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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.
- 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
- 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.

	fee be made available upon application by interested parties. In to the archiving of this report at the centre and to copies of the report being made available ACCIDENT STATEMENT
	30/12/2017 09:13
Date Of Report	29/12/2017 16:15
Date Of Accident	NEAR MARINA PARADE PUBLIC LIBRARY
Exact Location Of Accident	SINGAPORE
COUNTRAISTAIR OF LOSS	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GX8131T
Insured/Policyholder	
Name Of Registered Owner	UKA LEASING PTE LTD
	201105072Z
Co Reg No Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87480351
Alternative Phone No	OFFICE-87480351
Vehicle Particulars	
	MITSUBISHI
Manufacturer	L300 HR M
Model Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5061870376-04
Cover Note Number	
Driver	The second secon
Name of Driver	MUHAMMAD DANIAL BIN JEFFRY
NRIC No	S9444524H

NRIC No 02/12/1994 Date Of Birth OUTDOOR Occupation 22/07/2014 Date Of Driving Pass

3 YEARS AND 5 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-87480351 Mobile Number

Fax Number

OTHERS-87480351 Contact Number

NOEMAIL **EMail Address**

BLK 473 CHOA CHU KANG AVE 3

#04-167

YES

NO

1

NO

NO

YES

NO NO

680473 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER

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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJF9685P

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category MAZDA RAZALI Name of Driver

S6803283J NRIC/Passport Number 84591004 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

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.
- 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:

- 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.
- 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

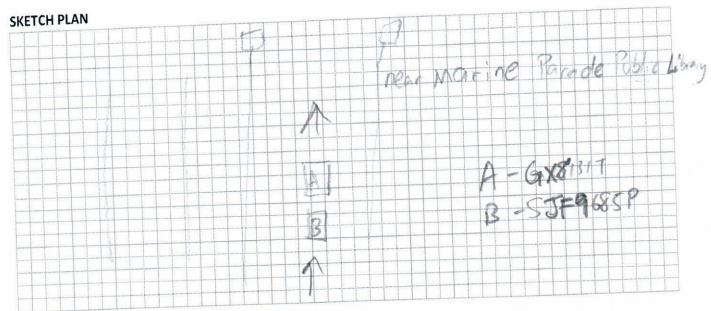
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



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DECLARATION

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

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.:

GIARMC SketchPlanForm_V3

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9444524H





Name

MUHAMMAD DANIAL BIN JEFFRY

محمد دانيال بن جيفري

JAV'ANESE

Date of birth 02-12-1994

Country/Place of birth

SINGAPORE



5681730





Date of issue 03-12-2016

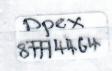
APT BLK 473 CHOA CHU KANG AVENUE 3 #04-167 SINGAPORE 680473



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES).

EFFECTIVE DATE

Motor cars with unladen weight =< 3000kg with =< 7 22 Jul 2014 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg



NP 428A





Certificate of Insurance

OAD TRANSPORT ACT, 1987 (MALAYSIA)	OFO (MALAYCIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1	959 (MALAYSIA) Cover : Third Party
ertificate Number: 5061870376-04	
. Index mark and Registration Number of Vehi	: GX81311 : JMAJNP15V5A000217
Chassis Number	: UKA LEASING PTE LTD
. Name of Policyholder	: 26 Sep 2017
. Effective Date of Insurance	: 25 Sep 2017 : 25 Sep 2018
Expiry Date of Insurance	
. Persons or Classes of Persons entitled to driv	VE#
(a) The Policyholder.	D. L. J.
(b) Any other person who is driving on the	Policyholder's order or with his/her permission.
Provided that the person driving is pern the Motor Vehicle or has been so permi enactment or regulation in that behalf f	nitted in accordance with the licensing or other laws or regulations to drive itted and is not disqualified by order of a Court of Law or by reason of any from driving the Motor Vehicle.
C. Limitations as to Use#	
(a) Use for social domestic and pleasure pu	irposes and in connection with the Policyholder's or Hirer's business.
(b) Use for the carriage of passengers or go	oods 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.
(a) Use for facility, pace-making, remability	
(b) Use whilst drawing a trailer except the	towing of any one disabled mechanically propelled vehicle. ction 8 of the Motor Vehicle (Third Party Risks and Compensation) Road Transport Act, 1987 (Malaysia), are not to be included under these
 (b) Use whilst drawing a trailer except the # Limitations rendered inoperative by Second (Chapter 189) and Section 95 of the headings. 	towing of any one disabled mechanically propelled vehicle. ction 8 of the Motor Vehicle (Third Party Risks and Compensation) Road Transport Act, 1987 (Malaysia), are not to be included under these
# Limitations rendered inoperative by Second Act (Chapter 189) and Section 95 of the headings. EXCESS (SECTION 1) **N/A	towing of any one disabled mechanically propelled vehicle. ction 8 of the Motor Vehicle (Third Party Risks and Compensation) Road Transport Act, 1987 (Malaysia), are not to be included under these
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(b) Use whilst drawing a trailer except the # Limitations rendered inoperative by Sec Act (Chapter 189) and Section 95 of the headings. EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : S\$1 INSURE WITH COE : N/A	towing of any one disabled mechanically propelled vehicle. ction 8 of the Motor Vehicle (Third Party Risks and Compensation) Road Transport Act, 1987 (Malaysia), are not to be included under these a.,,000 A. MOTOR TRADING ENTERPRISE
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# Limitations rendered inoperative by Second Act (Chapter 189) and Section 95 of the headings. EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : S\$1 INSURE WITH COE : N/A HIRE PURCHASE COMPANY : GF SUM INSURED : N/A I/We hereby Certify that the Policy to which the Vehicles (Third Party Risks and Compensation) Agency : VICOM LTD (000000)	towing of any one disabled mechanically propelled vehicle. ction 8 of the Motor Vehicle (Third Party Risks and Compensation) Road Transport Act, 1987 (Malaysia), are not to be included under these a,,000 MOTOR TRADING ENTERPRISE A is Certificate relates is issued in accordance with the provisions of the Motor Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
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My Desktop Notice of Loss	Polic	y Query				Date of Acc	ident	29/12/2	017 16:15	
	Policy No	No.(For Motor)	GX8131T			Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5061870376-04	UKA LEASING PTE LTD	201105072Z	GFT	Third Party	GX8131T	GX8131T	26/09/2017	

olicy No.	5061870376-04	Policyholder Name	UKA LEASING PTE LTD	Policyholder NRIC	201105072Z
ddress	3018A UBI ROAD 1 #01-23	SINGAPORE 40871	1		
roduct	FLEET INSURANCE	Plan		Group Policy Flag	N
olicy sue Date	13/09/2017	Effective Date	26/09/2017 00:00	Expiry Date	25/09/2018 23:59
hird		Own	0.00	Windscreen	0.00
arty xcess	1000.00	Excess	0.00	Excess	
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utside ingapore		Outside Singapore			
D Excess	VICOM LTD	TP Excess Agent Tel.	66975210	GST Flag	Υ
Co- nsurance Flag	No				
Open Policy Info Certificate Info					
Policy	holder Mailing Address				CINCAPORE 408711
Address 1	3018A UBI ROAD 1	Address 2	#01-23 Singapore address	Address 3 Post Code	SINGAPORE 408711 408711
Address 4		Type Related			
Unit No.	01-122	Policy Number	5094681049		
1 Insur	ed Object: GX8131T				
⊕ Endor	sements				
	Date of	Endorsement Typ	Endorsement Number	Endorsement Status	Endorsement Content
Sequel	26/09/2017 00:00	Basic Information Endorsement	Number	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GY903E 26-09-2017 \$756.22 I view of this amendment, an additional premium of \$756.22 (inclusive of GST) is payable under your policy. Please ignor this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	26/09/2017 00:00	Basic Informatio Endorsement	n ₀₀₀₀₀₁₂₈₆₆₆₀₃₉₅	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following 1 vehicle have been deleted fro this policy: VEHICLE NUMBER CANCELLATION DATE REFUN PREMIUM (INCL GST) 1. GV9129E 26-09-2017 \$756.2 In view of this amendment, a refund of \$756.22 (inclusive GST) will be adjusted against

	aim Handling e premium on this policy has no	it been collected.				
No.	cident MT/0975707				GST Pegistration No.	
Non-Holland Principal Non-Holland Principal Princip	olicy No.	5061870376-04	Vehicle No.	GX8131T		
## PALICATION FROM PAGE ## PALICATION FROM P	olicyholder Name	JKA LEASING PTE LTD				
Colored Private December Private Private Private Privat	oduct Code	FLEET INSURANCE				
TABLE MATERIAN 10 10 10 10 10 10 10 10 10 10 10 10 10	ontact No.(Mobile)	87480351		0	- CO	٧
To Distriction No 198	mail Address			₩ No ∰ Yes	eCode Reason	
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Accident Report Within 24 his Vers	CD Protection	No	NCD Entitlement(%)	0		
### Address 1	Accident Details			we.	Accident Type	Collisio
### Accorded No. ### 2017-2017 Time of Accorded holumn 1013 Code No.	eport Date	30/12/2017 09:42		Yes		Singap
Control Control	Pate of Accident	29/12/2017	Time of Accident hh:mm	16:15	,	
Special Section Additional Excess 0.00 Additional Excess Windscreen Excess Innocement Diver Excess 1.000.00 Outside Singapore TP Excess CST Registration To Mark \$1/55/2014 Very Excess 1.000.00 Outside Singapore TP Excess CST Registration Date \$1/55/2014 ST Registration No. 2811059722 CST Registration Date \$1/55/2014 Very Transportation No. 2811059722 Address 7 Address 4 400 Million Million Address Address 7 Address 5 Address 7 Address 7 Address 6 9 L1/12 Address 7 Post Type Unnamed Driver Driver Type Unnamed Driver Driver Type Unnamed Driver Driver Name Unnamed Driver Driver Type Unnamed Driver Driver Type Unnamed Driver Driver Name Unnamed Driver Driver Type Unnamed Driver Driver Type Unnamed Driver Driver Name 2017/7014 Driver Name 2017/7014 Contact No. (Driver) Driver Name Contact No. (Dr	Reporting Centre		Orange Force		10111101	
## Contact No. Market Process 0.00 Additional Excess Outside Singapore OD Excess Outside Singapore PD Excess Outs	Accident Location	NEAR MARINA PARADE PUBLIC LIBRARY				
And damage Excess	→ Benefits					
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### ### #############################	Innamed Driver Excess					
SST Registred Yes	Third Party Excess	1,000.00	Outside Singapore TP Excess			
Str Registered Ves		tion		CCT Deviation Date	01/05/2014	
SST Registration No. 20110907922 Signature Notice Signature Signature Signature Signature Signature Signature Signature	SST Registered			NAMES AND THE PROPERTY OF THE		
## Policyholder Mailing Address ## 3018A UBI ROAD 1 ## Address 2 ## 201-23 ## Address 3 ## Address 3 ## Address 4 ## Address 7: ## Address 7: ## Address 7: ## Address 7: ## Post Code ## Address 9: ## Post Code ## Address 9: ## Post Code ## Post Code ## Address 9: ## Post Code ## Post Code ## Address 9: ## Address 9: ## OI Priver Info ## Unnamed Driver Unnamed Dr	GST Registration No.	201105072Z		GOT Status verified	100	
Address 1 3018A UBI ROAD 1 Address 2 #01-23 Poet Code Address 4 Address 5 Yes Address 198 Singapore address Poet Code **O I Driver Info **O II 1-122 **Driver Info **Driver Name **Unnamed Driver **Driver Name **Unnamed Driver **Driver Name **Unnamed Driver **Driver Name **Unnamed Driver **Driver Name **Driver Name **Unnamed Driver **Driver Name **D	Modification History					
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Declaration Breathalyser or Blood Test Raading? Claim 001 OD-MX Nex Contact No. (Home) Contact No. (Office) To Vehicle Number GX8131T TP Vehicle Number Contact No. (S131T / S19685P ON 29 Dec 2017 The Vehicle Number No. Not at Fault ▼ No. Require Finalisation Yes ▼ Preferred Workshop, Name unknown ▼ GIA report Date Registered 30/12/2017 09:50 Claim Close Date Workshop Repairer Attachment Attachment Attachment W1/0975707 Claim No. 001 Accident No. MT/0975707 Upload Date 30/12/2017 09:55		#04-167	D. L. Wahiala Na		Driver Insurer Company	
Breathalyser or Blood Test Reading? Modification History Claim Oo1 OD-MX New Claim Type * OD-MX	Does he own a Singapore Registered car?	Yes @ No	Driver Venicle No.			
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Contact No. (Mobile) 98579525 Contact No. (Home) OI Vehicle Number Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered 30/12/2017 09:50 Claim Close Date Workshop Repairer Workshop Repairer Attachment Attachment Accident No. MT/0975707 Claim No. Upload Date 30/12/2017 09:55 Contact No. (Home) Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Name of Preferred Workshop Preferred Workshop, Name unknown Preferred Workshop, Name unknown Vorkshop Repairer Claim Close Date Workshop Repairer Save Submit Attachment Yes Yes No Upload Date 30/12/2017 09:55		OD-MX 🔻	Insured Name	UKA LEASING PTE LTD	Insured NRIC	
Contact No. (Mobile) 93579223 OI Vehicle Number GX8131T TP Vehicle Number Name of Preferred Workshop Value Value Not at Fault Value					Contact No.(Office)	
Claim Description GX8131T / S)F9685P ON 29 Dec 2017 Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Frint AK letter Attachment Attachment Accident No. MT/0975707 Last Doc, Received Yes Not at Fault Preferred Workshop, Name unknown Freferred Workshop Olia Received Total Loss but Repaired Total Loss but Repaired Total Loss but Repaired Attachment Freferred Workshop, Name unknown Freferred		363/7323		GX8131T	TP Vehicle Number	
Preferred Workshop Contact No. Require Finalisation Date Registered Solve Frint AK letter Attachment Accident No. MT/0975707 Last Doc, Received Yes Insured Liability * Preferred Repair Option Preferred Workshop, Name unknown Preferred Workshop, Name unknown Valiate Fault Preferred Workshop, Name unknown Valiate Fried Workshop, Name u		CHARLE A CHECKER OF 20 Dec 2017	**************************************		Name of Preferred Workshop	
Preferred Workshop Collada No. Require Finalisation Preferred Repair Option Claim Close Date Workshop Repairer Claim Close Date Workshop Repairer Claim No. Accident No. MT/0975707 Last Doc, Received Yes Preferred Repair Option Preferred Workshop, Name unknown Date Received Total Loss but Repaired Save Submit Claim No. Upload Date 30/12/2017 09:55		GX81311 / 23F9082F ON 29 DEC 2017	Incured Liability *	Not at Fault		
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