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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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
24/11/2017 16:53
24/11/2017 11:15
BLK 335 SMITH STREET CARPARK
SINGAPORE
ETAILS OF OWN VEHICLE
SLQ3992K
VINCAR LEASING AND RENTAL PTE LTD
201414828K
RICKYCHEW88@GMAIL.COM
(LOCAL) +65-97901926
OFFICE-97901926
TOYOTA
C-HR HYBRID-1.8 S CVT (A)
DRIVING FOR GRAB
NO
REPORTING ONLY
COMMERCIAL VEHICLE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5082409493-01

### Driver

CHEW ANN HAI Name of Driver S6821651F NRIC No 06/06/1968 Date Of Birth OUTDOOR Occupation 18/12/1985 Date Of Driving Pass 31 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97901926 Mobile Number

Fax Number

OTHERS-97901926 Contact Number

RICKYCHEW88@GMAIL.COM **EMail Address** 

Address

BLK 319 ANG MO KIO AVENUE 1

#08-1495

Postcode

560319

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

Weather Conditions

CLEAR

Road Surface

DRY

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)

2

**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

BARRIER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

Email Address

Page 2 of 15

#### SKETCH PLAN

## IMPORTANT NOTICE

- 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 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 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)
  - (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
- 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 Signat

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholden's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24 11 2017 415 Pm.

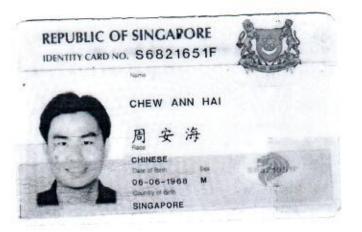
Acporting Centre Dersonnel's Signature
Name:
NRIC/FIN No.:

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cident MT/0971091		Paragraphic II	SLQ3992K	GST Registration No.	
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addet cook	FLEET INSURANCE	Contact No.(Office)		Contact No.(Home)	
ontact No.(Mobile)	97901926			eCode	. 4
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CD Protection	No	MCD Entitlement/>			
Accident Details		Accident Report Within 24 hrs	Yes	Accident Type	Collided is
eport Date	24/11/2017 17:18	Time of Accident hh:mm	11:15	Country of Accident	Singapore
Date of Accident	24/11/2017	Orange Force	1.55055	ICM No.	
Reporting Centre		Grange Force			
Accident Location	BLK 335 SMITH STREET CARPARK				
→ Benefits					
♥ Excess	44. Section (45.)	V S HARD SAT WORKSON	0.00	Windscreen Excess	
Own damage Excess	2,000.00	Additional Excess	2,000.00		
Unnamed Driver Excess		Outside Singapore OD Excess	1,500.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	- <del> </del>		
GST Registered Informa	stion		GST Registration Date	08/09/2014	
GST Registered	Yes		GST Status Verified	Yes	
GST Registration No.	201414828K		BSW/CCTARTINGS		
Modification History					
matter waters trading Ad	idress			80900001	
→ Policyholder Mailing Ad	1 CHANG CHARN ROAD	Address 2	#05-02 OC	Address 3	
Address 1	1 CHANG CHARM ROAD	Address Type	Singapore address	Post Code	
Address 4		Related Policy Number	5066599910-03		
Unit No.	05-02				
OI Driver Info	Windows William C	Driver Type	Unnamed Driver		
Driver Name	Unnamed Driver CHEW ANN HAI	Driver NRIC	S6821651F	Driver DOB	
Unnamed driver Name		Driver Age	49	Driving Experience	
Register Date of Driver Licens		Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	97901926	Address 2	ANG MO KIO AVENUE I	Address 3	
Address 1	BLK 319 #08-1495 SINGAPORE 560319	Address Type	Foreign address	Post Code	
Address 4					
Unit No.	08-1495	Driver Vehicle No.	SLQ3992K	Driver Insurer Company	
Does he own a Singapore Registered car?	Yes @ No				
Declaration		St. 2000 - 20	Yes @ No		
Breathalyser or Blood Test Reading?	0 mg	Any injury?			
Modification History  Claim 001 New					
		Annual Control of the		Insured NRIC	
Claim Type *	OD-MX *	Insured Name	VINCAR LEASING AND RENTAL	Contact No.(Office)	
Contact No.(Mobile)		Contact No.(Home)		TP Vehicle Number	
Email Address		OI Vehicle Number	SLQ3992K	Name of Preferred Worksho	IP.
Claim Description	SLQ3992K / BARRIER ON 24 Nov 201	7	7 (20 Care of	THAIRE OF FRENCH THAIRMAN	(6)
Preferred Workshop Contact		Insured Liability *	Fully at Fault +	70 (656,470,944	
No.	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	<ul> <li>GIA report</li> </ul>	
Require Finalisation	24/11/2017 17:22	Claim Close Date		Date Received	
Date Registered					
Report Taken By	ROSLI WAHAB				
Print AK letter			Save Submit		
Attachment					
7		(25,410)5522	001		
Accident No.	MT/0971091	Claim No.	24/11/2017 17:23		
Last Doc. Received	₩ Yes € No	Upload Date		Confidential U	rgency
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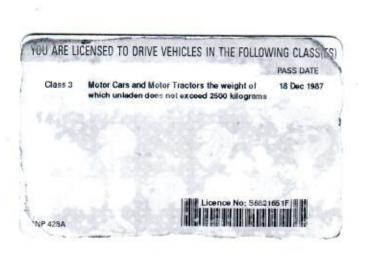
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	a) VEHICLE NUMBER:	SLA			
	b)INSURANCE COMPAI	YY: 4/11C			
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	DEVENUE ALCOM ACOU	PE / MPV /V AN / L	ORRY / MOTOR	CYCLE! OTHERS	1
	g) VEHICLE CATEGORY:	(PRIVATE / COMM	iercial / Moto	SECYCLE)	- 2
	BIRLIPPOSE OF LISING A	LT ACCIDENT TIME			
	HARE YOU OL AIMING U	NDER YOUR OWN	INSURANCE (Y	ES(NOT	
	IF NO, PLEASE STATE (T	HIRD PARTY CLAIR	y / REPORTING	ONLY	100
2	INCLIRED / POLICY HOL	DER		(MALE / FEMALE	1
	A)NAME: VINCA		CONTA	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
61 <sub>08</sub> 70	b) NRIC/FIN/PASSPORT: c) ADDRESS:				
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Clockeding driver	b) MRIC/FIM/PASSPORT	NO (1- 1442) 759	S ANT.	1 1 10	95
(7)	C) ADDRESS:	4108			
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* **	I WAS ANYRODY INJUR	ED LLES THOU		1 .	
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	IF YES, PLEASE STATE	WHICH POLICE \$1	TATION:		
Y	8. THIRD PARTY VEHICLE	BARRIER	МОД	=[:	
4 No of passenger	O) VEHICLE NUMBER		11100		
Clududing drive	) b) DRIVER'S NAME!	2.07.	CON	TACT:	
	C) NRIC/LIN/LYSSLY	JKI:		SALOS ASSESSOR SALES AND S	12
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email: rickychew88@gmail.wm...











# Certificate of Insurance

MOTOR VEHICLES (T	HIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (T	HIRD PARTY RISKS AND COMPENSATION) RULES, 1960
	CT, 1987 (MALAYSIA)

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

Cover : drivo PREMIUM Certificate Number: 5082409493-01 : SLQ3992K -

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

- ZYX102010900

: 19 Jul 2017

: 18 Jul 2018

: VINCAR LEASING AND RENTAL PTE LTD

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and 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 for the carriage of goods (other than samples) in connection with any trade or business.

(c) 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.

: \$\$2,000 EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) : \$\$100 WINDSCREEN EXCESS : N/A ADDITIONAL EXCESS : PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

: YES REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : NO NCD PROTECTION

: NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : N/A PRIMARY DRIVER - N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2)

: MAYBANK HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: VINCAR PTE LTD (00000614250)

Date of Issue

: 19 Jul 2017 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive