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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.
- 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.

William Committee Committee	ACCIDENT STATEMENT						
Date Of Report	12/08/2020 14:27						
Date Of Accident	11/08/2020 13:00 UBI CRESCENT LOBBY C						
Exact Location Of Accident							
Country/State of Loss	SINGAPORE						
A Section of the section of	DETAILS OF OWN VEHICLE						
Vehicle Registration Number	GW3887J						
Insured/Policyholder							
Name Of Registered Owner	JIN TAI GROUP PTE. LTD.						
Co Reg No	2XXXXX555K						
Email Address	NOEMAIL						
Mobile Phone No							
Alternative Phone No	OFFICE-90239780						
Vehicle Particulars							
Manufacturer	ТОУОТА						
Model	LITEACE						
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	THIRD PARTY						
Fleet Policy	NO						
Policy Number	5109652356-01						
Cover Note Number							
Driver							
Name of Driver	WAN MING						
Passport No/FIN	GXXXX092W						
Date Of Birth	27/09/1974						
Occupation	OUTDOOR						
Date Of Driving Pass	26/06/2009						
Driving Experience	11 YEARS AND 1 MONTH						
3ender	MALE						
Mobile Number	(LOCAL) +65-81585125						
Fax Number							
Contact Number							
EMail Address	NOEMAIL						

Address 11 PASIR RIS WAY Postcode 518527 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) 2 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? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) **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? NO **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number UNKNOWN Vehicle Make/Model/Colour Details Of Properties Vehicle Category MOBILE EQUIPMENT Name of Driver NRIC/Passport Number Contact Number Address Postcode

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

No. Of Passenger (Including Driver)

Insurance Company Name

Nature Of Damage

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

WALL

NA/UNKNOWN

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.
- 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.
- 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

JIN TAI GROUP PTE LTD

Policyholder's Signature Date & Time:

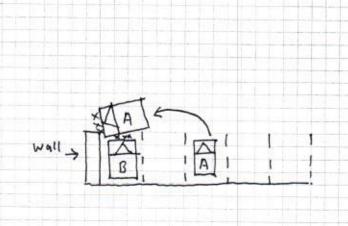
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



A= GW 38875

B = Unknown.

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 :

: CR425004837

: 17 Jun 2020

: 16 Jun 2021

: GW3887J

Third Party

JIN TAI GROUP PTE. LTD.

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: 5109652356-01

1. Index mark and Registration Number of Vehicle

Chassis Number

Name of Policyholder

Effective Date of Insurance

4. Expiry 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 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) : N/A

EXCESS (SECTION 2) : N/A

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

; 16 Jun 2020 10:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

ACCIDENT STATEMENT

ACCII	DENT DATE: 11	1812	6)(DD/N	MM/YYYY), 1	TME:(_13_:_)(HH:MM)
LOCA	TION:U	bi Cre	scent.	Lobby	C	
10	DETAILS OF VEH	HICLE		9.00		8
	a) VEHICLE NUI		GW 38	877		
	b)INSURANCE					
89	c)POLICY NUM	10.7	1,000			
	dJPOLICY TYPE:		JENSIVE / TI	JIDD BARTY	/TIMED DARTY	CIDE STUEET
	e)MAKE & MOD		ILINSIVE / II	TIKD PAKIT	/ IHIKD PARIT	FIRE & I HEFT)
	(A)		(145) (044)			
	f)TYPE:(SALOON	TOODY (DD	MPV /VAN	LORRY/	MOTORCYCLE	(OTHERS)
	g) VEHICLE CAT	EGORT: (PR	IVAIE / CO	MMERCIAL	/ MOTORCYC	LE)
	h)PURPOSE OF	USING AT A	CCIDENT TI	ME: W	orking	
	I) ARE YOU CLAI	MING UND	ER YOUR O	WN INSURA	NCE (YES/NO)	
2	IF NO, PLEASE	STATE (THIRT	J PARIY CL	AIM / REP.C	RTING ONLY)	9
2.	INSURED / POLICE			4 . 14.1	4-000	
	A) NAME: In		And the second s			
	c) ADDRESS:		70		CONTACT:	025 4480
V 2 4	CJADDRESS:					
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M e /	DRIVER	3.d IF DRIVE	R ALSO PO	LICY HOLD	ER	
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(Including driver)	b)NRIC/FIN/PAS	SBORT.				FEMALE)
/		ACCOUNT OF THE PROPERTY OF THE	V	4	CONTACT:	1282123
	c) ADDRESS:	rasir	Nis V	vay &	(3) 2182	2+
	*d)DATE OF BIRTI	H- (/	1	MODAMA	//////	
20	e)OCCUPATION	· INDOOR	/ DUITDOO!	_/(DD/(M)M	/1111)	13 (8)
	f)YEARS OF DRIV			N	19	
	WAS DRIVER A			INSURED'S	COMPANY	(YES / NO)
1	IF NO, RELATIO	NSHIP OF	THE DRIVE	ER WITH IN	SURED:	(120 / 110 /
5. 0) WEATHER CON	ADITION: (C	LEAR / RAIN	VING / OTH	ERS	1
ł)ROAD SURFAC	E: (DRY / W	ET / OTHER	S		
6. V	WAS ANYBODY I	NJURED (YE	S / NO1	Ψ		
	REPORTED TO F					
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. 8. T	HIRD PARTY VEHI			.,,,,,		
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Induding driver)						
()	c) NRIC/FIN/PA	SSPORT:	8-8		CONTACT:	
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Claim Handling Accident MT/1099647 Policy No. 5109652356-01 Vehicle No. GW3887J GST Registrati-Certificate No. Policyholder Name JIN TAI GROUP PTE. LTD. Policyholder NI Product Code COMMERCIAL VEHICLE INSURA Cover Type Third Party Loading Contact No.(Mobile) 90239780 Contact No.(Office) Contact No.(Hr Email Address Special Remark eCode KEK No Yes No Yes eCode Reason NCD Protection No. NCD Entitlement(%) 20 Private Hire Accident Details Report Date 12/08/2020 14:46 Accident Report Within 24 hrs Yes Accident Type Date of Accident 11/08/2020 Time of Accident hh:mm 13:00 Country of Acc Reporting Centre Orange Force ICM No. Accident Location UBI CRESCENT LOBBY C ▼ Total Excess Applicable Excess Type Per Accident Windscreen Excess 0.00 OD Standard Excess 0.00 TP Standard Excess 0.00 YIED OD Excess 0.00 YIED TP Excess 0,00 Driver is Cover Additional Excess Total OD Excess Applicable 0.00 Total TP Excess Applicable 0.00 **▽** Benefits GST Registered Information GST Registered **GST Registration Date** 01/0 GST Registration No. 200514555K GST Status Verified Modification History 12/08/2020 14:48:26 System changed GST Registration Date from 01/01/2015 to 01/03/2009 12/08/2020 14:48:26 System changed GST Status Verified from No to Yes Policyholder Mailing Address Address 1 10 UBI CRESCENT Address 2 #01-51 UBI TECHPARK Address 3 Address 4 Address Type Singapore address Post Code Unit No. Related Policy Number 5109652356-01 OI Driver Info Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name WAN MING Driver NRIC G7589092W Driver DOB Register Date of Driver License 26/06/2009 Driver Age **Driving Experis** Contact No.(Mobile) 81585125 Contact No.(Office) Contact No.(H Address 1 11 PASIR RIS WAY Address 2 # PASIR RIS BEACH PARK Address 3 Address 4 Address Type Singapore address Post Code Unit No. Does he own a Singapore Yes No Driver Vehicle No. Registered car? Driver Insurer Declaration Breathalyser or Blood Test 0 ma Any injury? Yes No Reading? Modification History Claim 001 Claim Type * ✓ Insured Name OD-MX Contact Contact No.(Mobile) 97382700 OI Email Address Vehicle Claim Description GW3887) / UNKNOWN ON 11 Aug 2020 Preferred Insured Liability Partially at Fault Preferend Contiles No. Yes GIA report Received Preferred Workshop, Name unknown Claim Date Registered 12/08/2020 14:49 Report Taken By LIEW SHAN HUI

Print AK letter

Save Submit



Folder Date

Display in New Window Scan and uploading

File Name

P

Uploaded By/Date