

[illegible]

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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	07/11/2018 17:55
Date Of Accident	06/11/2018 17:10
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVE WEST CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN8209Y
Insured/Policyholder	
Name Of Registered Owner	DESTINY 2.0
Co Reg No	53361209L
Email Address	JASSANDREW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96313195
Alternative Phone No	OFFICE-96313195

Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	5091136065-01
Cover Note Number	

Driver

Name of Driver	JASS ANDREW
NRIC No	S2189574A
Date Of Birth	05/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1988
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96313195
Fax Number	
Contact Number	OFFICE-96313195
E-Mail Address	JASSANDREW@GMAIL.COM

Address	BLK 31 CLEMENTI AVENUE 4 #05-193
Postcode	123311
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE

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	SKU8223E
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIU JIDONG
NRIC/Passport Number	S7663090I
Contact Number	91882922

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

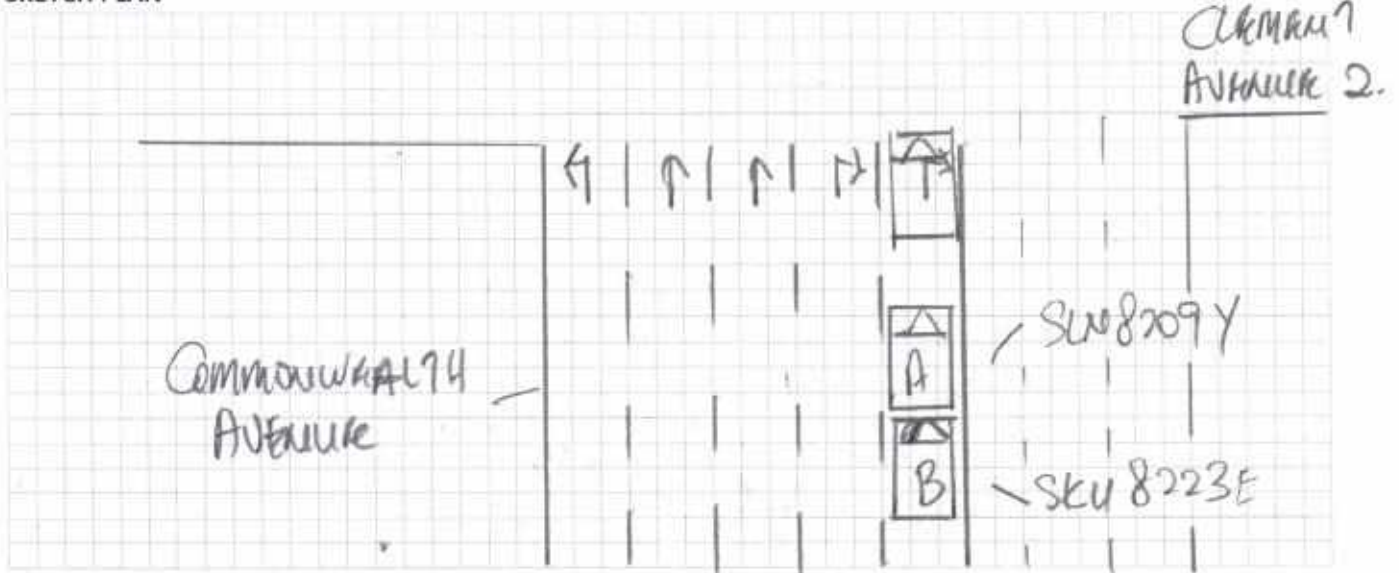


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was waiting for the traffic light to turn green for me to turn toward AYS/Clementi Ave 2 this Nissan car SKU 8223E hit me from the back. There were 3 passengers & myself in the car. No injuries were sustained but my rear bumper was knocked inwards & damaged.

I was traveling along Commonwealth Ave towards NUS, but had to stop & wait at the turning junction. It was drizzling and the roads were wet.

The rear car that hit me was having a drink and food in his hand. His co driver too was eating while having that assessment of the accident. She asked me why I parked at the road, which in actual case was me and several other cars in front of me were waiting at the traffic junction for the lights to turn to our favor.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Claim Handling

Accident MT/1019298

Policy No.	9091136065-01	Vehicle No.	SLN8209Y	GST Registration No.	
Certificate No.					
Policyholder Name	DESTINY 2.0	Cover Type	drive CLASSIC	Policyholder NRIC	S3361209L
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96311195	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No *
KFK	= No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	No			Private Hire	Yes

Accident Details

Report Date	12/11/2018 12:22	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	06/11/2018	Time of Accident hh:mm	12:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF COMMONWEALTH AVE WEST CLEMENTI AVE 2				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	BLK 111C #05-193	Address 2	CLEMENTI AVENUE 4	Address 3	TRIVELIS
Address 4	SINGAPORE 123311	Address Type	Singapore address	Post Code	123311
Unit No.	05-193	Related Policy Number	9091136065-01		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	05/06/1965
Unnamed driver Name	JASS ANDREW	Driver NRIC	S21895744	Driving Experience	30
Register Date of Driver License	21/03/1988	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	96311195	Contact No.(Office)		Address 3	TRIVELIS
Address 1	BLK 111C #05-193	Address 2	CLEMENTI AVENUE 4	Post Code	123311
Address 4	SINGAPORE 123311	Address Type	Foreign address		
Unit No.	05-193				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SLN8209Y	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	if mg	Any injury?	Yes = No		

Modification History

Claim 001 

Claim Type *	OD-MX	Insured Name	DESTINY 2.0	Insured NRIC	S3361209L
Contact No.(Mobile)		Contact No. (Home)		Contact No. (Office)	S34429
Email Address		OT Vehicle Number	SLN8209Y	TP Vehicle Number	SKU82
Claim Description	SLN8209Y / SKU8223E ON 6 Nov 2018			Name of Preferred Workshop	
Preferred Workshop					
Insured Liability	Not at Fault *				
Repaired no. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	QA report	Received *
Date Registered	12/11/2018 12:25			Claim Close Date	Date Received 12/11/
Report Taken By	ROSLI WAHAB				

Print AX letter

Save Submit

Attachment

Accident No.	MT/1019298	Claim No.	001
Last Doc. Received	Yes No	Upload Date	12/11/2018 12:27
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Message Read		Clear	Please Select *

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:27		Photos	Normal	Photos 2018-11-12	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:27	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:27	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:27	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:27	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:27	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:27	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:28	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:28	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:28	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:26	Photos	Normal	Photos 2018-11-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:26	SAS	Normal	SAS 2018-11-12
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2018 12:26	NRJC/ Driving License	Normal	NRJC/ Driving License 2018-11-12

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window	Scan and uploading
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ACCIDENT STATEMENT

ACCIDENT DATE: 06/11/2018 (DD/MM/YYYY), TIME: 17:10 (HH:MM)

LOCATION: Campus West 4 Ave junction toward Clementi Ave 2 (A&E)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLN 82097
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5091136065-01
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING GRAB
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: DESTINY 2.0 (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 96313195 (JASS)
 c) ADDRESS: BK 311C, 05-193, Clementi Ave 4, S(123311)

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JASS ANDREW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2189574/A CONTACT: 96313195
 c) ADDRESS: BK 311C, 05-193, Clementi Ave 4, S(123311)

* d) DATE OF BIRTH: 05/06/1965 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21/03/1988

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) own
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKU 82236 MODEL: NISSAN
 b) DRIVER'S NAME: LIM BIDONG
 c) NRIC/FIN/PASSPORT: S76630905 CONTACT: 91882922

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email: JASSANDREW@GMAIL.COM

fax: _____

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2189574A




Name
JASS ANDREW

Race
INDIAN

Date of Birth
05-06-1965

Country of Birth
JOHORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S2189574A**

Name
JASS ANDREW

Birth Date: **05 Jun 1965**

Issue Date: **06 Jul 2004**




037089A



NRIC No. **S2189574A**



Blood Group: **B+** Date of Issue: **04-06-1992**

APT BLK 311C CLEMENTI AVENUE 4 #05-193
SINGAPORE 123311

NRIC No: **S2189574A** Date: **07/01/2017**

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

PASS DATE
21 Mar 1998

Class 3 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

NP 428A

License No: **S2189574A**



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: 5091136065-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLN8209Y**
Chassis Number : JTEGH23B200021864
2. Name of Policyholder : DESTINY 2.0
3. Effective Date of Insurance : 13 Jun 2018
4. Expiry Date of Insurance : 12 Jun 2019
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.
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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$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	: DICKSON CAPITAL PTE 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 : DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)
Date of Issue : 11 Jun 2018 16:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive