

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 withholding 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.

ACCIDENT STATEMENT

Date Of Report	14/10/2020 18:47
Date Of Accident	12/10/2020 16:45
Exact Location Of Accident	ALONG JALAN SENANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD366A
Insured/Policyholder	
Name Of Registered Owner	ELITE INTEGRATED SERVICES PTE. LTD.
Co Reg No	2XXXXX161W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96199092
Alternative Phone No	OFFICE-96199092

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	CADDY-1.6 D (M)
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5119058093
Cover Note Number	

Driver

Name of Driver	TAN CHEW SIM
NRIC No	SXXXX974E
Date Of Birth	05/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	13/10/1983
Driving Experience	36 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96199092
Fax Number	
Contact Number	OTHERS 06100000

Address	BLK 507 WEST COAST DRIVE #11-237
Postcode	120507
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	SIDE SWIPE
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?	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	YP2467T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SUN WANLI
NRIC/Passport Number	GXXXX401K
Contact Number	97712027
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Veh A: GBD 366R

Veh B: YP 2467T

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7. 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:
 - (i) 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

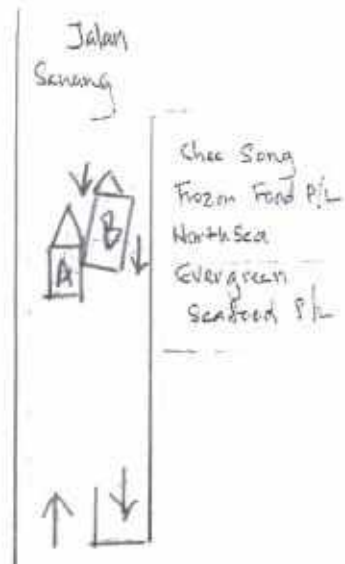
ELITE INTEGRATED SERVICES
PTE LTD

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.:

SKETCH PLAN
 Veh A: GIBD 366A
 Veh B: YP 2467 T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i driving along Jalan Senang outside between Evergreen Seaford P/L & Chee Song Frozen Food P/L. I saw Vehicle B make a sudden reverse then i apply horn and make e-brake to complete stop. However, Vehicle B continue to make a reverse and hit onto my vehicle.

DECLARATION

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

ELITE INTEGRATED SERVICES
 PTE LTD

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:

[Handwritten signature]
[Handwritten signature]

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 12/10/2020 *Time of Accident: 1651 HRS
*Accident Location: Jalan Senang

Vehicle Details

*Vehicle Number: GBD 366 A *Make & Model: Volkswagen Caddy 1.6

Insured / Policyholder

*Owner Name: Elite Integrated Services Pte Ltd *NRIC: 201223161W
*Address: _____
*Email: _____ *HP: 9619 9092
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

Driver () same as above

*Driver Name: Tan Chew Sim *NRIC: S 2185974E
*Address: Blk 507 West Coast Dr #11-237 Singapore 120507
*Date of Birth: 5/9/1963 *Driving Pass Date: 13/10/1983 *HP: _____
*Email: _____ *Gender: Male / Female
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: 9619 9092
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: NTUC *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: VP 2467 T (Chee Song Frozen
Make & Model: Food Pte Ltd)
Vehicle Category: _____
Name of Driver: Sun Wanti
NRIC : G 2216401K
HP : 9771 2027
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Sideswipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling

Accident MT/1106610

Policy No.	5119058093	Vehicle No.	GBD366A	GST Registr
Certificate No.				
Policyholder Name	ELITE INTEGRATED SERVICES PTE. LTD.			Policyholder T
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Comprehensive	Loading
Contact No.(Mobile)	96199092	Contact No.(Office)		Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

➤ Accident Details

Report Date	14/10/2020 18:58	Accident Report Within 24 hrs	Yes	Accident Typ
Date of Accident	12/10/2020	Time of Accident hh:mm	15:50	Country of As
Reporting Centre		Orange Force		ICM No.
Accident Location	ALONG JALAN SENANG			

➤ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Conv
Additional Excess				
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

➤ Benefits

➤ GST Registered Information

GST Registered	Yes	GST Registration Date	12
GST Registration No.	201223161W	GST Status Verified	Yes
Modification History	14/10/2020 18:57:44 System changed GST Registered from No to Yes. 14/10/2020 18:57:44 System changed GST Registration No. from null to 201223161W 14/10/2020 18:57:44 System changed GST Registration Date from null to 12/08/2014		

➤ Policyholder Mailing Address

Address 1	194 PANDAN LOOP	Address 2	#05-24 PANTECH BUSINESS HI	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	06-27	Related Policy Number	5119058093	

➤ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	TAN CHEW SIM	Driver NRIC	S2185974E	Driver DOB
Register Date of Driver License	13/10/1983	Driver Age	37	Driving Exper
Contact No.(Mobile)	96199092	Contact No.(Office)		Contact No.(I
Address 1	BLK 507 #11-237	Address 2	WEST COAST DRIVE	Address 3
Address 4	SINGAPORE 120503	Address Type	Foreign address	Post Code
Unit No.	11-237			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	GBD366A	Driver Insur

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX

New

Claim Type *

Contact No.(Mobile)

Email Address

Claim Description

Preferred

Workshop

Status No.

Finalisation

Date Registered

Report Taken By

Print AK letter

OD-MX

Insured Name

Contact No. (Home)

O1 Vehicle Number

GBD366A / YP2467T ON 12 Oct 2020

Insured Liability Not at Fault

Preferred

Repair Option

Preferred Workshop, Name unknown

GIA report

Received

14/10/2020 18:58 Claim Close Date

ROSJI WAHAB Workshop Repairer

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 : 5119058093

Cover : Comprehensive

- | | |
|---|---------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBD366A |
| Chassis Number | : WV1Z222KZEX117983 |
| 2. Name of Policyholder | : ELITE INTEGRATED SERVICES PTE. LTD. |
| 3. Effective Date of Insurance | : 17 Sep 2020 |
| 4. Expiry Date of Insurance | : 08 Nov 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)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: HL BANK
SUM INSURED	: 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)

Agency : CASA MERAKI PTE. LTD. (00000573856)
Date of Issue : 16 Sep 2020 13:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: NNA420090069 Vehicle Registration No: G8D 366A
Name (as shown in NRIC): Tan Chaw Sim NRIC/FIN/Passport No: S 2185 994 E
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): 9619 9092 Mobile No.: _____
Email Address: _____
Date of Accident: 12/10/2020 Time of Accident: 1651 hrs
Place of Accident: Jalan Senang
Insurance Company: NIVE Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Claim Type To 'Reporting Only'

ELITE INTEGRATED SERVICES
PTE LTD

Policyholder / Driver's Signature

Date: 16 OCT/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: