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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 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

/ 特別 等 阿里斯 第 5 2 2 3 4 5 3 5 5 5 5 5 5 5	ACCIDENT STATEMENT
Date Of Report	27/11/2017 16:20
Date Of Accident	25/11/2017 20:45
Exact Location Of Accident	ALONG BAYFRONT AVENUE
Country/State of Loss	SINGAPORE
公司的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN2351G
Insured/Policyholder	
Name Of Registered Owner	DAVID JONES
NRIC No	S2732646C
Email Address	MISAEJONES25@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97303778
Alternative Phone No	OTHERS-97303778
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI-2.0 CVT ABS D/AIRBAG 2WD 5DR S/R (A)
Exact Purpose for which vehicle was being used at time of accident	
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077723262-01
Cover Note Number	
Driver	
Name of Driver	JONES MISAE
NRIC No	S2732647A
Date Of Birth	11/06/1966
Decupation	INDOOR
Date Of Driving Pass	28/08/2006
Driving Experience	11 YEARS AND 2 MONTHS
	FEMALE
Mobile Number	(LOCAL) +65-97303778
Fax Number	
Contact Number	OTHERS-97303778
EMail Address	MISAEJONES25@GMAIL.COM

Address

25 HOLLAND GREEN

Postcode

276148

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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

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)

NO

soliciting/offering accident claims assistance. 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHC5705G

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

MOHAMAD FADLI BIN SANI

NRIC/Passport Number

S8227180E

Contact Number

91385716

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Claim Handling					
Accident MT/0971317					
Policy No.	5077723262-01	Vehicle No.	93N2951G	GST Registration No.	
Policyholder Name	DAVID JONES			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mubile)	97303378	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	No Tes	TCA	₩ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	50	, and a second second	
⇒ Accident Details		Color II. Industrial Color Color II.			
Report Date	27/11/2017 16:30	Accident Report Within 24 hrs	Ves	Accident Type	5ide 5i
Date of Accident	25/11/2017	Time of Accident hhumm	20:45	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	Silliane
Accident Location	ALONG BAYFRONT AVENUE	5		10000 MED	
⇒ Benefita					
⊕ Excese					
Own damage Excess	650,00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	9.00	Outside Singapore CO Excess	600.00	As authorised Excess	
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform		control originate in excess	0.00		
3ST Registered	No		ARREST CONTRACTOR OF THE		
GST Registration No.	2000		GST Registration Date GST Status Verified	Yes	
Modification History			age diama sering	res	
Policyholder Mailing A	ddress				
Address 1	35 HOLLAND GREEN	Address 2	HOLLAND GREEN	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Heleted Policy Number	5077723262-01	2 may 2000	
OI Driver Info			SECONOMICON AT A		
Driver Name	MISAE JONES	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	52732647A	Driver DOB	
Register Date of Driver Licens	01/01/2000	Driver Age	51	Driving Experience	
Contact No:(Mobile)	97303778	Contact No.(Office)		Contact No. (Home)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Past Code	
timt Na.				Tan Code	
Does he own a Singapore Registered carl	Yes © No	Driver Vehicle No.	51N2351G	Driver Insurer Company	
negatities care		http://www.sasteria.com/	PANELSCO	Server survey company	
emake and visco.					
Declaration					
Reathalyser or Blood Test Reading?	0 mg	Any injury?	Yes @ No		
Breathalyser or Blood Test		Any injury?	Yes @ No.		
Reading? Indiffication History Claim 001 OD-MX Net		Any injury? Insured Name	Yes © No.	Insured Non-	
Reading? Indiffication History Claim 001 OD-MX New Claim Type *	α	Insured Name	All the second s	Insured NRIC	
Steathalyser or Blood Test Reading? Indiffication History Claim 001 OD-MX Net Taim Type * Contact No. (Mobile)	OD MX	Insured Name Contact No.(Home)	DAVID JONES	Contact No.(Office)	
Reading? Indification History Claim 001 OD-MX New Claim Type * Contact No. (Mobile) Small Address	OD-MX - 97304308	Insured Name	All the second s	Contact No.(Office) TV Vehicle Number	
Inanthalyser or Blood Test leading? Indification History Claim 801 0D-MX Net Inim Type * Contact No. (Mobile) Imal Address Inim Description referred Workshop Contact	OD MX	Insured Name Contact No.(Home) OI Vehicle Number	DAVID JONES SIN2351G	Contact No.(Office)	
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ACCIDENT STATEMENT

ACCIDENT DATE: 25. 1 NOV 12017 (DO MM MYYY), TIME: 120	: & &)(HH:MM)
LOCATION: Bay from AVE	•
1. DETAILS OF VEHICLE	W 94
a) VEHICLE NUMBER: SJN 2351 G	9 14
DINSURANCE COMPANY: /nome	
C) POLICY NUMBER: 5077723262 -01	
DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PA	RJY FIRE ATHEFT)
BIMAKE & MODEL: X/SSAN/Q/+ S4QH	
TITPE (SALOON) COUPE / MPY /V AN / LORRY / MOTORCY	
g) VEHICLE CATEGORY (PRIVATE) COMMERCIAL / MOTORC	CYCLE) / _ /.
hipurpose of using at accident time: On the Wa	y to hotel
I ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (PES)	(D)
IF INO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ON	LYD .
2. INSURED / POLICY HOLDER	18
ANAME: DAVID JONE	ALE / FEMALE)
DINRIC/FIN/PASSPORT: S2732646C CONTACT	
CIADDRESS: 25 Holland green	A STATE OF THE STA
* CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER	
	- 1
No of passon got DRIVER MISAE JONES IM	ALE (FEMALE)
(Including driver) GINAME: MISAE JONES IM. bINRIC/FIN/PASSPORT: S2732667A CONTACT	
(2) CIADDRESSI 25 HOlland green	1100 3118
CINDUNESSION FIGHTING THEC	
* d) DATE OF BIRTH: (_///06)2/966(DD/MM/YYYY)	
BOCCUPATION TINDOOR OUTDOOR	2 2
1) DISTE OF DRIVING LIGHTE 28 1945 1200 6	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPA	NY? (YES (NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED!	
5. O WEATHER CONDITION (CLEAR) RAINING / OTHERS	
BIRDAD SURFACE: (DRY (WET) OTHERS	
6. WAS ANYBODY INJURED (YES (NO)	/ -
7. O) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: I called 7 8. THIRD PARTY VEHICLE 1/2 C. T.	them what, should I c
8. THIRD PARTY VEHICLE	
No of passenger of VEHICLE NUMBER: SHC \$7056 MODEL!	
II hadrall Toall Did	ani
Induding driver) b) DRIVER'S NAMEL 100 MAMON FORT BITT S ON NRIC/FIN/PASSPORT: 58227/80E CONTACT	
P. THIRD PARTY VEHICLE	
	** e =
W *T (NAME) ORIVER'S NAME:	
Including driver) 1) NO. O. N. PASSPORT: CONTACT	[12
A 44	
email = misaejones25@go	mail. (011
CINETI EMILOTOS	S. S
· Par =	22 10
Partie II	
V1080	
W 77	W. J.



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2732647A





JONES MISAE

JAPANESE Date of barts. 11-06-1966 Country/Place of birth JAPAN

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3 Motor Cars=< 3000kg with =<7 passengers, exchalve 25 Aug 2016 of the driver; and other motor verticles =< 2500kg

Licence No: 52732647A

JAPANESE 01-07-2014

25 HOLLAND GREEN SINGAPORE 276148

NP 428A

9338088



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: 5077723262-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJN2351G

Chassis Number

: KJ10203820

2. Name of Policyholder

: DAVID JONES

: 15 Feb 2017

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 14 Feb 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 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) : 55600 : N/A EXCESS (SECTION 2) : 5\$100 WINDSCREEN EXCESS ADDITIONAL EXCESS : N/A

: PLEASE REFER OVERLEAF UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO · NO **EXCESS WAIVER** : DAVID JONES PRIMARY DRIVER : MISAE JONES NAMED DRIVER (1) : N/A NAMED DRIVER (2)

HIRE PURCHASE COMPANY : N/A

: 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)

Agency

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 11 Jan 2017 21:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive