F 5. a)WEATH b)ROAD 6. WAS AN 7. a)REPOR IF YES, 8. THIRD PA () DRIV () DRIV () DRIV () DRIV () OR C) () VEH () OR C) () O	FIN/PASSPORT: PESS: 131 1 FOR BIRTH: (/_ UPATION: (INDOOR / OF DRIVING EXPRES RIVER AN EMPLOYE RELATIONSHIP OF HER CONDITION: (C SURFACE: (DRY / W YBODY INJURED (YE RIED TO POLICE (YE) PLEASE STATE WHICH ARTY VEHICLE VER'S NAME: C/FIN/PASSPORT:	OUTDOOR RIENCE: EE OF THE I THE DRIVE LEAR / RAIN (ET / OTHERS (S / NO) S / NO) H POLICE ST	J(DD/M) INSURED R WITH ING / OT	CONTACT: # 01 - 37 M/YYYY) D'S COMPAN INSURED: THERS MODEL: MODEL:	\$ 8310 14 (1) 53 14 (YES / NO) owner.

Cimail = kannan marine Foods pre Itd Km F

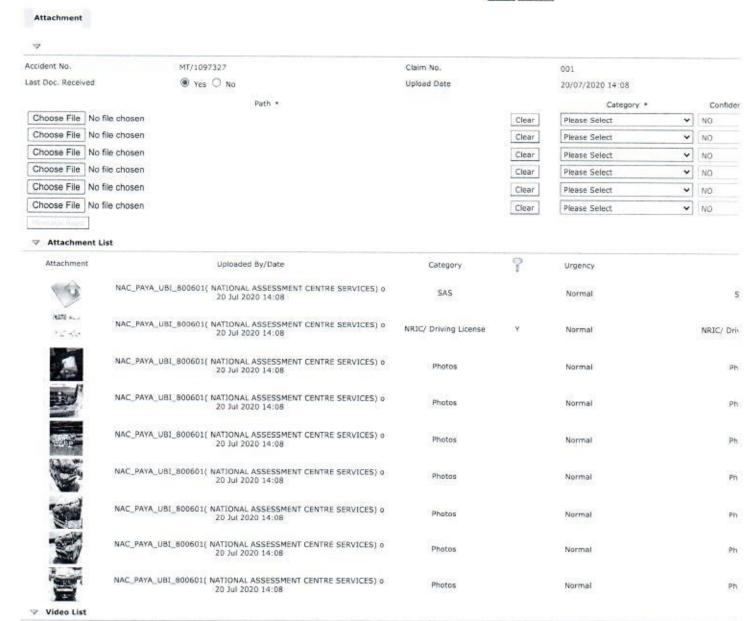
fax =

VIDEO - NO

Claim Handling

Accident MT/1097327	T000077070 07	THE PARTY OF THE P	(2000 2000)	9/2122/1899-2-007
Policy No.	5089037020-03	Vehicle No.	GBF8856P	GST Registra
Certificate No.				
Policyholder Name	KANNAN MARINE FOODS PTE LTD			Policyholder
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No. (Mobile)	62955125	Contact No.(Office)		Contact No.(
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Report Date	20/07/2020 14:04	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/07/2020	Time of Accident hh:mm	13:45	Country of A
Reporting Centre		Orange Force	*****	ICM No.
Accident Location	TAMPINES LINK SLIP RD	artinge (area		TCM NO.
▽ Total Excess Applicable	THE STATE OF THE			
Excess Type	Per Accident	Windscreen Excess	192 201	
- The same of the	rei neuen	Willuscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cove
Additional Excess	5,55	1100 11 00000	0.00	Driver is Love
Total OD Excess Applicable	770 AG		0075970	
	600.00	Total TP Excess Applicable	0.00	
→ Benefits				
GST Registered Informat	tion			
GST Registered	Yes		GST Registration Date	08
GST Registration No.	200810578H		GST Status Verified	Yes
Modification History	20/07/2020 14:06:26 Sys	stem changed GST Registered from No to Y stem changed GST Registration No, from n stem changed GST Registration Date from I	ull to 200810678H	
 Policyholder Mailing Add 				
Address 1	101 KITCHENER ROAD	Address 2	#02-31A JALAN BESAR PLAZA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-31A	Related Policy Number		Post Code
♥ OI Driver Info	04-31A	Related Policy Number	5078691858-04	
	777 261			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	PERIYASWAMY KANNAN	Driver NRIC	G6082903P	Driver DOB
Register Date of Driver License	06/12/2008	Driver Age	39	Driving Exper
Contact No.(Mobile)	83108336	Contact No.(Office)		Contact No.(F
Address 1	BLK 131 #01-374	Address 2	LORONG AH SOO	Address 3
Address 4		Address Type	Singapore address	Post Code
	01-374			
Unit No.		Driver Vehicle No.		
Does he own a Singapore	Yes No	priver verticle No.		Driver Insurer
Does he own a Singapore Registered car?	Yes No	onver venicle no.		Driver Insure
Unit No. Does he own a Singapore Registered car? Declaration Breathlyser or Blood Test	Yes No		Yes No	Driver Insurer
Does he own a Singapore Registered car? Declaration		Any injury?	Yes No	Driver Insure
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test			Yes No	Driver Insurer
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?			Yes No	Driver Insure
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Indification History Claim 001 New				The stand of
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Indification History Claim 001 New			Yes No	▼ Insured K/Name
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Declaration History Claim 001 New Claim Type *				✓ Insured K/Name Contact No.
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Indification History Claim 001 New Claim Type *				▼ Insured K/Name Contact
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Indification History Claim 001 New Claim Type *				Insured KANNAME Contact No. (Home)
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address				Insured Name Contact No. (Home) OI Vehicle Number
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description	0 mg		OD-MX	Insured Name Contact No. (Home) OI Vehicle Number
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile) Finall Address Claim Description Preferred Workshop	0 mg Insured Liability Preferered Fully at F	Any injury?	OD-MX GBF8856P / SM3353	Insured Konder (Home) OI Vehicle Number
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile) Finall Address Claim Description Preferred Workshop	Insured Liability Fully at F	Any injury?	OD-MX	V Insured Kname Contact No. (Home) OI Vehicle Number 74J ON 19 Jul 2020
Registered car? Registered car? Reclaration Reathalyser or Blood Test Reading? Redification History Claim 001 New Claim Type * Contact No. (Mobile) Remail Address Claim Description Referred Vorkshop Referred Vorkshop Inalisation Yes	0 mg Insured Liability Preferered Fully at F	Any injury? Fault ✓ GIA December	OD-MX GBF8856P / SM3353	Insured K/Name Contact No. (Home) OI Vehicle Number 74J ON 19 Jul 2020 Claim Close
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop	Insured Liability Fully at F	Any injury? Fault ✓ GIA December	OD-MX GBF8856P / SM3357	Insured KA Name Contact No. (Home) OI Vehicle Number 74J ON 19 Jul 2020

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Folder Date

File Name

9

Uploaded By/Date