MJHK18020813 Joo Hak Kee Auto Pte Ltd - HQ ENTRY DATE & TIME 12/02/2018 09,38 SUBMITTED BY Teo Son Heong

# 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
- 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. 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.
- P By the ledgement 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

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ACCUIDED IN	STATEMENT
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Date Of Report

12/02/2018 09:38

Date Of Accident

10/02/2018 15:05

**Exact Location Of Accident** 

ALONG KITCHENER ROAD JUNCTION OF KITCHENER LINK

Country/State of Loss

SINGAPORE

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKU4830D

Insured/Policyholder

Name Of Registered Owner

PAAMEE GO

Cc Reg No

53341522E

Email Address

MEEPAA2001@YAHOO.COM

Mobile Phone No.

(LOCAL) +65-91067570

Alternative Phone No

OFFICE-91067570

Vehicle Particulars

Manufacturer

CITROEN

Model

GRAND C4 PICASSO 1.6I EHDI ETG6 HALOGEN

Exact Purpose for which vehicle was being used at time of accident

**WORK PURPOSES** 

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

PRIVATE CAR

**Insurance Company** 

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5094636222

Cover Note Number

Driver

Name of Driver

PALANINATHAN MEENA

NRIC No

S8060161A

Date Of Birth

10/08/1980

Occupation

OUTDOOR

Date Of Driving Pass

26/01/2015

**Driving Experience** 

3 YEARS AND 0 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-91067570

Fax Number

Contact Number

EMail Address

MEEPAA2001@YAHOO.COM

Address BLK 434B FERNVALE ROAD #24-242

Postcode 792434

Was driver an employee of the insured's Company NO

If No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own -

Vehicle \*

Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

#### Other Information

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

ambulance?

Was any other material or property damaged? YES

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**

I WAS TRAVELLING STRAIGHT ON THE LEFT LANE OF A 2-LANES ROAD, ALONG KITCHENER ROAD. THE TRAFFIC LIGHT WAS SHOWING GREEN AND WAS IN MY FAVOUR. WHEN SUDDENLY, VEHICLE B BEARING REGN NO. SHD4934M CAME FROM THE SIDE AND COLLIDED ONTO THE LEFT PORTION OF MY VEHICLE. THAT'S ALL.

NO

NO

NO

NO

1

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH OWNER

Was there any audio recorded? NO

#### DETAILS OF GIVER PYTHOLE PROPERTY

Vehicle Registration Number SHD4934M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (including Driver)

## SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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
- 5. Any false reporting may be referred to the Police for investigation.
- 5. 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
- 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
- 8. Consent under the Personal Data Protection Act (PDPA)

understand, acknowledge, agree and consent that:

- My insurer, my workshop and the General insurance Association of Singapore ("GLA") 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 cialms;
  - (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
- (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 daims.

(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 purp

(II) for complying with requirements under any regulations, laws or court orders. O PIE LID

Policyholdei

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

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408702

H #01-326

Name:

NRIC/FIN No.:

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MBE CINCOMO INC.		
refer to	Statement.	
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		ITJ ETT OTLIN HEN DOL
		Bit 3014 Uti Roed i #01-924
LARATION		Singapole 408707
declare the foregoing par	ticulars are true in every respect.	Singapor # 400002
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	C) Server	
holder Clarater	Driver's Signature	Reporting Centre Personnel's Signature
Time:	(if driver is not the policyholo	fer) Nerne:
Service (17) (170)	Date & Time:	NRIC/FIN NO.:
		*

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PALAMNATHAN MEENA

Marrie 1

Beth Date: 10 Aug 1980 e pole. 26 Jan 2015

PALANINATHAN MEENA

பழனிநாதன் மீனா

Race INDIAN Date of birth

10-08-1980 Country/Pince of sirth

9323(

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) :

EFFECTIVE DATE

Class 3 Motor Cara < 9000kg with <7 passengers, exclusive 26 Jan 2015 of the driver; and other motor vehicles << 2500kg

INDIAN

20-01-2014

APT BLK 434B FERNVALE ROAD #24-242 SINGAPORE 792434

NRIC No: \$80,50161A

Date: 20/08/2017

AF 428A



### NTUC Income Insurance Co-operative Limited

Date

Income Contro 75 Bris Basin Hond Singapore 189557 le : 6785 1777 - Pari 6336 1500 Empil: esquery@ncome.com.sg - Websiet www.regme.com.sg

mm an NTUC Social Enterprise minu

issued Time

02116	27-Sep-2017	13:12		
Policy No.	Agency			
- x 50 x	AON SINGAPORE PTE L	TD (691150)		
Policyholder				
PAAMEE GO				
Named Driver (1)				
PALANINATHAN MEENA				
Finance Company				
RICARDO CARS PTE LTD				
Land tours and conditions for the Delift HO	II) BITUTET OD 27MJ/III 7 IN MUKI	isk is hereby HELD COVERED in accordance to our night on26/9/2018, unless the cover is terminated by all premium otherwise payable for such insurance will		
Policy Coverage				
COMPREHENSIVE	Engine No. 10JBEX3056680	Vehicle Registration No.		
Vehicle Type	Chassis No.	SKU4830D		
WAGON	VF73A9HC8FJ651615	Engine Capacity		
Make/Model	Policy Excess (Section I)	1560		
CITROEN/ GRAND C4 PICASSO 1.6I EHDI ETG6 I	TA SULU	Additional Excess (Section I)		
Sum Insured	Windscreen Excess	N/A		
Market Value of insured vehicle at Time of Loss	100	Policy Excess (Section II)		
		\$2,000		
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES				
CERTIFICATE OF INSURANCE				
I/We hereby certify that this Covering Note 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).				
		For NTUC Income Insurance Co-operative Limited		
Countersign by		Om		
Authorised O	<u> </u>			
CAuthorised O	ricer	Chief Executive		

### IMPORTANT NOTICE:

Cover Note No.

Any premium below the minimum sum of \$25 (subject to GST) upon cancellation is not refundable. This minimum sum will also be imposed if the policy is not taken up after issuance of the policy

The Certificate of Insurance is a legal document. Please contact our Customer Service Officers at 67886616 or email us at csquery@income.com.sg if you do not receive your Certificate of Insurance within ten days after the issuance of this cover note.