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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.

- 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 Singapora (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.

COLUMN STATE OF THE STATE OF	ACCIDENT STATEMENT	
Date Of Report	04/07/2018 15:17	
Date Of Accident	03/07/2018 16:20	
Exact Location Of Accident	BLK 712 ANG MO KIO AVE 6 OPEN CARPARK	
Country/State of Loss	SINGAPORE	
THE REPORT OF THE PARTY OF THE	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB5786S	
Insured/Policyholder		
Name Of Registered Owner	8 RICH VALET SERVICES	
Co Reg No	53310416E	
Email Address	BIGSTARS82@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-82687313	
Alternative Phone No	OFFICE-82687313	
Vehicle Particulars		
Manufacturer	HYUNDAI	
Model	ELANTRA-1.6 (A)	
Exact Purpose for which vehicle was being us time of accident	ed at DRIVING GRAB	
Are you claiming under your own insurance p for repair to your vehicle?	THE STATE OF THE S	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE HIRE	
Insurance Company	Billian S. S. Latin B. B. S. L.	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	5093910452	
Cover Note Number		
Driver	THE STATE OF	
Name of Driver	LOURNATHAN S/O JOSEPH MARIA NATHAN	
NRIC No	S1595309H	
Date Of Birth	20/02/1963	
Occupation	OUTDOOR	
Date Of Driving Pass	12/07/1990	
Driving Experience	27 YEARS AND 11 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-82687313	
Fax Number		
Contact Number	OFFICE-82687313	
EMail Address	BIGSTARS82@GMAIL.COM	Page 1 c

BLK 105 TECK WHYE LANE Address #07-492 680105 Postcode 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 SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface Other Information Was any foreign vehicle involved in this accident? NO 2 Number of vehicles involved in the accident NO Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1 Number of Passengers (Including Driver) **Details of Police Action** NO Was the accident reported to the police? If Yes Please state which Police Station NO Was notice of intended Prosecution given? 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 NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SJG5633K Vehicle Registration Number TOYOTA Vehicle Make/Model/Colour

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

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

- Please report <u>correctly</u> 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.
- 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:
- 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

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

53310416E

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Ceptre Personnel's Signature

Name:

NRIC/FIN N

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A) SKB 5786S B) SJG 5633K

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DECLARATION

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

Policyholder's Signature Date & Time:

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

4/7/18

NRIC/FIN No.:

Reporting Centre Personnes Signature
Name:
NRIC/FIN No.:

**RECIPIED NO.: **TOTAL UP HOSS
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ACCIDENT STATEMENT

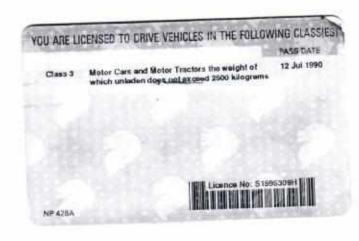
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Certificate of Insurance

OTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA OTOR VEHICLES (THIRD PARTY RISKS AND COMPENSA AD TRANSPORT ACT 1987 (MALAYSIA) OTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (N	MALAYSIA)
The Policyholder Example of Policyholder Example of Policyholder Example of Insurance Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is driving on the Policyholder. Provided that the person driving is permitted the Motor Vehicle or has been so permitted a enactment or regulation in that behalf from d. Limitations as to Use# (a) Use for social domestic and pleasure purpose This Policy does not cover (a) Use for racing, pace-making, reliability trial or (b) Use for the carriage of goods (other than sam) (c) Use for any purpose in connection with the Motor Vehicle	: SKB5786S : KMHDH41CMCU172737 : 8 RICH VALET SERVICES : 23 Sep 2017 : 22 Sep 2018 holder's order or with his/her permission. in accordance with the licensing or other laws or regulations to drive and is not disqualified by order of a Court of Law or by reason of any riving the Motor Vehicle. es and in connection with the Policyholder's or Hirer's business. speed-testing. in connection with any trade or business.
EXCESS (SECTION 1) EXCESS (SECTION 2) ADDITIONAL EXCESS UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE NCD PROTECTION PRIMARY DRIVER NAMED DRIVER (1) NAMED DRIVER (2) HIRE PURCHASE COMPANY.	: N/A : S\$1,500 : N/A : N/A : N/A : NO : YES : NO : LOURDNATHAN S/O JOSEPH MARIA NATHAN : N/A : N/A : N/A : SWEE SENG CREDIT PTE LTD : 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 : VV INSURANCE AGENCY PTE. LTD. (00000614878)

Date of Issue : 04 Sep 2017 14:41 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive