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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- 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

aloresaid.	CONTRACTOR OF THE CONTRACTOR O
	ACCIDENT STATEMENT
Date Of Report	28/07/2020 11:25
Date Of Accident	27/07/2020 16:15
Exact Location Of Accident	ALONG CHOA CHU KANG WAY (BUS STOP B02)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB5663U
Insured/Policyholder	
Name Of Registered Owner	HONG SAN HONG WEI PTE LTD
Co Reg No	1XXXXX987Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81133056
Alternative Phone No	OFFICE-81133056
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN PANEL LWB 3.0 5DR 5MT ABS A/B 2WD
Exact Purpose for which vehicle was being used at time of accident	
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	5108547632-01
Cover Note Number	
Driver	
Name of Driver	JUMAT BIN MAAROF
NRIC No	SXXXX311H
Date Of Birth	14/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2002
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81133056
Fax Number	A CONTROL OF A CONTROL OF A PROPERTY OF A PR
Contact Number	OTHERS-81133056

NOEMAIL

Address

NO 5 JLN JAYA PUTRA 3/12

BANDAR JAYA PUTRA JB MALAYSIA

Postcode

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

SIDE SWIPE

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver) Passenger 1

NAME:

: FAUZIAH

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

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

SG5158J

Vehicle Make/Model/Colour

Details Of Properties

BUS

Vehicle Category Name of Driver

GAO FEI

NRIC/Passport Number

GXXXX864P

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

## **DETAILS OF INJURED PERSON 1**

Name

JUMAT BIN MAAROF

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBB5663U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 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 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.

HUNG SAN HONG WEI PTE LTE 1002 BUKIT MERAH LANE 3 #01-85 SINGAPORE 159719

Policybolder's Signature: 98316183 Date & Time: Driver's Signature

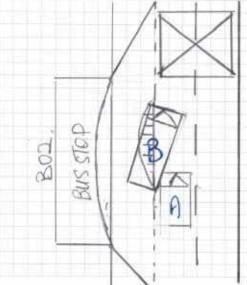
(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



(Bus Stop BOD)

A) GBB 56634 B) SG 5158J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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#### DECLARATION

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

显出内证据人任政公司 HONG SAN HONG WEI PTE LT

Policyholder's Signature ORE 159719

Date & Time: SINGAPORE ISSUED REPORTED THE DESCRIPTION OF THE PROPERTY OF THE

Driver's Signature

Date & Time:

Reporting Centre Personnel

Name:

NRIC/FIN No.:



