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 <u>truthful and accurate</u> 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 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 aforesaid

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	07/05/2018 17:29	
Date Of Accident	07/05/2018 12:30	
Exact Location Of Accident	UPPER SERANGOON RD BEFORE JUNCTION	
Country/State of Loss	SINGAPORE	
I	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT3580A	
Insured/Policyholder		
Name Of Registered Owner	JESSIECHAI	
Co Reg No	53358731W	
Email Address	LJM_91@HOTMAIL.COM	
Mobile Phone No		
Alternative Phone No	OFFICE-82238099	
Vehicle Particulars		
Manufacturer	MAZDA	
Model	MADZA3 HATCHBACK 1.5 AT DELUXE EU6	
Exact Purpose for which vehicle was being used at time of accident	t .	
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	5095149997	

Cover Note Number **Driver**

Name of Driver

NRIC No

S9106000J

Date Of Birth

18/02/1991

Occupation

OUTDOOR

Date Of Driving Pass

LEE JUN MING

S9106000J

0UTDOOR

20/07/2010

Driving Experience 7 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82238099

Fax Number

Contact Number

EMail Address LJM 91@HOTMAIL.COM

Address BLK 662C JURONG WEST STREET 64 #14-308

Postcode 643662

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - EMPLOYEE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

NO

NO

2

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOW

GENDER: : FEMALE

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?

NO

NO

NO

Circumstances of Accident

PLEASE REFER TO THE ATTACHMENT

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV434Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 81310036

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 17

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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:
 - (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.

JESSIECHAI Co Reg No: 53358731W

Policyholder's Signature Date & Time: Driver's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnes's Signature Name: NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

KETCH PLAN	\$			
	180		Vokich A: 8LT 3580 B:8Lv 4342	
	1 %		2:8/v 434z	
	200		V - 2 V	
	Thurs-			
	A			
	11141			
SCRIBE CIRCUMSTANCES OF TH				
My (ar (A) was	in stationer	position	at the junction (ar(A) at ther back	
of upper seramon	o road · Car	B bit mu	(ac(A) at they back	
at of sydden N	abody inluce.	7	W V V V V V V V V V V V V V V V V V V V	
OUT OF SOLIOTAL III	oway illuie			
			1.00 5	
MPORTANT NOTE: You had been advised by there is a FOURTEEN (14) days clause whereby	he workshop that in the event tru the claim must be made within th	if you wish to claim again se stipulated timeframe fr	on the day of occurrence.	
[] Reporting Only	[] Own Damaged [] Third Party [] Claim at other workshop (OD/TP)	
ECLARATION				
We declare the foregoing particulars a	re true in every respect.			
JESSIECHAI Co Reg No: 53358731W	1			
Ou hely no. usasors tw	12			
olicyholder's Signature	Driver's Signature		Reporting Centre Personnel's Signature	
ate & Time:	(If driver is not the policyholder)		Name:	
	Date & Time:		NRIC/FIN No.:	



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: 5095149997 Cover : drivo PREMRUM

1. Index mark and Registration Number of Vehicle : SLT3580A

Chassis Number : JM68N24A8X0176922
2. Name of Policyholder : JESSIECHAI
3. Effective Date of Insurance : 26 Oct 2017

4. Expiry Date of Insurance
5. Persons or Classes of Persons entitled to drive
8.

(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.

25 Oct 2018

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)
 : \$52,000

 EXCESS (SECTION 2)
 : \$51,500

 WINDSCREEN EXCESS
 : \$5100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES 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 : HONG LEONG FINANCE LTD

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 : META AGENCY PTE. LTD. (00000573430)

Date of Issue : 17 Oct 2017 12:56 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

DRIVER IC & DRIVING LICENCE (FRONT & BACK) Pg. 1





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

CI. Class 2B MOTORCYCLES NOT EXCEEDING 200 CC MOTOR CLASS AND 1400 CC MOTOR CLASS AND 1400 CC MOTOR CLASS AND 1400 CR TRACTORS WITHOUT CLATCH PEDUL THE WEIGH OF WHICH I NLADEN DOPS NOT EXCRED 2500 KILOGRAMS

NP 428A

S / No. 9000260631

Licence No: S9106000.J

Date of fishus

23-02-2006

Address

APT BLK 662C JURONG WEST STREET 64

APT BLK 662C JURONG WEST STREET 64 #14-308 SINGAPORE 643662













CHASSIS NUMBER



ODOMETER READING 5 769 7 km

km/h

ACCIDENT SCENE PHOTO 1





