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## SINGAPORE ACCIDENT STATEMENT

## 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 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.

	ACCIDENT STATEMENT
Date Of Report	28/05/2018 11:54
Date Of Accident	26/05/2018 16:35
Exact Location Of Accident	ALONG RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE
Description of the Description o	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ2928G
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE, LTD.
Co Reg No	201533177E
Email Address	ISKANDARKASNOEN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90033209
Alternative Phone No	OFFICE-90033209
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5100294803
Cover Note Number	
Driver	
Name of Driver	MOHAMMAD ISKANDAR BIN KASNOEN
NRIC No	S1291134C
Date Of Birth	21/04/1958
Occupation	OUTDOOR

Date Of Driving Pass 14/09/1983

34 YEARS AND 8 MONTHS Driving Experience

Gender MALE

Mobile Number (LOCAL) +65-90033209

Fax Number

OTHERS-90033209 Contact Number

EMail Address ISKANDARKASNOEN@YAHOO.COM Address

BLK 265D COMPASSVALE BOW

#03-30

Postcode

544265

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

SIDE SWIPE

Weather Conditions

CLEAR

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 ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJP4521J

Vehicle Make/Model/Colour

MAZDA 3

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN YAT KHEONG WINSTON

NRIC/Passport Number

S8136543A

Contact Number

91471659

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER:

## 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.
- 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.
- 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:
  - 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.

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

(If driver is not the policyholder)

Date & Time:

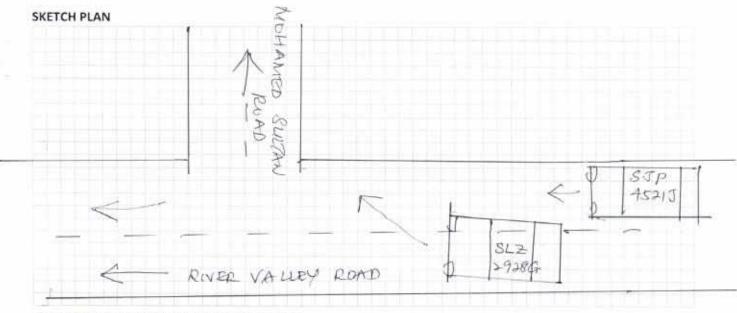
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Beporting Centre Personnel's Signature

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: 28/5/2018

Reporting Centre Personnel's Signature

NRIC/FIN No.: /

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NEIC/ Driving License

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MAC\_BURIT\_MERAH\_800676/ MATIGNAL ASSESSMENT CENTRE SERVICES (B URIT MERAH)) on 28 May 2018 12:37

Folder Date

Uploaded By/Date

# **ACCIDENT STATEMENT**

*	ACCIDENT DATE: 26/05/2018 (DD/MM/YYYY), TIME: 16.35 (HH:MM	Y
	LOCATION: RIVER VALLEY ROAD	ř.:
	1. DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: CLZ2928 G	
	DINSURANCE COMPANY: INCOME	
	c)POLICY NUMBER: \$100294803	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY THIRD PARTY FIRE &THEFT)	
	TITYPE: (SALOON /COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)	
	g/VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
	h)PURPOSE OF USING AT ACCIDENT TIME: HIRE PRIVATE	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO)) IF NO, PLEASE STATE (THIRD PARTY CLAIM/ REPORTING ONLY).	
(1)	2. INSURED / POLICY HOLDER	
(1)	ANAME: TODOS PARTNER PTE LTD (MALE/FEMALE)	
NUMBER OF	b) NRIC/FIN/PASSPORT: 201533177 E CONTACT:	
PACSANGER	c)ADDRESS:	**
INCLUDING DELVINE		-
S. W. S. C. C. C.	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	10
	3 DRIVER	
*	ONAME: MOHAMMAD ISKANDAR BIN KASNOENMALEY FEMALE)	
	DINRIC/FIN/PASSPORT: \$129/134C CONTACT: 90033200	1
	CLADDRESS: BLK 265D, COMPASSVALE BOW, # 03-30,	-
	S'PORE 544265	
	*d)DATE OF BIRTH: ( 2/ / 04/ 1918 )(DD/MM/YYYY)	
	FIDE OF DRIVING PAGE : 14/09/1983	
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RENTAL	
	5. GIWEATHER CONDITION (CLEAR) RAINING / OTHERS	_
	b)ROAD SURFACE: (DRY) WET / OTHERS	-1
R.	6. WAS ANYBODY INJURED (YES (NO)	-/
	7. a JREPORTED TO POLICE (YES (NO)	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
(2)	8. THIRD PARTY VEHICLE	
	a) VEHICLE NUMBER: SJP4571J MODEL: MAZON 3	
NUMBER OF	b) DRIVER'S NAME: TAN YAT KHEONG WINSTON	T::
PASSAMGRER.	c) NRIC/FIN/PASSPORT: S&136543A CONTACT: 9147/65	9
INCLUDING DEWAR	9. THIRD PARTY VEHICLE	
( )	d) VEHICLE NUMBER:MODEL:	
HUMBER OF	e) DRIVER'S NAME:	
PARSONIGHIC	f) NRIC/FIN/PASSPORT:CONTACT:	-
INCLUDING DELUGIC		
Name of the Anti-	_# D	
	and the second s	

1) EMAIL: 18 kandarkasnoen @ Jahoo.com

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1291134C



## MOHAMMAD ISKANDAR BIN KASNOEN

بحبد اسکندر بن کستون

JAVANESE Crete of birth 21-04-1958 M

SINGAPORE





4778372



04-10-2011

APT BLK 265D COMPASSVALE BOW #03-30 SINGAPORE 544265

- YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Motor Cars of unladen weight not exceeding 3000 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.

14 Sep 1983

NP 478A





## Certificate of Insurance

Cover : drivo CLASSIC : 51477446- SLZ2928G

: TODDS PARTNERS PTE, LTD.

MR053HY9305085876

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: 5100294803

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. 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.

: 27 Apr 2018

: 16 Dec 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) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : 55100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO 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 : 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

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue

: 27 Apr 2018 15:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive