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.	
	ACCIDENT STATEMENT
Date Of Report	09/07/2018 13:09
Date Of Accident	08/07/2018 19:50
Exact Location Of Accident	BETWEEN BLK 435 & 439 CARPARK (TAMPINES ST 43)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP4037S
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83223232
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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 CAR
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	
Dulivan	

Driver

Name of Driver TAIYEE BIN MOHAMED SOOKOR

NRIC No S6920957B

Date Of Birth 13/06/1969

Occupation INDOOR

Date Of Driving Pass 30/07/1994

Driving Experience 23 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97278418

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 188 PUNGGOL CENTRAL #03-275

Postcode 820188

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

-

NO

NO

2

NO

NO

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : BRENT

GENDER: : MALE

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?

Circumstances of Accident

ON 08/07/2018 AT ABOUT 1950HRS, VEHICLE A WAS DRIVING AT TAMPINES ST 43 CARPARK DRIVEWAY. SUDDENLY, I FELT A HIT IMPACT FROM MY VEHICLE LEFT SIDE PORTION. VEHICLE B CAME OUT FROM CARPARK LOT WITHOUT CHECKING CLEARANCE AND COLLIDED ONTO MY VEHICLE LEFT SIDE PORTION.

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 SLH9161A

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver ANDI

NRIC/Passport Number

Contact Number 81005607

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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) of:
 - (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.

\$3378388 AR

Policyholder's Signature
Date & Time:

ver's Signature

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

NRIC/FIN No.:

7 -ORCE

Sketch Plan #2 Pg. 1

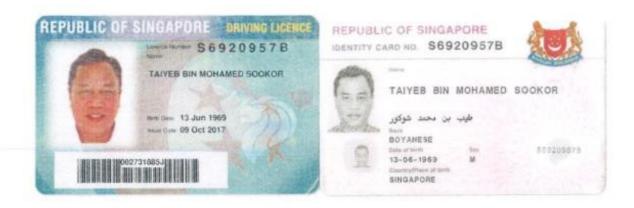
SKETCH PLAN			and the second of the second o	en, geregengene egelege	
Tamp	rines Street	43 Carpack	Lot 242		- 3LP40273
DESCRIBE CIRCL	JMSTANCES OF T	HE ACCIDENT			
Street 43 my Vehicl	Carpart dr e left 8i rt checking	about 1950hrs, ive way. Suddenly de portion. Vehic Clearence and	, I felt an Lle B Come	hit impact	Tampines from carpark left
DECLARATION I/We declare the re- Policyholder's Signa Date & Time:	EASING THE	are true in every respect. Driver's Signature (If driver is not the policyho		The first of the personnel's	p-p-1

Policyholder's Signature
Date & Time:

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

NRIC/FIN No.:

Driving License





INSURANCE



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATIONLACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND	COMPENSATIONI RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MORE MELLICIES COMMENT AND ADDRESS OF	Service Advanced to the service of t

MOTOR VEHICLES (THIRD PARTY RISKS) BULES, 1959 (MALAYSIA)

Certificate Number: 5084904286-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SLP40375

Chassis Number

: MHF829F3202011955

2. Name of Policyholder

: KARZ-TA LEASING

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 18 Aug 2017

: 17 Aug 2018

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.

Umitations 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)	: S\$1,500		
EXCESS (SECTION 2)	: S\$1,000		
WINDSCREEN EXCESS	: \$\$100		
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	: UNITED OVERSEAS BANK LIMITED		
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 (Molaysia)

: COWELL INSURANCE (AGENCY) PTE LTD (0000001 0380)

Date of Issue

: 08 Aug 2017 16:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chiof Executive

KARZ-TA-001A Dated 28 Apr 2017 Page 1 of 4

Leasing Contract of Agreement

This Contract of Agreement is drafted on 23th Month June Year 2018

Between

KARZ-TA LEASING "hereby called The Owner" (Singapore Company Registration No.: 53318368E), A company incorporated in Singapore and having its registered address at 317, OUTRAM ROAD, B1-03 CONCORDE SHOPPING CENTRE, HOLIDAY INN ATRIUM, (169075)

Taiveb Bin Mohamed Sookor of NRIC S6920957B, DOB: 13/06/1969, Driving pass Date: 30/07/1994 "hereby called 'The Hirer/Driver" residing at BLK 188 Puggol Central #03-275 S(820188)

Relive Driver

N.A

On this lease agreement "The Owner" shall lease the vehicle with the below mentioned details hereinafter named as "The Vehicle" to "The Hirer/Driver" on the agreed terms and condition as set out by "The Owner" in this agreement contained herein -

Description of Vehicle

Make and Model: Toyota Vios 1.5

Registration No: SLP4037S

MHFB29F3202011955

Engine No:

2NRX159118

Registration Date: 02 Jun 2017

Lease Period

As agreed on a lease period of 2 months with effect from the 24th Day of June 2018 to 23th Day of Aug 2018.

Rental Rates

The rate has been hereby agreed between both parties at S\$430/- Week with a refundable security deposit of \$\$500.

"The Owner" shall reserve the	rights to change or amen	d any of the clause and rental ra	ites without prior notice to	"The Hirer/Driver" or
additional driver(s) if any.				
1st Driver				

Hirer / Driver Signature:

Name:

Talveb Bin Mohamed Sookor

Email:

taiveb.mohamed@gmail.com

NRIC / Passport No.:

S6920957B

Bank A/C:

249-023-051 posb Saving

Date:

23 June 2018

Contact:

97278418

Additional Driver

N.A

KARZ-TA LEASING Representative

Signature / Company Stamp:

Date

23 June 2018









