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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 wilholding of material facts may allow insurance compenies 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 ladgement of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

aforesaid.	sont to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/08/2020 11:31
Date Of Accident	31/07/2020 00:05
Exact Location Of Accident	OASIS TERRACE CARPARK (PUNGGOL DRIVE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA5472J
Insured/Policyholder	
Name Of Registered Owner	ADVANCE ENGINEERING & TECHNOLOGIES
Co Reg No	5XXXX671D
Email Address	ADVANCE88@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92462939
Alternative Phone No	OFFICE-92462939
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
Income Comme	

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

5111741868

Cover Note Number

Driver

Name of Driver ONG ENG KEAT, DICKSON

 NRIC No
 SXXXX686J

 Date Of Birth
 21/12/1987

 Occupation
 OUTDOOR

 Date Of Driving Pass
 01/07/2008

Driving Experience 12 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92462939

Fax Number

Contact Number OTHERS-92462939

EMail Address ADVANCE88@HOTMAIL.COM

Address

BLK 140 SERANGOON NORTH AVENUE 2

#07-30

Postcode

550140

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

COLLIDED INTO PARKED VEHICLE

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

on.

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

VO

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)

1

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

SMD972U

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

GOH SU KHENG, MAGDELINE

NRIC/Passport Number

Contact Number

82333552

Address

Postcode

Insurance Company Name

Nature Of Damage

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 <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")
- 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:

A 15.35

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

SKETCH PLAN	CASIS -	Infraer	GHEPARK	(PUNLYGUL	DRWH)
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3) SMO 972					
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I/We declare the for eoing	particulars are true in	every respect.		al 03/0	(2020)
Policyholder's Signatur Date & Time:	Driver's Si (If driver a Date & Ti	s not the policyh	older)	Reporting Centre Parko Name: NRIC/FIN No.:	mers signature for

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643	REC BURIT MERAN, EMBETO (NATH S (BURIT HERAN)) o	THAL ASSESSMENT CONTRESERVICE of the property of the service	598		Nema	6	n5 2020-a-y
	3445	PHAL ASSESSMENT CENTRE SURVICE # 03 Aug 2020 12:03	Maria		home	99	(6) (2) (20-8-1
	555200000	DHAL RULERSHEAT CERTAE SERVICE or 63 Aug 2020 52:03	MAIC/ Shiring (richney	3	remail	NRC On	my ineres 2020-8
15.7	THE BURT MERAH SIDETH NATI	ONAL ASSESSMENT LENGTH SPRINGS IN 63 Aug 2021 12:02	APIC/ Driving License	, y.;	Material	194107 001	ring Liconos 2010-s
	MAC_BURLT_MERIAN_ECORPU THET S (BURLT MERAN))	ONAL ASSESSMENT CENTRO SERVICE on 87 Aug 2020 12:03	Plans		Norman	200	imes 2026-9-3
	HAC_MUNIT_MENAN_BUSHINGT HAT! 5 (BUNIT HENRY);	ONAL ACCEPTANCE CENTRE SERVICE on \$1 Aug 2230 12:02	Pfetos		Normal		Mrs 2020-8-3
1	HAZ_BURIT_MERAH_BOODFS; NATI S (BURIT MERAH))	ONAL ASSESSMENT CENTRE DERVICE M ITT Aug 2020 12:04	Photos		Normal	19	100us 2029-8-3
ALC:	NAC BURIT PERAN BUSINESS NAT B (BURIT PERAN)	IONAL ARRESSMENT COMING STRICCS OF D3 Aug 2020 12 On	PHOTOG		Normal		Here 2012 (i.e. a
-		IONAL ROSESOMENT CENTRE SERVICE OF EX AVO 2020 13-04	House		Normal	, and the second	Namus 2025-0-3
13	NAC_BURST_MERAH_RUDURG RAT S (BURST MERAH)	IONAL ASSESSMENT CENTAL LIBVICE IN 13 Aug 2020 12:04	Mana		Marriel	ř	Herne 2529-8-9
: 4	E-POST PERMIT	ICHAL AGERTAMENT CENTRE DECVICE ON BY AND 3020-12-04	Printers		Accessed		Norma 2020-0-3
20						A Datesta	
Marine and			Claim Handling(a	acciden	Leporting Clain	r Task)	



Certificate of Insurance

11.5	- moditance
MOTOR VEHICLES (THIRD PARTY RISKS AND CO MOTOR VEHICLES (THIRD PARTY RISKS AND CO ROAD TRANSPORT ACT, 1987 (MALAYSIA)	OMPENSATION) RULES, 1960
MOTOR VEHICLES (THIRD PARTY RISKS) RULES,	, 1959 (MALAYSIA)
Certificate Number: 5111741868	Cover : Third Party
 Index mark and Registration Number of Vel 	hicle : GBA54721
Chassis Number	: JTFAT35Y103001238
2. Name of Policyholder	ADVANCE ENGINEERING & TECHNOLOGIES
3. Effective Date of Insurance	23 Aug 2019
4. Expiry Date of Insurance	22 Aug 2020
Persons or Classes of Persons entitled to dr.	ive#
(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 per-	mitted in accordance with the licensing as all a
The state of the pect to be the	HILLED and is not disculating by order of - Court of t
enactment or regulation in that behalf 6. Limitations as to Use#	from driving the Motor Vehicle.
(b) Use for the carriage of passage po	urposes and in connection with the Policyholder's business or profession.
This Policy days are a	pods 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 t	trial or speed-testing.
(c) Use whilst drawing a trailer except the t	towing of any one disabled mechanically propelled vehicle.
headings.	ction 8 of the Motor Vehicle (Third Party Risks and Compensation) Road Transport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1) : N/A	
EXCESS (SECTION 2) : N/A	
INSURE WITH COE : N/A	
HIRE PURCHASE COMPANY : UNIT	TED OVERSEAS BANK LIMITED
SUM INSURED : N/A	
A compensation A	Certificate relates is issued in accordance with the provisions of the Motor act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency : DICKSON INSURANC	E AGENCY PTE. LTD. (00000573832)
Date of Issue : 16 Aug 2019 15:34 h	irs .
Zonaf	For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	
Authorised Of	fficer Chief Executive