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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 witholding 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.
- 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.
- 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.

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 Date Of Report
 18/01/2019 16:17

 Date Of Accident
 17/01/2019 09:35

 Exact Location Of Accident
 BKE NEAR ECO LINK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD7715A

Insured/Policyholder

Name Of Registered Owner ABDUL RASHID BIN KECHIL

NRIC No S2013596D Email Address NOEMAIL

 Mobile Phone No
 (LOCAL) +65-91167455

 Alternative Phone No
 OTHERS-91167455

Vehicle Particulars

Manufacturer TOYOTA

Model ESTIMA-2.4 AERAS (A)

Exact Purpose for which vehicle was being used at

time of accident

CAR WAS TOW

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 5103750504

Cover Note Number

Driver

Name of Driver ABDUL RASHID BIN KECHIL

 NRIC No
 \$2013596D

 Date Of Birth
 26/10/1954

 Occupation
 INDOOR

 Date Of Driving Pass
 11/12/1997

Driving Experience 21 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91167455

Fax Number

Contact Number OTHERS-91167455

EMail Address NOEMAIL

BLK 302 BUKIT BATOK STREET 31 Address

#01-37

650302

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

Postcode

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

5

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

o

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP6632G

Vehicle Make/Model/Colour

TOW TRUCK

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

N. ACCADING POSTANCE SANCOLOGIC

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

Veh A: SWD 77154

Veh B: YP 6632G

Veh C: Unknown

Veh D. Unknown

Veh E: Unknown

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 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.

" I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

SKETCH PLAN			
Veh A: SMD 7715 A			
Veh B: YP 6632 G			
Veh Co Unknown		I E	
Veh D: Unknown		10	
Neh E: Unknown			
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DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	1113131	
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make an e-brake to	Complete Stop Vehi	de & bollowed House	er (out not stop
in time and hit or	nto year of Vehicle	C and my car mov	٨
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COMPANY 10 MACE (100).		
DECLARATION /We declare the foregoing particular	s are true in more area.		
Rahi galang particular	a are true in every respect.	01/	10/01/2018
Policyholder's Signature	Driver's Signature	Reporting Centry	18 Con 10 CV

Date & Time:

(if driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

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Report Oate INVOLVENTE 1912	untry of Accident 5	Singapore
Date of Acquirent 17/01/2019 III	t No.	
Reporting Centre	nev CC II	
Accident Location SHE NEAR BOO LINK Total Excess Applicable		
₹ Excess	ndscreen Excess 1	100.00
Gen demage Excess 800,00 According Excess	*************	57.600.00
Unnamed Driver Excess 0.00 Outside Singapore OD Excess 600.00		
Third Party Excess 0.00 Dutside Singapore TP Excess 0.00		
Excess Type Windscreen Excess 100.00		
All Come Texas		
YZED AS Claim Excess Driver is Covered?		
Total All Claim Excess Application		
OD Standard Excess T9 Standard Excess	nver is Covered?	
VIED TO Excess VIED TO Excess		
Additional Excess 0.00		
Total OD Excess Applicable Total TF Excess Applicable		
₩ Berefits		
♥ GST Registered Information		
▼ PoScyholder Malling Address		
Address 1 BLK 362 #01-37 Address 2 BLKIT BATOK STREET 21		HONG KAH CRE
		650302



NAC_BUKIT_HERAH, 800676(NATIONAL ASSESSMENT CENTRE STRVICE S (BUKIT MERAH)) on 15 Jan 2019 16:39

Photos

Photos 2019-1-18

NAC_BLICIT_HERAH_B00676(_NATIONAL_ASSESSMENT_CENTRE_SCRUICE_ S (BURIT MERAH)) on 19 Jan 2019 16:39

Priotos 2019-1-16

NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 18 Jan 2019 16:39

SAS

SAS 2019-1-18

REM + 1

NAC_BUXIT_MERAH_B00670; NATIONAL ASSESSMENT CENTRE SERVICE NAUC/ Driving License 5 (BUXIT MERAH)) on 18 Jan 2019 16:19

WIIC/ Driving License 2019-1-18

▼ Video List

Uploaded By/Date Folder Date

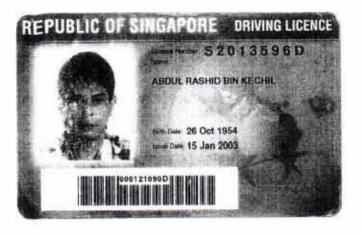
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Particular of Insured / Driver & Details of the Accident Date of Accident: _____17/1/19 Location of Accident: Fit PHE BILE NEW GOO WIND Time of Accident: AW Landmark of Accident Area (IF ANY): No. of Passenger (Including Driver): Passenger Name: Abelil Kashid B - Kechill Details of Own Vehicle Vehicle Registration Number: SMD 7715A Make/ Model: Toyota Estima Anns 2.4 A Name of Preferred workshop: Accord Auto Services Pte Ltd Contact: 62717433 Insured/ Policy Holder Name of Registered Owner: Abdul Rashid B. Kechil 92013596D NRIC: Address: BIK 302 Butit Batok St. 31 #101-37 9 pare 650301 Occupation: Station Manager (Indoor / Outdoor) Mobile No: Email: Driver 5201359613 As above Name of Driver: NRIC/Fin: DOB: 26-10-1954 Driving License Pass Date: 15-1-1003 as above Address: Occupation: as a laye co above Indoor / Outdoor) Mobile No: Gender: Male/ Femále Other Contact: Home No. / Office / Others: Email: Insurance Company Insurance Company: LITUC (C/TFPT/TPO) Policy No: *Comprehensive/Third Party Fire & Theft/Third Party Only if no, what is relationship with the policyholder: ___ Driver an employee: Yes / No Veh E: Unknown *If Driver is a policyholder, kindly ignore this question Veh C : Unknown Veh D: UnDetails of other vehicle Property 2 Details of other vehicle Property 1 Vehicle Registration No.: YP 6630 (NILLE) Vehicle Make/Model/Colour: Name of Driver: No. of Passenger (Including Driver): Contact Number: Nature of Damage: __ For Official use only Claiming Own Insurance: Yes / No If No, Reporting only / Third Party Claim General Information of Accident Type of Accident: Head-Rear / Side Swipe / Others: Weather Conditions: Clear / Raining / Others: Road Surface: Dol/ Wet / Others Material / Property damaged 78 / No Any police report made: Yes AR Injured party: Yes / No 1. Any Video Cam: Yes No Summon Against Whom:

Accord Auto Services Pte Ltd

^{*}For injured Party details, it must be supported by police report







(

ABDUL RASHID BIN KECHIL

1 605

MALAY
Date of Birth So
26-10-1954 M
County of Birth
MALAYSIA

-

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

11 Dec 1997

Which unleden does not exceed 2500 kitograms





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: 5103750504

1. Index mark and Registration Number of Vehicle Chassis Number

: SMD7715A : ACR500062077

2. Name of Policyholder

: ABOUL RASHID BIN KECHIL

Cover : drivo CLASSIC

3. Effective Date of Insurance

: 15 Sep 2018

4. Expiry Date of Insurance

: 25 Sep 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 business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) 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)	: 55600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT DWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: ABDUL RASHID BIN KECHIL
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK
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

: 5 & M ALUANCE PTE LTD (00000614373)

Date of Issue

: 14 Sep 2018 13:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive