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SN08211T0007-01 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 29/01/2021 18:26 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 2 (01/02/2021 10:41 (SGT))



© 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 witholding of material facts may allow insurance companies to repudiate

- 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 Submission 29/01/2021 18:26 (SGT) Date of Accident 28/01/2021 18:35 (SGT) Exact Location of Accident North Buona Vista Rd, Singapore Additional Location Information SLIP ROAD TOWARDS AYE (CITY) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Commercial vehicle

Vehicle Registration Number PA9427Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PRESBYTERIAN COMMUNITY SERVICES Company Reg No SXXXXX022H **Email Address** dorcashome@pcs.org.sg Mobile Phone No (Phone) +65-90389132 Alternative Phone No +65-90389132

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only

INSURANCE COMPANY

Vehicle Category

Name of Insurance Company NTUC Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number 5096010280-03 Cover Note Number

DRIVER

Name of Driver CHO MUN WAI NRIC No SXXXX579G

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	18/05/1977 43 YEARS AND 8 MONTHS Male (Phone) +65-90389132 - dorcashome@pcs.org.sg BLK 3 JALAN BUKIT MERAH #07-5070 - 150003 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No R VEHICLE PROPERTY 1
DETAILS OF OTHE	R VEHICLE PROPERTITI
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SGE2020U Nissan Note - Private car
Vehicle Category Name of Driver Contact Number	-

Address

Address complement

Nature Of Damage
Details of property damaged in accident
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 Formmust 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. 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 ree 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.
- 8. Consent under the Personal Data Protection Act (PDPs)

Lunderstand, 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' law yers/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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

* Fersy holder's Signature / Date &

Sketch Plan

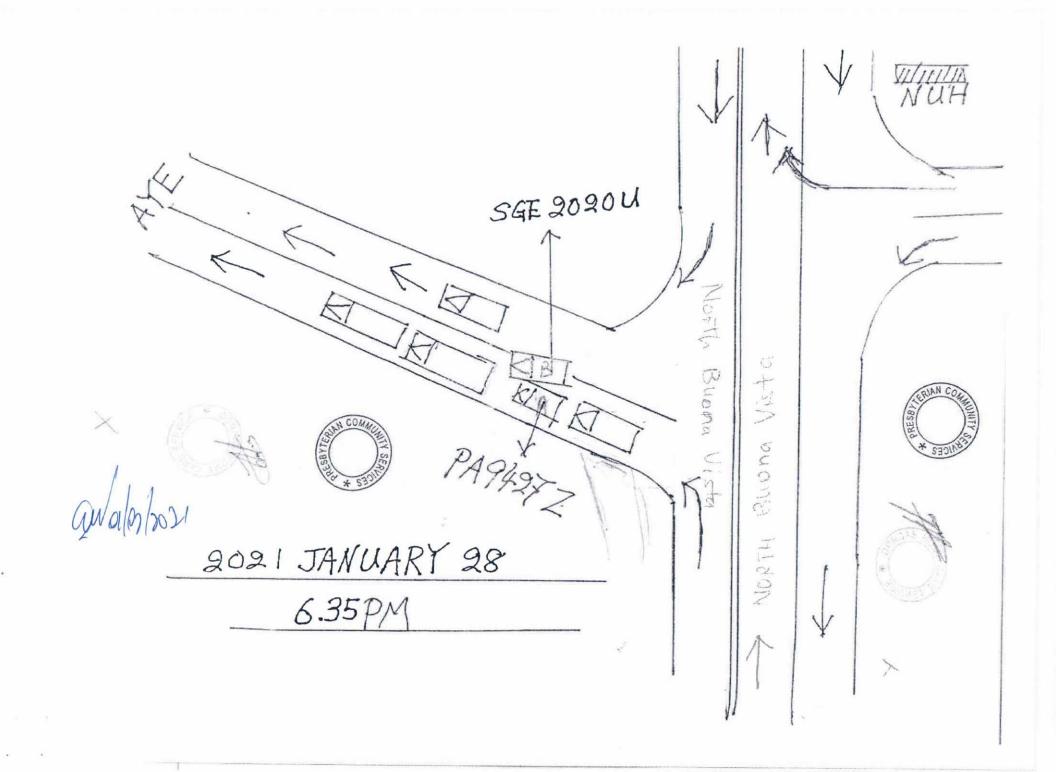
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Driver's Signature (If driver is not the policyholder) / Date & Time

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Witnessed by Reporting Centre

Personnel



Describe Circumstances of	the Accident	
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claration		
e declare the foregoing particular	s are true in every respect.	
DAVID OF THE SECOND OF THE SEC	100 HE	and allow loon
cyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
201/21	& Time	Personnel

ACCIDENT STATEMENT

	00 minum / / // 1000-1100-
ACCIDENT DATE: 28,61, 2021 (DD/MM/YY)	
LOCATION: MORNET BUNNE VISTE SUP	KOTO NUMBOS BYR (414)
1. DETAILS OF VEHICLE PA QUATE	
a) VEHICLE NUMBER:	
b)INSURANCE COMPANY: MONCO	
CIPOLICY NUMBER: 5076010250	02
d)POLICY TYPE: (COMPREHENSIVE / THIRD PA	RTY / THÍRD PARTY FIRE &THEFT)
OMAKE & MODEL: TOYOTH MACH	
f)TYPE:(SALOON / COUPE / MPV (VAN / LORI	
g) VEHICLE CATEGORY: (PRIVATE / COMMERC	
h)PURPOSE OF USING AT ACCIDENT TIME:	
I) ARE YOU CLAIMING UNDER YOUP OWN INSI IF NO, PLEASE STATE (THIRD PARTY CLAIM / R	FROM THE CALLEY
2. INSURED / POLICY HOLDER	EPORTING ONLY)
AINAME: PRUSBY THEIRAI COMMUNITY	SVCS MALE / FEMALE
b)NRIC/FIN/PASSPORT:	CONTACT
c)ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	OLDER .
Who of passanges DRIVER CHO MUN WAT	6.07
(Including driver) DINRIC/FIN/PASSPORT:	CONTACT: 9039132
CIADDRESS:	_CONTACT:
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"d)DATE OF BIRTH; (6) 2 (DD/	MM/TTTT)
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September Sept	ertificate No.					Della haldes NDIC	575550022H
THE COLOR SET TO	olicyholder Name	PRESBYTERIAN COMMUNITY SERVICES					
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Companies	mail Address		Special Remark				[NO V
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March Marc							
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Claim Handling(accident reporting Claim Task)

Accident No. Last Doc. Received

MT/1119329 ● Yes ○ No Claim No. Upload Date

30/01/2021 11:19

Choose File No file chosen Choose File No file chosen

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Category * Confidential Urgency * ▼ NO ♥ NO Please Select ✓ Normal Please Select ▼ NO ✓ Normal Please Select ~ NO ₩ NO ∨ Normal Please Select ▼ NO ✓ Normal ~ Please Select

	Uploaded By/Date	Folder Date		File Name		Source
Video List						
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5		NAL ASSESSMENT CENTRE SERVICES) o on 2021 11:19	Photos		Normal	Photos 2021-1-30
Attachment	Uplo	aded By/Date	Category	9	Urgency	Description

Display in New Window Scan and uploading



THE SCHEDULE

Private Bus Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium. The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number

: 5096010280-02

The Policyholder

: PRESBYTERIAN COMMUNITY SERVICES

89 SHORT STREET

#08-08 GOLDEN WALL CTR SINGAPORE 188216

Period of Insurance

: 23 Nov 2019 To 22 Nov 2020

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: S\$1,914.19

Interest Insured

Cover Type Make/Model Comprehensive TOYOTA/HIACE

Capacity

1.21 ton(s)

Number of Seater : 10

Registration Number

PA9427Z

Registration Date

23 Nov 2009

Chassis Number

: KDH2010044212

Insure with COE

: Yes

Excess (Section I)

: S\$2,000

NCD Entitlement

20%

Excess (Section II)

: S\$3,000

Loyalty Discount

5%

Windscreen Excess

: S\$100

Geographical Limit

: WITHIN THE REPUBLIC OF SINGAPORE ONLY

Hire Purchase Company

: N/A

Memo A: N/A

Endorsement Operative: N/A

Agency

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 20 Sep 2019 10:16 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CERTIFICATION

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: ___ Original Report No : SNOFN/ TO007 ____NRIC/FIN/PassportNo : S Name(as shownin NRIC): CHO MUM WAT (*Vehicle Driver / Vehicle Owner) (*) Please delate as appropriate Singapore(Address Contact (Tel) Email Address Time of Accident : Date of Accident Place of Accident Insurance Company: _ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: PLON WITH PRUSHYTHRIAN COMPRAY STOME Reporting Centre Personnel's Signature Name:

Policyholder / Driver's Signature

Date: