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			3000000000000000000000000000000000000	CASTACON CONTRACTOR CO
1) Apply for Transport Allowance ( )/C	Courtesy Car (	)		
2) QC Check / Post Repair Inspection	( ·)		<u> </u>	<del></del>
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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.
- 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.

atoresaid,	
TALL OF CLASS CONTROL OF STREET, STREE	ACCIDENT STATEMENT
Date Of Report	24/09/2020 10:43
Date Of Accident	03/07/2020 10:30
Exact Location Of Accident	ANCHORVALE CLOSE
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC3213C
Insured/Policyholder	
Name Of Registered Owner	GRAND SINCERE TRANSPORTATION
Co Reg No	5XXXX577E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92393657
Alternative Phone No	OFFICE-92393657
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111945802
Cover Note Number	
Driver	
Name of Driver	WANG KENG MUI
NRIC No	SXXXX338F
Date Of Birth	17/04/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1978
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92393657
Fax Number	
Contact Number	OTHERS-92393657

NOEMAIL

Address

BLK 676 HOUGANG AVENUE 8

#04-565

Postcode

530676

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

NO COLLISION

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

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CLEMENTI NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 427 CLEMENTI AVENUE 3, POSTCODE: 120427, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7759999 - FAX NO: 67764246

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200824/2125

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 Vehicle Make/Model/Colour

SFE1973M

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

• :0	
	Nature Of Damage  No. Of Passenger (Including Driver)
	Page 3 of 20

#### 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 <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 insurers) 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

24/9/2020

(ii) for complying with requirements under any regulations, laws or court orders.

Grand Sincere TRANSPORTATION Blk 408 Ang Mo Kio Ave 10

Policyholder's Signature opore 560408 Driver's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN No Cocusion UNIKNOWM DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect.

Grand Sincere TRANSPORTATION

ner

24/5/2020

Policyholder 4 Signature Mo Kio Ave 1 Driver's Signature
Date & Timel-785 Singapore 560408 If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 03/07/2000 (DD/MM/	YYYY). TIME: ( 10 20 ) (HH:MM)
LOCATION: ANCHORVALLY ROOTS	Cloth
a) VEHICLE NUMBER: PC 32/3 C	
CIPOLICY NUMBER: 5/19 4/80)	7
d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT
6)MAKE & MODEL:	
G) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL / MOTORCYCLEI
h)PURPOSE OF USING AT ACCIDENT TIME:  i) ARE YOU CLAIMING UNDER YOUR OWN II	NSIDANCE IVES INC.
IF NO, PLEASE STATE (THIRD PARTY CLAIM	/ REPORTING ONLY)
ANAME: CHOND SINCHEM TP	1
bjnric/fin/passport:	(MALE / FEMALE)
c)ADDRESS:	CONIACI
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
THO of passange, DRIVER	HOLDER
(Including diago) a)NAME:	(MALE / FEMALE)
() b)NRIC/FIN/PASSPORT;	CONTACT: 9239365/
C/ADDRESS:	
*d)DATE OF BIRTH: (	D/MM/YYYY) ·
e)OCCUPATION; (INDOOR / OUTDOOR)	
HOATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSU	IRED'S COMPANYS (VEG ', NO)
IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED:
5. a) WEATHER CONDITION: (QLEAR / RAINING	/ OTHERS
6. WAS ANYBODY INJURED (XES (NO)	_ · · ·
7. a) REPORTED TO POUCE (YES / NO)	· · · · · · · · · · · · · · · · · · ·
IF YES, PLEASE STATE WHICH POLICE STATIO	N: CLAMAN !
He of passinger of VEHICLE NUMBER: SFE (973M	
Including driver) b) DRIVER'S NAME	MODEL:
( ) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
No of passanger e) VEHICLE NUMBER:	MODEL:
Induding driver)   NRIC/FIN/PASSPORT:	CONTACT:

email =





T/20200824/2125

1 of 3 Report No. T/20200824/2125

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

## REPORT OF A TRAFFIC ACCIDENT

	ne Report M 120 18:46	lade:	Vide Report No.: Station Diar 23		
Informa	nt's Partice	ulars			
	Informant: KENG MUI		Address: APT BLK 676 HOUGANG AVENUE 8 #04-565 SINGAPOI 530676		
	/ ID No.: D / S12963:	38F	Contact No.: Home/Office: Mobile: 92393657		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 62	Date of Birth: 17/04/1958	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupat Driver	ion:		Driving Licence Information: Class:	Date of Expiry:	

And the second s	mation of the Accide		T5 . T: /	T f.l stiens
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 03/07/2020 10:30	Type of Location: Car Park
Location:				
ANCHORVA	LE ROAD			
Weather:		Road Surface:	F	Road Speed Limit:
				- # \/ - \
The second secon		Traffic Control:	1.2	
Traffic Flow:		Trailic Control.		Traffic Volume:
	nion:	Tranic Control.		
Traffic Flow: Type of Collin	sion:	Traine Control.		Anyone conveyed by ambulance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3213C	Van				No Damage	0
SFE1973M	Car				No Damage	0





2 of 3 Report No. T/20200824/2125

Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

#### CONTINUATION OF REPORT

#### Brief Details.

I am a freelance driver and I had rented a van bearing registration plate PC3213C since more than 1 year ago. As and when, random company would engage me to fetch their employee from a specific location and to alight them at a given location. Usually the payment methods would be in cash. Occasionally, I would also work as Grab driver using the said vehicle.

To what I can recall, on 03/07/2020 at about 1030hrs, I received a call from a random company with a request to fetch their employee at HDB carpark Blk 350 Anchorvale Close, and to deliver them to International Business Park located at Jurong. Hence, I went to the said carpark and stopped at the drive way of the car park vicinity to fetch the passengers.

After the passengers had boarded my van, I made few reverse and few forward drive to aligned my van into the opposite direction in order to leave the car park vicinity. After which, I left the vicinity for the designated destination. That is all I can recall. No one was injured and no government property was damaged. My van did not have any damage nor scratch. There were no collision nor were there any accident throughout the journey.

However, I received instruction to lodge an NP168 ref to TP/IP/28661/2020. My van have an in car camera, but I am not sure whether the footage dated 03/07/2020 could still be retrieve.





Police Station Of Origin: Clementi NPP 427 Clementi Avenue 3 #01-456 SINGAPORE 120427 Tel No: 1800-7759999

3 of 3 Report No. T/20200824/2125

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Rep D / Sr Staff Sgt IBNU MUSALLI BIN HAMID	
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2020 18:46
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have

## Claim Handling

Accident MT/1102935							
Policy No.	5111945802	Vehicle No.	PC3213C		GS	T Registra	ti
Sertificate No.	5111945802-000006						
Policyholder Name	GRAND SINCERE TRANSPORTATION				Pol	icyholder	NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive		Los	iding	
Contact No.(Mobile)	NA	Contact No.(Office)			Cor	ntact No.	Hi
Email Address		Special Remark			eCr	ode	
KFK	No Yes	TCA	No Yes		eCr	ode Reas	m
NCD Protection	No	NCD Entitlement(%)	0		Pri	vate Hire	
S - 22 to 2028, 2018 SHADO	10/00/2020 14:34	Accident Report Within 24 hrs	Yes		Act	cident Typ	e
Report Date	10/09/2020 14:34	Time of Accident hh:mm	10:30		Co	untry of A	cc
Date of Accident	03/07/2020		10.30			M No.	
Reporting Centre		Orange Force			101	1110	
Accident Location	ANCHORVALE CLOSE						
→ Total Excess Applicable	e	2005					
Excess Type	Per Accident	Windscreen Excess		100.00			
DD Standard Excess	2,000.00	TP Standard Excess		3,000.00			
VIED OD Excess		YIED TP Excess			Dri	iver is Co	ABI
Additional Excess							
Total OD Excess Applicable	2000.00	Total TP Excess Applicable		3,000.00			
<b>▽</b> Benefits							
	nation						
GST Registered	No		GST Registra	ation Date			
GST Registration No.			GST Status \	/erified		,	es
Modification History							
Policyholder Mailing A	Address						
Address 1	BLK 408 #01-785	Address 2	ANG MO KIO AVENU	E 10	Ac	dress 3	
Address 4		Address Type	Singapore address		Po	ost Code	
Unit No.		Related Policy Number	5111945802-01				
♥ OI Driver Info							
Driver Name		Driver Type					
Unnamed driver Name		Driver NRIC			D	river DOE	
Register Date of Driver Licens	ee	Driver Age			D	riving Exp	en
Contact No.(Mobile)		Contact No.(Office)			C	ontact No	(H
Address 1		Address 2			A	ddress 3	
Address 4		Address Type	Foreign address		P	ost Code	
Unit No.							
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			D	river Ins	rer
Modification History							
Claim 002 New							
				QD-MX	v	Insured	G
Claim Type *				JO-MA		Name Contact	2
Contact No.(Mobile)						No.	
water worthweit.				(1)		(Home)	_
Email Address					1	Vehicle Number	P
Claim Description				PC3213C / SFE1973M O	N 3 Jul :	2020	_
Preferred Workshop	Insured Liability Not at			1			
Requiret No. Yes	Repair Preferred Worksho	op, Name unknown V GIA Receiv	ved Y			Claim	F
Date Registered	September 1			24/09/2020 11:07		Close Date	L
Report Taken By				ROSLI WAHAB		]	
report raken by				W-1000000000000000000000000000000000000		25	
Print AK letter							
			Caus Cubmit				
			Save Submit				
101							

ccident No. MT/1102935 Claim No. 002 Last Doc. Received @ Yes O No Upload Date 24/09/2020 11:08 Path \* Category \* Confider Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select Choose File No file chosen Clear Please Select ٧ Choose File No file chosen v Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear v No Please Select Attachment List Ŷ Attachment Uploaded By/Date Category Urgency NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal n 24 Sep 2020 11:08 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Ph n 24 Sep 2020 11:08 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Ph n 24 Sep 2020 11:07 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal n 24 Sep 2020 11:07 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Sep 2020 11:07 Normal Photos NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal n 24 Sep 2020 11:07 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal n 24 Sep 2020 11:07 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal. n 24 Sep 2020 11:07 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Sep 2020 11:07 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Sep 2020 11:07 Normal Photos NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Sep 2020 11:07 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o Normal Photos n 24 Sep 2020 11:07 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o NR1C/ Driving License NRIC/ Driv n 24 Sep 2020 11:07 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o n 24 Sep 2020 11:07 5 SAS Normal Video List Uploaded By/Date Folder Date File Name

Display in New Window Scan and uploading

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_	800601		Change Lan	guage • Change Password	' Log Out
My Desktop	<b>Policy Query</b>				
Notice of Loss	Policy No.		Date of Accident	03/07/2020 10:28	
	Vehicle No.(For Motor)	PC3213C	Certificate Number		
			Search		
	Select Policy No.	Certificate Policyholder Name	Policyholder Product Cover Type NRIC	Vehicle Insured Commence No. Object , Date	Expiry Date
	O 5111945802 5	111945802- GRAND SINCERE 000006 TRANSPORTATION	53071577E GFM Comprehensive	PC3213C PC3213C 31/12/2019	09/09/2020