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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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

THE PROPERTY OF THE PARTY OF TH	ACCIDENT STATEMENT
Date Of Report	19/02/2018 19:00
Date Of Accident	16/02/2018 23:30
Exact Location Of Accident	ALONG LOYANG AVENUE
Country/State of Loss	SINGAPORE
THE RESERVE OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL9294C
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	KARZTALEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96247152
Alternative Phone No	OFFICE-96247152
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084904286-01
Cover Note Number	
Driver	
Name of Driver	PAN JIALI
NRIC No	S8141670B
Date Of Birth	18/12/1981
Occupation	INDOOR
Date Of Driving Pass	25/06/2004
Driving Experience	13 YEARS AND 7 MONTHS
3ender	FEMALE
Mobile Number	(LOCAL) +65-96247152

KARZTALEASING@GMAIL.COM

OTHERS-96247152

BLK 34 FLORA DRIVE Address

#03-20

OTHER - HIRER

Postcode 506893

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES NO

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

Number of Passengers (Including Driver)

Passenger 1 NAME: : LYNNETTE(FRIEND)

3

NAME:

GENDER: : FEMALE

GENDER: : MALE

Details of Police Action

Passenger 2

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 NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

: UNKNOWN

Vehicle Registration Number SJB5425X

MITSUBISHI LANCER Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR KWAN MENG WAH Name of Driver

NRIC/Passport Number S0329276B Contact Number 96907874

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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:

- (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
- (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.

nature Date & Time:

Driver's Signature

(If driver is not the policyholder)

1215pm

Date & Time: |4| U/IF

NRIC/FIN No.:

Reporting Centre Personnel's Algnature

o chining along Logong Avenue, towards Patir Rit Dr 1. I was on the left-most	lar
orning right when relicle in front of me nowed down and came to a stop. I all	(4)
alked and stopped. After which, the relief behind me banged into me Right ba	
the sales was the sales of the server server in surger into the pages to	AC.
rner of mehicle was clamaged.	
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DECLARATION

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

Policyhorde Date & Time

Driver's Signature (If driver is not the policyholder)

Date & Time: 15 0418

hispn

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

Claim Handling

Accident MT/0982720				
Policy No.	5084904286-01	Vehicle Nb.	SJL9294C	GST Registration No.
Policyholder Name	KARZ-TA LEASING			Policyholder NRJC
Product Code	PLEET INSURANCE	Cover Type	drivo CLASSIC	
Contact No.(Mobile)	96247152	Contact No. (Office)		Loading
Email Address		Special Remark		Contact No.(mome)
KPK	@ No Yes	TCA	W-12-1-12-13	eCode
NCO Protection	No		lii No Yes	eCode Reason
Accident Details	-118-	NCD Entitlement(%)	0	Private Hire
Report Date	19/02/2016 19:13	ragina ili are negativo de la	A5007.5	r, well-see
		Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	16/02/2018	Time of Accident hhomm	23:30	Country of Accident
Reporting Centre		Drange Force		ICM No.
Accident Location	ALONG LOYANG AVENUE			
♥ Benefits				
Own damage Excess	1,500.00	Additional Excess	9,00	Windscreen Excess
Jimamed Driver Excess		Dutside Singapore 00 Excess	1,500,00	
Third Party Excess	1,000.00	Dutside Singapore TP Excess	1,000.00	
GST Registered Inform	ation			
IST Registered	No		GST Registration Date	
ST Registration No.			GST Status Verified	Yes
fodification History				
→ Policyholder Mailing Ad	drass			
Address I	317 OUTRAM ROAD	Address 2	#81-83 CONCORDE SHOPPING	Address 3
Address 4		Address Type	Singapore address	#ost Code
Init No.	B1-03	Related Policy Number	5083195710-01	
Of Driver Info				
Priver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Innamed driver Name	PAN JIALI	Driver NRIC	581416708	Driver DON
ingister Date of Oniver License	25/06/2004	Driver Age	36	Driving Experience
ontact No.(Mobile)	90247152	Contact No.(Office)		Contact No. (Home)
ddreis 1	34 FLORA DRIVE	Address 2	#03-20-FALM (SLES	
ddress 4		Address Type	Foreign address	Address 3
tnit fun.	03-20	WALLES CHEE	Local and an annual series	Pest Code
ibes he own a Singapore Registered car?	Fes ⊕ No	Other Vehicle No.	531,92940	Driver Insurer Company
ectaration				
reathalyser or Blood Test	D.ma	war on an an		
leading?	D mg	Any injury?	Yes = No	
Claim 001 OD-MX				
Claim 001 OD-MX New	PARAMETER STATE OF THE STATE OF	Title and Name	NATURE FEBRUARY	and the organization of
Claim 001 OD-MX New	ОО-Мх	Insured Name	KARZ-TA LEASING	Insured NRIC
Claim 001 OD-MX NEW	PARAMETER STATE OF THE STATE OF	Contact No (Home)		Contact No.(Office)
Claim 001 OD-MX Next	OD-MX • 83223232		KARZ-TA LEASING	
Claim 001 OD-MX Next tain Type * ontact No.(Mobile) mail Address aam Description	ОО-Мх	Contact No (Home)		Contact No.(Office)
Claim 601 OD-MX Next laim Type * ontact No. (Mobile) mail Address aam Description referred Workshop Contact	OD-MX • 83223232	Contact No (Home)		Contact No.(Office) TP Vehicle Number
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Claim 001 OD-MX Next laim Type * ontact No. (Mobile) mail Address ann Description referred Workshop Contact or opure Finalisation ate Registered aport Taken 6y	OC-MX - 83223232 5319294C / SJB542SK ON 16 Feb 2018 Yeb - 19/02/2018 19:17	Contact No. (Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date	531,9294C Not at Fault	Comact No.(Office) TP Vehicle Number Name of Preferred Workshop GLA report
Claim 001 OD-MX New claim Type * ontact No. (Midwle) miall Address lasm Description referred Workshop Contact o. equire Finalisation ath Registered eport Takell Sy	OC-MX - 83223232 5319294C / SJB542SK ON 16 Feb 2018 Yeb - 19/02/2018 19:17	Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	531,9294C Not at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX Next Daim Type * Contact No. (Mobile) mail Address Jam Description referred Workshop Contact io. equire Finalisation rate Registered eport Taken 6y Print AK letter Attachment	OC-MX - 83223232 5319294C / SJB542SK ON 16 Feb 2018 Yeb - 19/02/2018 19:17	Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	Sh.929aC Not at Fault Preferrent Workshop, Rame unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Claim 001 OD-MX New Color Type * Contact No. (Mobile) Imail Address Complete Workshop Contact Io. Coguire Finalisation Nate Registered Report Taken By Print AK letter Attachment	OC-MX - 83723232 5219294C / 5J85425X ON 16 Feb 2018 Yeb - 19/02/2016 19:17 ROSLI WAMAB	Contact No. (Home) Of Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	Sh.9294C Not at Fault Preferred Workshop, Name unknown Save Submit	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received
Colon Type * Contact No. (Mobile) Imail Address Daen Description referred Workshop Contact to. lequire Finalisation Nate Registered Report Taken By Print AK letter	OC-MX - 83223232 5319294C / SJB542SK ON 16 Feb 2018 Yeb - 19/02/2018 19:17	Contact No.(Home) OI Vehicle Number Insured Liability * Preferend Repair Option Claim Close Date Workshop Repairer	Sh.929aC Not at Fault Preferrent Workshop, Rame unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop GIA report Date Received



A CCIDENT STATEMENT

ACCIDE	NT DATE: 16 / 02/ 2011 100/MM/	YYYY), TIME:(1 23 30 (HH:MM)
LOCATIO	I at a second	•
to CAIN		
1.	DETAILS OF VEHICLE	. 3 (
	ajvehicle Number: 50L 9294 C	film and the second
	b)INSURANCE COMPANY:	
	A POLICY MINARED	
	dIPOLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE & THEFT
2 8	B)MAKE & MODEL HONGE CITIC	CORY (MOTORCYCLE / OTHERS)
	ITYPE: (SALOON / COUPE / MPV /VAIN / LOON / COUPE / MPV	REPORT / MOTORCYCLE)
	h) PURPOSE OF USING AT ACCIDENT TIME	Private use
	I) ARE YOU CLAIMING UNDER YOUR OWN	INCIDANCE IVES/NO
	DARE YOU CLAIMING UNDER TOUR ONLY	H / PEPOPING ONLY)
	IF NO, PLEASE STATE (THIRD PARTY CLAIR	M/ Ker.Okhildo Olsvij
2_{i} ,	ANAME: KANZ TO WASLA	[MALE / FEMALE]
20	b) NRIC/FIN/PASSPORT!	CONTACT:
	claddress:	
ar e 🔣	English Company of the Company of th	
10 787	CONTINUE TO 3.4 IF DRIVER ALSO POLI	CY HOLDER
\$170 of protonys	DRIVER PAN STAIR	MALE / FEMALE
(Including driver)	50 1.44 MLX ME.	The state of the s
	DINRIC/FIN/PASSPORTI THE TOP	0 J(506643)
(3)	CIADORESS: 34 Plate Silve #03->	3(300-13)
28 68	ODATE OF BIRTH: (12 12) TOP	J(DD/MM/YYYY)
(6)	ALOCCUPATION: IINDOOR / OUTDOOR	No. at the second of the secon
***		Chi Alana
4.	WAS OBTIVED AN EMPLOYER OF THE I	NSURED'S COMPANY? (YES / 1997
	IF NO. RELATIONSHIP OF THE OTHER	17 171 111 1110
5.	OWEATHER CONDITION: (CLEAR) RAIN	ING / OTHERS
0	BIROAD SURFACE: (DRY / WET / OTHERS	·
ó.,	WAS ANYBODY INJURED (YES /NO)	· 10
9 10 74	IF YES, PLEASE STATE WHICH POLICE ST	INOITATIONI
8,	THIRD PARTY VEHICLE	co accompanie i manage
4 He of passoneer	OF VEHICLE NUMBER: JOB SYLS)	
(Inducting delver)	EL DONVEDIO XI & MARI K DULLA TICHE YOU	A 1 3 (/
	O) NRIC/FIN/PASSPORTI_00547651	CONTACTI
(2/3) 9.	THIRD, P'ARTY VEHICLE	¥
46 No of pessinger	d) VEHICLE NUMBERI	MODEL!
24-11 C.	DRIVER'S NAMEL	CONTACT
(Induding driver	N () (82) C. (20) (2 V232 CV1)	
()	*	300 21 20
Alter Sealth	8	* ii

email: Karzta leasing @gmail.com. fax = 67388360

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8141670B





PAN JIALI



胭



SINGAPORE



3606050



IIIC 411 S8141670B

12-08-2004

BLK 34 FLORA DRIVE #03-20 SINGAPORE 506893 NRIC No: \$81418708

Date: 01/09/2017

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

PASS DATE 25 Jun 2004 7

Motor Cars of untaden weight not exceeding 5000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg Class 3

Licence No: \$81416708

NP 428A



Certificate of Insurance

Cover : drivo CLASSIC

JHMFD264095200759

: KARZ-TA LEASING

: 09 Nov 2017

: 08 Nov 2018

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: 5084904286-01

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SJL9294C

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

EXCESS (SECTION 1) : 5\$1,500 EXCESS (SECTION 2) : \$\$1,000 WINDSCREEN EXCESS : S\$10D ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE VES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) . N/A HIRE PURCHASE COMPANY N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of issue

: 08 Aug 2017 16:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Enquire Vehicle Information

Vehicle No.

Vehicle No.:

SJL9294C

Vehicle Details

Vehicle Type:

Private Hire (Chauffeur) Motor

Car

Vehicle Attachment 1:

No Attachment

Make / Model:

HONDA / CIVIC 2.0L 5AT

Primary Colour:

Grey

Year of Manufacture:

2008

Maximum Laden Weight:

1760 kg

Unladen Weight:

1312 kg

No. Of Axles:

2

Engine No.:

K20Z24500759

Chassis No.:

JHMFD26409S200759

Engine Capacity:

1998 cc

Maximum Power Output:

114.0 kW (152 bhp)

IU Label No.:

1122604762

Propellant:

Petrol

Passenger Capacity:

36

Original Registration Date:

16 Dec 2008

First Registration Date:

16 Dec 2008

Open Market Value:

\$27,777.00

Additional Registration Fee

100.00%

Rate:

\$27,777.00

Actual ARF Paid: PARF Eligibility:

Yes

Minimum PARF Benefit:

\$13,888.00

PARF Eligibility Expiry Date:

15 Dec 2018

COE No .:

2009010103000673E

COE Category:

B - Car (1601cc & above)

COE Expiry Date: Quota Premium (QP):

15 Dec 2018

QP Paid:

\$6,501.00 \$6,501.00

20,50

OPC Cash Rebate Eligibility:

No

QP during COE Bidding

.

Exercise:

\$6,501.00

CO2 Emission:

OK

Previous