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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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.

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

AND THE RESIDENCE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	20/04/2018 10:42
	19/04/2018 20:50
	LOYANG AVENUE TWDS NICOLL DRIVE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG6092P
Insured/Policyholder	
Name Of Registered Owner	TRINICE LEASING
Co Reg No	53357190A
Email Address	KHAIRIL.MAC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90054204
Alternative Phone No	OFFICE-90054204
Vehicle Particulars	
Manufacturer	HONDA
Model	MOMENTA
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5094176794
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD NUR KHAIRIL BIN MOHAMMAD ISKANDAR
NRIC No	S8617707B
Date Of Birth	06/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	03/09/2010
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90054204
Fax Number	TVANCE TO VANCE OF THE TOTAL TO THE T
Contact Number	OTHERS-90054204
7.00	

KHAIRIL.MAC@GMAIL.COM

Address

BLK 216D COMPASSVALE DRIVE

#02-576

Postcode

544216

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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?

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

Passenger 1

NAME:

: NIL

GENDER:

: FEMALE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJG6921P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NA'IMAH BINTI JUMAR

NRIC/Passport Number

S9444557D

Contact Number

87782896

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 19

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGF932X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG XIAN WEN

NRIC/Passport Number

S9021311C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 3 of 19

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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.

TRINICE LEASING

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

- 70 14 2018

Name:

NRIC/FIN No.:

SKETCH PLAN

A = SJG 6092P

Logang Avenue

Loyang Avenue - D Nicoll Drive

B: 5JG 6921P

C: \$6F932X

C B A A

-P 3

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 19th of April 2018 at approximately 2050 hrs, Vehicle A was driving along Loyang Avenue towards Hicol Drive before the junction of Dasir Ris Drive 1. I had an the driver of vehicle A at that time and had put the car into a complete stop on Lone 4 of the above mentioned road due to traffic build up ahead. I checked my rear view mirror and saw vehicle B coming to a stop as well. There was a loud crashing sound successfully I nearly a crashing sound at the rear of my vehicle. I stepped out to check and saw mat there was a chain collision between vehicle C B and A.

KENTICLE B WOOD CONTICLED

portion

The front bumper of venide B had collided with the rear bumper of venide A. As a result, there was a deat, the bumper suffered their deats and

scratches, the back boot has inicallighed and could not be closed fully.

DECLARATION

TRINICE LEASING

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.:

(Bukt Merah)

ACCIDENT STATEMENT

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(Instructing shirer	DENT DATE: My 4, 2018 (DD/MM/YYY), TIME: 20 (HHMM) DETAILS OF VEHICLE QIVEHICLE NUMBER: STG 6092 P b)INSURANCE COMPANY: C POLICY NUMBER: STG 6092 P b)INSURANCE COMPANY: G POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) 9) MAKE & MODE!: 11 TYPE: (SALOON / COULPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) 9) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) 1) PURPOSE OF USING AT ACCIDENT TIME: 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) 16 NO, PLEASE STATE (THIRD BARTY CLAIM / REPORTING ONLY) 11 INSURED / POLICY HOLDER A) NAME: 1) NAME: 1) NAME: 1) NAME: 1) AND THE ASSPORT: 1) CONTACT: 2) ADDRESS: **CONTINUE TO 3.4 IF DRIVER ALSO POLICY HOLDER DRIVER 1) DINTIC/FIN/PASSPORT: 2) ADDRESS: **ADDRESS: **ADDRES					
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8617707B





MOHAMMAD NUR KHAIRIL BIN MOHAMMAD ISKANDAR

JAVANESE Date of pirth

06-07-1986

SINGAPORE





5784113



Date of Issue

15-08-2017

APT BLK 216D COMPASSVALE DRIVE #02-576 SINGAPORE 544216

FOLLOWING C. TRIVE VEHICLES OU ARE LICENSE! Class 2B Motorcycles are 280 CC 18 Apr 2006 Class 2A Matercycles between 201 CC and 400 CC 01 Sen 2880 Class 2 Maturcycles > 400 CC Class 3 Moort care =< 3000 kg with 0<7 passetipers, exclusive of the drever, and motier fractient/vehicles =< 2500 kg.

Class 4 Heavy motion care and motien fraction > 2500 kg. 03 Sep 2018 19 Jun 2014 S / No. 9000206259 S8617797B Licence No. 586177076 NP 4224

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v	Policy N	0.				Date of Aci	cident	19/04/2	2018 20:50	
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	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5094176794	TRINICE	53357190A	GFT	Third Party	S1G6092P	S3G6092P	06/04/2018	

Policy No.	5094176794	Policyholder Name	TRINICE LEASING	Policyholder NRIC	53357190A
Address	BLK 1001 #01-63 BUKIT M		NDRA VILLAGE INDUST	RIAL ESTATE SINGAPO	DRE 159718
roduct lame	FLEET INSURANCE	Plan		Group Policy Flag	N
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Additional Excess	0	OS Premium	738.74		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		
Agent	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co- nsurance Flag Open Policy Info Certificate	No				
Info					
Policyh	BLK 1001 #01-63	Address 2	BUKIT MERAH LANE 3	Address 3	ALEXANDRA VILLAGE INDUSTR
Address 4	SINGAPORE 159718	Address Type	Singapore address	Post Code	159718
Unit No.	01-63	Related Policy Number	5099192663		
D Insure	d Object: SJG6092P				
© Endors	sements				
Sequen	Endorsement	Endorsement Type Basic Information	Endorsement Number	Endorsement Status Endorsement Take	Endorsement Content 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. SJD596H 09-10-2017 \$914.63 In view of this amendment, an additional premium of \$914.63 (inclusive of GST) is payable under your policy. Please ignor this premium payment request
1	09/10/2017 00:00	Endorsement	000072007070	Effective	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. Fo 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	17/11/2017 00:00	Basic Information Endorsement	000001286695226	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJR1958S 20-11-2017 \$791.5 In view of this amendment, at additional premium of \$791.5 (inclusive of GST) is payable under your policy. Please igno

Claim Handling

The premium on this policy has not been collected.

nlicy No	5094176794	Vehicle No.	5)600921	GST Registration No.	
oney ive	TRINICE LEASING				533:
Olicynologi	FLEET INSURANCE	Cover Type	Third Party		0
roddet coos		Contact No.(Office)	0	Contact No.(Home)	0
	90054204	Special Remark		eCode	No.
mail Address	- No Yes	TCA	No Yes	eCode Reason	
(FK		NCD Entitlement(%)	0	Private Hire	Yes
	No.				
→ Accident Details	H10000000000000000	Accident Report Within 24 hrs	Yes	Accident Type	Chai
Report Date	21/04/2018 15:26			Country of Accident	Sing
Date of Accident	19/04/2018	Time of Accident hh:mm	20:50	ICM No.	
Reporting Centre		Orange Force		10///	
Accident Location	LOYANG AVENUE TWDS NICOLL DRIVE				
					-
⇒ Excess				200 NO 2200 NO I	
Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
	1,500.00	Outside Singapore TP Excess	1,500.00		
Third Party Excess GST Registered Informa			700		
	No		GST Registration Date		
GST Registered			GST Status Verified	No	
GST Registration No. Modification History					
Production Producty					
Policyholder Mailing Ad	dress				2000
	BLK 1001 #01-63	Address 2	BUKIT MERAH LANE 3	Address 3	ALI
Address 1		Address Type	Singapore address	Post Code	159
Address 4	SINGAPORE 159718	Related Policy Number	5099192663		
Unit No.	01-63	The lates of the l			
OI Driver Info		Driver Type	Unnamed Driver		
Driver Name	Unnamed Driver	Driver NRIC	SB617707B	Driver DOB	06)
Unnamed driver Name	MOHAMMAD NUR KHAIRIL BIN F		31	Driving Experience	7
Register Date of Driver License	03/09/2010	Driver Age	0	Contact No.(Home)	0
Contact No.(Mobile)	90054204	Contact No.(Office)	COMPASSVALE DRIVE	Address 3	
Address 1	BLK 2160	Address 2		Post Code	54
Address 4		Address Type	Singapore address	INDIA CONTROL	
Unit No.	#02-576			Dalland Company	
Does he own a Singapore Registered car?	Yes » No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test	0 mg	Any injury?	Yes No		
Reading? Modification History Claim 801 OD-MX No.					
	-1	Insured Name	TRINICE LEASING	Insured NRIC	5
Claim Type *	OD-MX			Contact No.(Office)	N
Contact No.(Mobile)		Contact No.(Home)	SJG6092P	TP Vehicle Number	S
Email Address		OI Vehicle Number	53000327	Name of Preferred Workshop	F
Claim Description	SJG6092P / SJG6921P ON 19 Apr 2018				hair
Preferred Workshop Contact		Insured Liability *	Partially at Fault ▼		200
No.	Vac.	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
	Yes	Claim Close Date		Date Received	2
Require Finalisation		County County Date			
Require Finalisation Date Registered	21/04/2018 16:39	Mindelphon Donoises		Total Loss but Repaired	
	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

Attachment

V

Claim No.

MT/0991305

21/04/2018 16:40 Upload Date Last Doc. Received • Yes No Confidential Urgency * Category * Path * NO Normal Clear Please Select Choose File No file chosen * NO Normal Clear Please Select Choose File No file chosen Normal Please Select NO Choose File No file chosen NO Normal Please Select Clear Choose File No file chosen Normal ٧ NO Please Select Clear Choose File No file chosen Please Select NO Normal Clear Choose File No file chosen Message Read Attachment List Urgency Descrip Category Uploaded By/Date Attachment P 1441 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 NRIC/ Driving Lice NRIC/ Driving License Normal NAC_PAYA_UBI_BD0601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:38 SAS 201F SAS NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Photos 20: Normal Photos Apr 2018 16:38 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Photos 20: Photos Normal Apr 2018 16:38 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Photos 201 Photos Normal Apr 2018 16:37 NAC_PAYA_UB]_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:37 Photos 20: Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:37 Photos 20: Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Photos 20: Normal Photos Apr 2018 16:37 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:37 Photos 20: Normal Photos NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:37 Photos 20: Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:37 Photos 20 Normal Photos NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:37 Photos 20: Photos Normal NAC_PAYA_UBI_SDD601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:37 Photos 20: Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:37 Normal Photos 20: Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Apr 2018 16:37 Photos 20: Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Photos 20: Photos Normal Apr 2018 16:37 Source File Name Folder Date Uploaded By/Date

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