# ACCIDENT STATEMENT

Ą	CCIDENT DATE:	ON 700 100/1	MM/YYYY), TIME:(	16.14 VIH	H:MM)
Lo	CATION: MANUE		Cough way	(RO2)	Pay 1/8
	DETAILS OF VEHICLE NUMBER     DINSURANCE CO     OPOLICY NUMBER	DER: GBB 56631	<u> </u>		
	d)POLICY TYPE: (0 e)MAKE & MODEL f)TYPE:(SALOON /	COUPE / MPV /VA	HRE PARTY / THIRD	CYCLE / OTHE	HEFT) (RS)
mount	h Purpose of US I) ARE YOU CLAIM	ORY: (PRIVATE / CC ING AT ACCIDENT TI NG UNDER YOUP O	WN INSURANCE (YE	PRCYCLE)	
AUZING	A) NAME: HONG	SEN HOLLS W	61 201 120	MALE / FEMAL	.EĮ
434	b)NRIC/FIN/PASSP c)ADDRESS:	ORI:	CONTA	CT:	
MNO of passange Clarifolding drive	3. DRIVER	The same of the sa	and the second second	MANE / FEMAL	53056
	"d)DATE OF BIRTH: e)OCCUPATION: (II f)D97E OF DRIVING	NDOOR / OUTDOO	](DD/MM/YYYY) R)	\$ 0 <sub>4</sub>	
	IF NO, RELATIONS  a) WEATHER CONDI	EMPLOYEE OF THE SHIP OF THE DRIVI TION: (OLEAR / RAIN	ER WITH INSURED	HIRFER	(§)
6	. WAS ANYBODY INJU . a) REPORTED TO PO	(DRY / WET) / OTHER JRED (YES / NO)	· · .		
Af his of passonger Clindurding driver	<ul> <li>THIRD PARTY VEHICLE</li> <li>D) VEHICLE NUMBER</li> <li>D) DRIVER'S NAME</li> </ul>	SG 5158,	J MODEL:	SPS BAR	
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#### Claim Handling Accident MT/1098134 1100547433-01 Vehicle, No. toros se extra GST Registration No. Contribute No. 5100547632-01-000005 Policyholder Name HONG SAN HONG WELFTE LTD Princyholder NRIC 1995038672 Product Code PLEET MASTER ENSURANCE Cover Type Third Party Louises Contact No (Moinle) \$117305e Contact Neu(Office) Cantact No (Ptime) Email Address Special Kemerk еСойе TOAT eCode Resson NCD Protection NCD Entitlement(%) Private Him No P. Accident Details Amptet Date 26/07/2020 12:33 Accident Report Within 24 hrs. Accident Type Side Swine Date of Assidem 27/07/3026 Time of Accident hhumm 16:15 Country of Accident Singapore Reporting Centre Orange Force: ICH No. **Accordent Location** ALDRIG CHOA CHI KANG WAY (BUS STOP BOZ) P Total Excess Applicable Escess-Type Per-Accepted Windscreen Excess 0.00 00 Standard Excess 0.00 TP Standard Excess 1,500,00 VIED DO Excesa THE THE COLF Driver is Covered? ILOD. Covered Additional Excess Total DO Excess Applicable 6.00 Total TV Escaps Applicance 1,500,00 w Benefitz · GST Registered Information **GST** Registered GST Registration Date GST Registration No GST Status Verified Hooffication Highlary 28/07/2020 13:44:51 System changed GST Status Verified from No to Yes. - Policyholder Hailing Address BL# 1002 #01-85 BUILT HERAH LANE 3 Address 2 WLEXANDRIX VILLAGE INDUSTRI Address 4 SINGAPORE INSTITU Address Type Singapore address Post Cinte 139219 Link No. 01:85 Related Policy Number \$108547847-01 □ DI Driver Info Driver Name Driver Type Unnamed Driver Unnamed striver Name JUNAT BEN MAAKOF Driver NIGC 5173131 W Driver Dos 14/03/1965 Pergrater Date of Driver License 85/98/2003 Driver Age Driving Experience Contact No.(Mobile) 81133056 Contact No. (Office) Contact No.(Home) 9 JUN JAYA PUTRA Appress 2 3/12 BANDAR SAVA PUTRA Address 7 IS PHALMISTA Address 4 81100 Address Type Pareign address Post Code tiot No. Dues he own a Singapore Registered car? Yes: No Dysver Vanicie No. 5885663-) Driver Breuner Company Breathewser or Black Test Reading? Any injury? Yes No Hedrhusben History Claim 001 New Claim Type + 00-HX Name HONG SAN HONG WEI FTE LTD REACH \$99.5039872 As . Contact No (Mornie) Small Address Vehicle 9051183 CRESSELL Claim Description G885663U / 8G5358X DN 27 Jul 2020 Inquired Cability | Not at Pault Workshop Resident No. Ves Finalisation Preferred Workshop, Name unk Date Registered 28/07/2020 12:45 Date 28/07/2020 00: Report Taken By RDSLI WARAB Seve Submit Attachment Accident No. MT/YORKI W Claim No. 991 Last Doc. Received: ₩ Yes D No. Unload Date 28/07/2020 12:48 Category \* Confidential Choose File No file chosen w Normal Char w] 140 Choose File I tvo file chosen Clear Pietoe Select w No 4 Named Chagge File No file chosen Clear Please Scient ¥ NO Choose File No file chosen w No Char Please Stiect Normal w. Choose File No file chosen Char Please Select ₩ NO Normal Choose File No file chosen w No Ckier Planta School w Nummal 4 Send May Martiners Uphreded By/Date Category Departury Cancription

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#### 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 : 5108547632-01-000005

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: GBB5663U

Chassis Number

JN1MG4E2520792599

2. Name of Policyholder

: HONG SAN HONG WEI PTE LTD

3. Effective Date of Insurance

: 23 Jun 2020

4. Expiry Date of Insurance

27 Jun 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 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 headings.

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : \$\$1,500 INSURE WITH COE : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED : N/A

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

: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)

Date of Issue

: 01 Apr 2020 12:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive