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Professed Wkep / INC Aceign Wkep / QW: (all-i		Toli	Fi	ort	
Tr Indiculars Veh Nor OR	7 4119 P.	. INC(.)/Non-INC	().		
Owner/Driver: (21.511		Tcl:	·		
Policy No: () Peri	lod: ()	Cover Type: ().	
Confirmed by 1 (¥	Dates,	Tim			
Insured/Driver Liability: (%) [N	lote-Est Sintus (W	O): N: 0-20	%; P: 21-79%	6. P: 80-1	00%]	
	orranty: YES ()/NO()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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

PIC TO THE REAL PROPERTY.	ACCIDENT STATEMENT
Date Of Report	27/10/2020 14:16
Date Of Accident	02/10/2020 17:00
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE
化验证据证 水浆石质温	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL9851P
Insured/Policyholder	
Name Of Registered Owner	IVY WAREHOUSING & TRANSPORTATION PTE LTD
Co Reg No	1XXXXX117D

Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90297285 Alternative Phone No. OFFICE-90297285

Vehicle Particulars

Manufacturer YAMAHA

Model FZN150-149CC

Exact Purpose for which vehicle was being used at WORKING PURPOSES time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY Vehicle Category MOTORCYCLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number 5101276630-02

Cover Note Number

Driver

Name of Driver MOHAMED ARMAN BIN MAAT

NRIC No SXXXX5281 Date Of Birth 29/04/1975 Occupation OUTDOOR Date Of Driving Pass 27/04/1993

Driving Experience 27 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90297285

Fax Number

Contact Mumber OTHERS OFFICE Address

BLK 318 BUKIT BATOK STREET 32

#03-169

Postcode

650318

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

COLLISION - HEAD TO REAR

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

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by

YES

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) YES

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

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201006/2040

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

GBJ4119P

Vehicle Make/Model/Colour

NISSAN NV200

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MOHAMED ARMAN BIN MAAT

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBL9851P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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:
 - 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)

80m

Date & Time:

Reporting Centre Personnel's S

Name:

NRIC/FIN No.:

ETCH PLAN	Awns	PIK	TOWARDS	Puas.
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			-	
			1.	

Policyholder's Signature 7 0415 Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Reporting Centre Personnel's Signature
NRIC/FIN No.:





1 of 3 Report No. T/20201006/2040

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

and the first of the Particle Annual Properties	ne Report M 020 12:08	fade:	Vide Report No.: D/20201002/0103	Station Diary No.:	
Informa	nt's Partici	ulars	2000年以来是100万年100万年100万年		
	f Informant: IED ARMAN	N BIN MAAT	Address: 318 BUKIT BATOK STREET	32 #03-169 SINGAPORE 650318	
Committee of the commit	/ ID No.: 0 / S75135	281	Contact No.: Home/Office; Mobile: 90297285		
National SINGAP	ity: ORE CITIZ	EN	Email;		
Sex: Male	Age:	Date of Birth: 29/04/1975	Type of Informant: Rider		
Race: Boyanese			Language: English	Institution / School Name:	
Occupation: DISPATCH CLERK			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Injury Conveyed By Amb	ulance	Drink Drive: No	Date/Time of Accident: 02/10/2020 17:0	00	Type of Location: Straight Road	
SELETAR EX	PRESSWAY	Road Si	urface		T Pos	d Speed Limit:	
Traffic Flow:		Traffic C	Traffic Control: Not Controlled			Traffic Volume:	
One Way		I I VOL OUI	monou			DIGIO	

VIET TO A L		1	WAS SELECT	0.1	- m	Property of the same of
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9851P	Motorcycle	YAMAHA	FZN150	Black		0
GBJ4119P	Van	NISSAN	NV200 1.5 MT	Silver		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201006/2040

CONTINUATION OF REPORT

Name	Unknown		ID No.		NIL
Related Vehicle	FBL9851P (Motorcycle)			ct No.	NIL
Hospital/Clinic	NIL	L	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	scharge NIL		
No. of Days gran	Degree of In	gree of Injury NIL			
Rider	Selections of the selection of the selec		tres	STORE .	CHARLES WELL IN THE
Name	MOHAMED ARMAN BIN MAAT		ID No.		S7513528I
Related Vehicle	GBJ4119P (Van)		Contact No.		90297285
Hospital/Clinic	NIL	L	Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of In	iury	NIL	

Brief Details.

ON STATED DATE, TIME, AND LOCATION

I WAS RIDING ALONG PIE TOWARDS TUAS,I WAS ON THE 2 LANE AND I NOTICE THERE WAS A VAN ON THE SAME LANE AS ME,THE VAN INFRONT OF ME APPLIED BREAK AS I AM UNABLE TO STOP IN TIME,HENCE I HIT THE REAR OF THE VAN.I WAS CONVEY BY AMBULANCE AND WAS SEND TO RAFFLES HOSPITAL, I AM MAKING THIS POLICE REPORT DUE TO THE ACCIDENT. THAT'S ALL

IO IN-CHARGE: NG BEIFENG





3 of 3

Report No. T/20201006/2040

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: SC MUHAMMAD SHAFFIY BIN ROSLAN Signature Of Interpreter: Not applicable Officer In Charge Of Case: TP/GIT/ Sr Staff Sgt ABDUL RAHIM BIN SALIM Contact No.: 65476437 Authentication Stamp NP168

Signature Of Informant: Korsia Date/Time: 06/10/2020 12:08 Classification Of Case:



Claim Handling

Accident MT/1105492					
Policy No.	5101276630-02	Vehicle No.	FBL9851P		COT Businessian III
Certificate No.			1,000,000		GST Registration N
Policyholder Name	IVY WAREHOUSING & TRANSPORTATION P	TE LTD			Name of the Control o
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire &	Than	Policyholder NRIC
Contact No.(Mobile)	NA :	Contact No.(Office)	ring racy, ring a	THEIL.	Loading
Email Address		Special Remark			Contact No.(Home) eCode
KFK	≅ No ∵Yes	TCA	No Yes		eCode Reason
NCO Protection	No	NCD Entitlement(%)	20		Private Hire
 Accident Details 			7.5E		Littering spron
Report Date	05/10/2020 11:47	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	02/10/2020	Time of Accident hh:mm	17:15		
Reporting Centre		Orange Force	Carta Caracas		Country of Accident ICM No.
Accident Location	ALONG PIE TOWARDS TUAS				1071 180.
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess		1/90/AND	
VIED OD Excess	16144	VIED TP Excess		0.00	HENRY OF THE TAX SANSAS
Additional Excess		TANK OF BOSTON			Driver is Covered?
Total OD Excess Applicable	0.00	Total TP Excess Applicable		12320	
▽ Benefits		The Excess Applicable		0.00	
GST Registered Information	tion				
GST Registered	Yes		GST Regist	ration Date	F1 455 435
GST Registration No.	199607117D		GST Status		01/05/20 Yes
Modification History	05/10/2020 11:48:47 Sys 05/10/2020 11:48:47 Sys	tem changed GST Registration Date from tem changed GST Status Verified from No	01/01/2015 to 01/05/2 to Yes	2007	277
Policyholder Mailing Add	ress				
Address I	40 PENJURU LANE	Address 2	#01-02		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No. OI Driver Info		Related Policy Number	5109992739-01		
Driver Name					
Unnamed driver Name		Driver Type			
Register Date of Driver License		Driver NRIC			Driver DOB
Contact No.(Mobile)		Driver Age			Oriving Experience
Address 1		Contact No.(Office)			Contact No.(Home)
Address 4		Address 2	#MANAGEMENT NOT BEEN THOSE		Address 3
Unit No.		Address Type	Foreign address		Post Code
Does he own a Singapore	Vac Bio	17/22/5/75/2009/2007 (
Registered car?	Yes No	Driver Vehicle No.			Driver Insurer Comp
Modification History					
Claim 002 New					
Claim Type *				OD-MX	▼ Insured IVY WAR
Contact No.(Mobile)					Name Contact
Sentiment of Section 1					No. (Hame)
Email Address					01
					Vehicle FBL9851 Number
Clairn Description				FBL9851P / G834119P (IN 2 Oct 2020
Preferred				Change L market C	14 2 011 2020
Workshop Benuice No. 1	Insured Liability Fully at Fa				
Bonniet No. Yes	Repair Preferred Workshop, Option	Name unknown V GIA Received	~		Claim
Date Registered				27/10/2020 14:33	Close
Report Taken By				Environment of the second	Date
				ROSLI WAHAB	

Uploaded By/Date

Save Submit Attachment Accident No. MT/1105492 Claim No. 002 Last Doc. Received ® Yes ○ No Upload Date 27/10/2020 14:35 Path * Category * Confidential 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 v NO Chaose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File | No file chosen Clear Please Salect NO Attachment Uploaded By/Date Category Urgency Descr NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 27 Oct 2020 14:35 Photos Normal Photos 20 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 27 Oct 2020 14:35 Photos Normal Photos 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 27 Oct 2020 14(35 Photos Normal Photos 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o # 27 Oct 2020 14:34 Photos Photos 20 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 27 Oct 2020 14:34 NRIC/ Driving License Normal NRIC/ Driving Lic NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 27 Oct 2020 14:34 NRIC/ Driving License Normal NRIC/ Oriving Lic NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o NRIC/ Driving License NRIC/ Driving Lic Normal n 27 Oct 2020 14:34 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 27 Oct 2020 14:34 NRIC/ Driving License NRIC/ Driving Lic NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 27 Oct 2020 14:34 SAS Normal SAS 207 **▽** Video List

Display in New Window | Scan and uploading

File Name:

Folder 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 : 5101276630-02

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

FBL9851P

Chassis Number

2. Name of Policyholder

: ME1RG1616G2002165

: IVY WAREHOUSING & TRANSPORTATION PTE LTD

3. Effective Date of Insurance

: 31 May 2020

4. Expiry Date of Insurance

: 30 May 2021

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.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

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

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

YES!

NAMED DRIVER (1)

: N/A

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: YEW HENG CREDIT ENTERPRISE PTE LTD

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

: PRO-LINK INSURANCE AGENCY (00000571869)

Date of Issue

: 28 May 2020 15:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive