

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 ability.
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 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	22/11/2017 09:32
Date Of Accident	21/11/2017 13:00
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVENUE 8/AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC423Z
Insured/Policyholder	
Name Of Registered Owner	UNIVERSAL MOTOR CAR PTE. LTD.
Co Reg No	201623990
Email Address	KSMWESTERNHAWK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93376203
Alternative Phone No	OFFICE-93376203

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5085275597-01
Cover Note Number	

Driver

Name of Driver	K SAMUEL MICHAEL S/O KOLANTHASAMY
NRIC No	S7570525E
Date Of Birth	13/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	26/06/2004
Driving Experience	13 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93376203
Fax Number	
Contact Number	OTHERS-93376203
E Mail Address	KSMWESTERNHAWK@GMAIL.COM

Address	BLK 224 JURONG EAST STREET 21 #12-813
Postcode	600224
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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	SJU2116H
Vehicle Make/Model/Colour	HYUNDAI AVANTE
Details Of Properties	
Name of Driver	MUHAMMAD AQEEL
NRIC/Passport Number	S8268355J
Contact Number	81619715
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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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 fee be made available upon application by interested parties.
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.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:

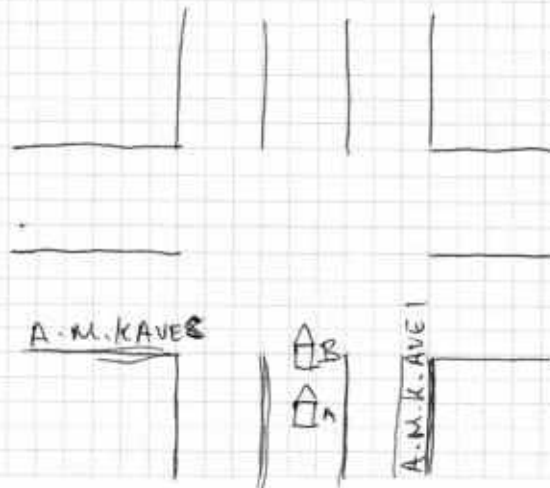
NRIC/FIN No.

22/11/2017

Resdi WAHAB

SKETCH PLAN

JUNCTION OF ALYSON KID AVE 1 / AVE 8



A. GBC H23Z

B. SJU 2116 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


CAR B ~~JAM~~ JAMMED BRAKE AT JUNCTION OF A.M.K AVE 8 & AVE 1. I HAD NO TIME TO REACT BECAUSE, CAR B SLOWED DOWN, ACCELERATED AND THEN JAMMED HIS BRAKE COS THE TRAFFIC LIGHTS TURNED AMBER.

DECLARATION

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



Policyholder's Signature
Date & Time:

 21/11/2017
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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



UNIVERSAL MOTOR CAR PTE LTD
No. 134 Woodlands Industrial Park E5 Singapore 757854
Tel: +65 8322 5803 Fax: +65 6363 1263
Email: UniversalMotorCar@gmail.com
UEN: 201623990R

RENTAL AGREEMENT NO: GBC423Z 03 MAY 2017

VEHICLE RENTAL AGREEMENT

THIS TERM AGREEMENT is dated 03 MAY 2017 2:45PM BETWEEN "UNIVERSAL MOTOR CAR PTE LTD" AND "THE HIRER"

The purpose of this Agreement is to set out the terms and conditions upon which UNIVERSAL MOTOR CAR PTE LTD shall provide Car Rental Services to the Hirer.

SECTION A (HIRER DETAILS)

HIRER'S NAME : EAGLEHAWK TRANSPORTATION MAINTENANCE SVCS CO REG : 53248703J
HIRER'S ADDRESS : 26 BRISTOL ROAD SINGAPORE 219862
CONTACT PERSON: K SAMUEL MICHAEL S/O KOLANTHASAMY IDENTIFICATION NO : S7570525E
DESIGNATION : _____ TEL NO : _____
MOBILE NO : 9337 6203

AUTHORISED / ADDITIONAL DRIVER

1. MAIN DRIVER DETAILS (1) Name: <u>K SAMUEL MICHAEL S/O KOLANTHASAMY</u> Driving License no.: <u>S7570525E</u>	3. ADDITIONAL (AUTHORIZED) DRIVER DETAILS (3) Name: _____ Driving License no.: _____
2. ADDITIONAL (AUTHORIZED) DRIVER DETAILS (2) Name: _____ Driving License no.: _____	4. ADDITIONAL (AUTHORIZED) DRIVER DETAILS (4) Name: _____ Driving License no.: _____

SECTION B (KEY TERMS OF AGREEMENT)

- DESCRIPTION OF VEHICLE**
VEHICLE REGISTRATION NO: GBC423Z MAKE/MODEL: NISSAN URVAN 3.0DTI
- MINIMUM PERIOD OF HIRE** : DAY (WEEKS / MONTHS)
From _____ to _____
- RENTAL RATE** : \$\$ 1,300.00 per ~~DAY~~ WEEK / MONTH
RENTAL FEE IS DUE EVERY: ☒ Monthly ☐ Weekly ☐ Others (please specify) _____
- SECURITY DEPOSIT** : \$\$ 0.00
The rental fee and security deposit are payable in advance on collection of the vehicle by the Hirer. Upon any breach by the Hirer, UNIVERSAL MOTOR CAR PTE LTD shall be entitled to forfeit the deposit. All outstanding amounts owing to the Owner will be deducted from the refundable deposit. The Hirer shall not be entitled to deduct or offset any outstanding rental charges or any other amount payable hereunder from the deposit during the said term.
- THIRD PARTY EXCESS & DAMAGE COMPENSATION**
 - The Hirer shall pay to the Owner on demand the cost to repair collision and Third Party, property damage/ bodily injury excess of \$\$ 3,000.00, regardless whether a claim is made to the insurance company.
 - The Hirer shall indemnify the Owner against all losses suffered by the Owner (including losses resulting from inability to use the vehicle or let the same on rent) in consequence of the destruction loss of theft or of damage to the vehicle prior to the vehicle being returned to the Owner.
 - The insurance policy is restricted to authorized drivers with minimum age of 27 to maximum age of 65. Subject to minimum 3 years of local driving experience and with valid Singapore Driving License.

I/WE ("THE HIRER / AUTHORIZED DRIVER") declare that the above information are true and correct and I/We ("THE HIRER & AUTHORIZED DRIVER") have read and understood the terms and conditions herein and those attached to the reverse page of this agreement and agree to them.

Hirer's Signature 

Guarantor's Signature _____

Universal Motor Car Pte Ltd Representative 



VEHICLE DATE & TIME OUT 03 MAY 2017 2:45PM

VEHICLE DATE & TIME IN _____ please specify [Vehicle Return Form / Police Repossession Report]

REMARKS

Claim Handling

Accident MT/0970722

Policy No.	5085275597-01	Vehicle No.	GBC423Z	GST Registration No.	
Policyholder Name	UNIVERSAL MOTOR CAR PTE. LTD.			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		

Report Date

22/11/2017 13:19

Accident Report Within 24 hrs

Yes

Accident Type

Unknown

Date of Accident

21/11/2017

Time of Accident Incomm

13:19

Country of Accident

Singapore

Reporting Centre

Orange Force

ICM No.

Accident Location

ANG MO KIO AVE 8 TOWARDS CTE

Benefits

Excess

Own Damage Excess

0.00

Additional Excess

Windscreen Excess

Unnamed Driver Excess

Outside Singapore OD Excess

Third Party Excess

1,500.00

Outside Singapore TP Excess

GST Registered Information

GST Registered

No

GST Registration Date

GST Registration No.

GST Status Verified

No

Modification History

Policyholder Mailing Address

Address 1

61 WOODLANDS INDUSTRIAL P

Address 2

#07-03 E9 PREMIUM

Address 3

Address 4

Address Type

Singapore address

Post Code

Unit No.

07-03

Related Policy Number

5085129652-01

DI Driver Info

Driver Name

Driver Type

Unnamed driver Name

Driver NRIC

Driver DOB

Register Date of Driver License

Driver Age

Driving Experience

Contact No.(Mobile)

Contact No.(Office)

Contact No.(Home)

Address 1

Address 2

Address 3

Address 4

Address Type

Foreign address

Post Code

Unit No.

Does he own a Singapore Registered car?

☒ Yes ☐ No

Driver Vehicle No.

Driver Insurer Company

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	UNIVERSAL MOTOR CAR PTE. L	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	GBC423Z	TP Vehicle Number	
Claim Description	GBC423Z / SJU2116H ON 21 Nov 2017			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	22/11/2017 14:25	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

Print AK letter








Save Submit

Attachment

Accident No.	MT/0970722	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	22/11/2017 14:25		
Path *		Category *		Confidential	Urgency
Browse...	Clear	Please Select		Yes	Normal
Browse...	Clear	Please Select		Yes	Normal
Browse...	Clear	Please Select		Yes	Normal
Browse...	Clear	Please Select		Yes	Normal

Browse...	Clear	Please Select	10	Normal
Browse...	Clear	Please Select	10	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Nov 2017 14:25	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Nov 2017 14:24	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Nov 2017 14:17	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Nov 2017 14:17	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Nov 2017 14:16	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Nov 2017 14:16	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 22 Nov 2017 14:16	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Size
		Display in New Window	Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 11 / 2017 (DD/MM/YYYY), TIME: 13.00 (HH:MM)

LOCATION: JUNCTION OF ANG MO KIO AVES & AVE 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC A232
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5085275597-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN URVAN
 f) TYPE: (SALOON / COUPE / MPV VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: UNIVERSAL MOTOR CAR PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: K. SAMUEL MICHAEL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7570525/E CONTACT: 93376203
 c) ADDRESS: BLK 22H JURONG EAST ST 21
12-813

* d) DATE OF BIRTH: 13 / 11 / 1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 26/06/2004

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: SJU 2116 H MODEL: HUNDAI AVANTE
 b) DRIVER'S NAME: MUHAMMAD AQEEL
 c) NRIC/FIN/PASSPORT: S82683553 CONTACT: 81619715

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email: kamwesternhawk@gmail.com

Fax: -

VIDEO: -

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7570525E



Name
K SAMUEL MICHAEL S/O
KOLANTHASAMY

Race
INDIAN

Date of birth
13-11-1975

Sex
M

Country of birth
MALAYSIA




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7570525E

Name
K SAMUEL MICHAEL S/O
KOLANTHASAMY

Birth Date 13 Nov 1975

Issue Date 24 Oct 2011




003012108E

8745253



NRIC No. S7570525E



Nationality
MALAYSIAN

Date of issue
06-12-2005

APT BLK 224 JURONG EAST STREET 21 #12-813
SINGAPORE 600224

NRIC No. S7570525E Date 26-10-2006 No. 5654124


YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Category	Effective Date
motor vehicles, exclusive	26 Jun 2004
2500kg	
carry	24 Oct 2011
> 2500kg	

motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

Licence No: S7570525E



NP-428A

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)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5085275597-01

Cover : Third Party

- | | |
|---|---------------------------------|
| 1. Index mark and Registration Number of Vehicle | : GBC423Z |
| Chassis Number | : JN1MG4E25Z0794684 |
| 2. Name of Policyholder | : UNIVERSAL MOTOR CAR PTE. LTD. |
| 3. Effective Date of Insurance | : 19 Oct 2017 |
| 4. Expiry Date of Insurance | : 18 Oct 2018 |
| 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 or Hirer's business. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) 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)	: N/A
EXCESS (SECTION 2)	: S\$1,500
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : ANG KOK CHIN (00000587457)

Date of Issue : 13 Oct 2017 18:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive