

## 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	14/01/2019 15:14
Date Of Accident	12/01/2019 08:00
Exact Location Of Accident	BENDEMEER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ506B
-----------------------------	---------

#### Insured/Policyholder

Name Of Registered Owner	ALPINE CAR RENTAL PTE LTD
Co Reg No	199003483E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65113022

#### Vehicle Particulars

Manufacturer	OPEL
Model	MOKKA X-1.6 CDTI 6AT (LED) (A)
Exact Purpose for which vehicle was being used at time of accident	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	YES
Policy Number	5093613878-01
Cover Note Number	

#### Driver

Name of Driver	MOK HIOK KWANG LESLIE
NRIC No	S7900739J
Date Of Birth	03/01/1979
Occupation	INDOOR
Date Of Driving Pass	08/04/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91067696
Fax Number	
Contact Number	
EEmail Address	LESLIE.MOK79@GMAIL.COM

Address	299A TAMPINES ST 22 #07-612
Postcode	521299
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 (including own vehicle) 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)	3
Passenger 1	NAME: : GRAB PASSENGER 1 GENDER: : MALE
Passenger 2	NAME: : GRAB 2 GENDER: : FEMALE

#### 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

REFER ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

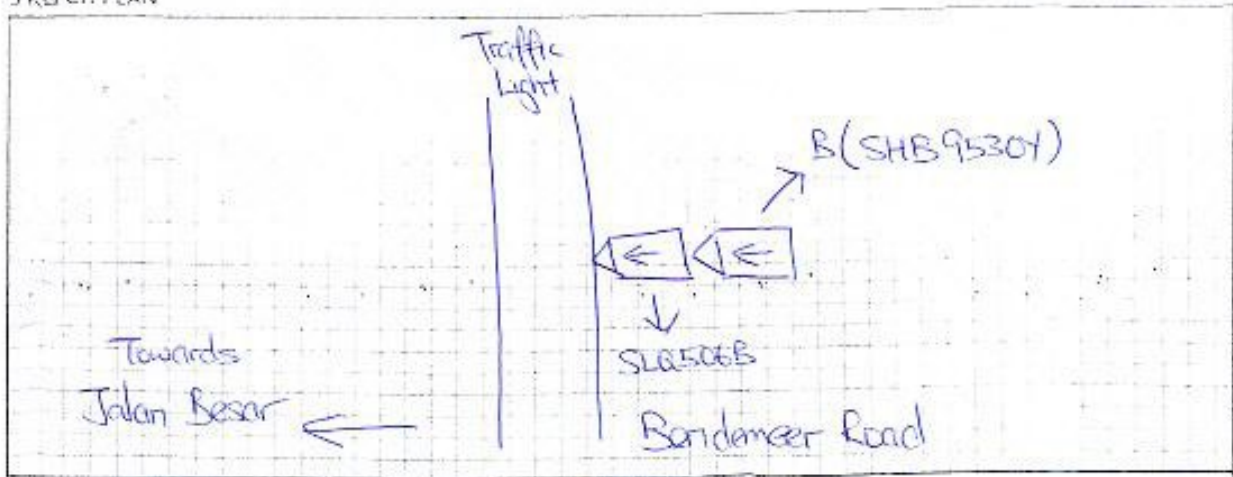
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9530Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG SWEE GUAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

# Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bendemeer Road towards Jalan Besar with 2 Pax. The traffic light turns to red. I came to a complete stop. About 2 seconds later, a Transach taxi (B) bang onto me from behind.

## 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/HIN No.:

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.
- 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- 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:

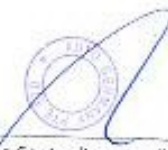
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



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.:

# INSURANCE CERT



## 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: 5082613878-01	Cover: 1 - Group PREMIUM
1. Index mark and Registration Number of Vehicle	SL08088
Chassis Number:	W0UD7JC5H8139333
2. Name of Policyholder:	ALPINE CAR RENTAL PTE LTD
3. Effective Date of Insurance:	01 Sep 2018
4. Expiry Date of Insurance:	31 Aug 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 Firm's business.	
<b>This Policy does not cover</b>	
(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.	
If Limitations rendered inoperative by Section 3 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)	\$51,400
EXCESS (SECTION 2)	\$51,400
WINDSCREEN EXCESS	\$5100
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVER LEAF
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	N/A
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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: ALPINE CREDIT PTE LTD (00090615424)  
Date of Issue: 28 Aug 2018 09:52 PM

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned by:

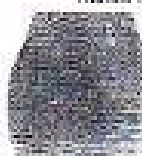
Authorized Officer

Chief Executive

# Identification Card



APC No. S70007300



Date of issue  
20-01-2009

APT BLK 288A TAMPAKES STREET 22 #01-812  
SINGAPORE 571288

APC No. S70007300

Date: 26/01/2017

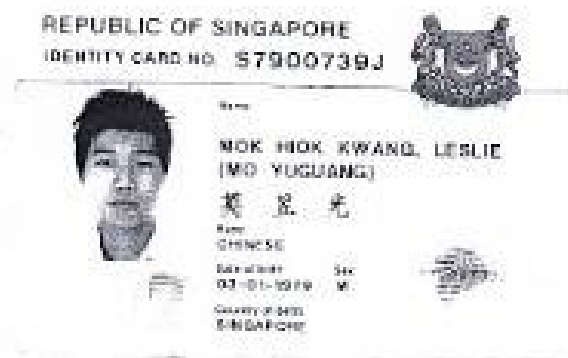
**YOU ARE ALLOWED TO DRIVE VEHICLES IN THE FOLLOWING CLASS**

Class	Description	Valid until
Class 01	Motorcycles not exceeding 200 cc	23 May 2017
Class 02	Motorcycles between 201 cc and 400 cc	24 May 2017
Class 03	Motor Cars and Motor Trucks the weight of which (including driver and cargo) does not exceed 3500 Kilograms	24 Apr 2017

APC No. S70007300

License No. S70007300

# Identification Card





Accident Photo



Identification Card



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



CHASSIS NUMBER



GRAB STICKER

