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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number 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.

- 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

有在1979年的	ACCIDENT STATEMENT
Date Of Report	27/08/2020 17:52
Date Of Accident	26/08/2020 19:20
Exact Location Of Accident	CHONG PANG MARKET CARPARK
Country/State of Loss	SINGAPORE
TO SET OF THE PARTY OF THE P	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ4650X
Insured/Policyholder	
Name Of Registered Owner	TONG LOONG ENGINEERING PTE LTD
Co Reg No	1XXXXX598D
Email Address	PRABU@TONGLOONG.COM
Mobile Phone No	(LOCAL) +65-83283845
Alternative Phone No	OFFICE-83283845
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200-1.5 L (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	5109207057-01
Cover Note Number	
Driver	
Name of Driver	SAMBATH PRABU
Passport No/FIN	GXXXX364K
Date Of Birth	05/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE

(LOCAL) +65-83283845

PRABU@TONGLOONG.COM

Address

BLK 317 SEMBAWANG VISTA #02-201

Postcode

750317

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?

Number of vehicles (including own vehicle)

NO

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: DRIVER'S WIFE

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

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

SLQ1777D

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR

NRIC/Passport Number

JIMMY

Contact Number

81332169

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")
- (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.

OF TOWNS ON THE ENGROPE

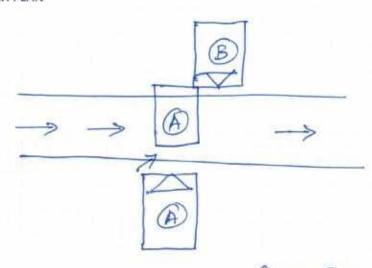
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Veh A GBJ4650x Veh BSLQ (7770) Chong Pany Market Carpanh.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Market Cappar and went to buy Food.
After i come back, i saw my van goll forward and thit on to Vehicle (B) which is
other party vehicle. Then I realised that I didn't pull up my Hand Break and
my van parking nearby and waited for car (B) owner arrival. Once he come back
i change my particular with owner of
Accident. No person Injured Pring The

DECLARATION

I/We declare the took ing 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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 08 / 20)(DD/MM/YYY), TIME: (19 : 20)(HH:MM)
LOCATION: CHONG PANG MARKET CARPARK
1. DETAILS OF VEHICLE
" a) VEHICLE NUMBER: CARTULEDY
STANSORANCE COMPANY:
dipolicy Type: (COMPRENDALING ATTION
B)MAKE & MODEL: NISSON NV, 200.
TITLE DALOON / COUPE / MPV (VAN)/ LOPPY / LOTOPOWER A PER
hipurpose de using A Commercially MOTORCYCLE
I) ARE YOU CLAIMING UNDER YOUR OWN INTUR
The state of the s
AINAME: TONG LODNIA ENGELERO PTE LTD
CIADDRESS: 6 SENORD CRESCENT, SENGAPORE
* CONTINUE TO A VI
SECTION FOR A SECTION OF THE SECTION
(1) Cladding driver SAMBATH . PRABU (MALE) FEMALE SAMBATH . PRABU
517, #02-201
SEMBALIANII, USEGO 7 TO 217
eloccupation; (INDOOR (OUTDOOR)
TOUTE OF DRIVING DACK
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) 1F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WORLD.
THE CLEAK RAINING OTHERS
6. WAS ANYBODY INJURED (YES / (ID)
A DIREPORTED TO POLICE (YES / NOT
IF YES, PLEASE STATE WHICH POLICE STATION:
THE CY PASSIBLEY OF VEHICLE HUMBER CI MINTER
DRIVER'S NAME: Jtmmy
9. THIRD PARTY VEHICLE CONTACT: \$133 2169
Ho of passanger of VEHICLE NUMBER: MODEL:
Industing driver) II NEIC (ENVENERAL NAME)
CONTACT:

email = praby @tongloong.com

Manual Parlament	ccident MT/1101380								
This part This	lolary No.	5109207057-01	Vehicle No.	GB346508		GST Registrat	ion No. 9201	191406	
Company Comp	Dersificate No.:								
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Politic Date



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: 5109207057-01

Cover : Preferred Workshop Plan

1. Index mark and Registration Number of Vehicle

: GBJ4650X

Chassis Number

: VSKYBAM20Z0175567

2. Name of Policyholder

: TONG LOONG ENGINEERING PTE LTD

3. Effective Date of Insurance

: 30 Apr 2020

4. Expiry Date of Insurance

: 29 Apr 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)

: 5\$600

EXCESS (SECTION 2)

: N/A

WINDSCREEN EXCESS

: 5\$100

INSURE WITH COE

: YES

HIRE PURCHASE COMPANY

SUM INSURED

: HL BANK

: 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)

: RED AUTO PTE LTD (00000573774)

Date of Issue

: 17 Apr 2020 18:36 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive