

MCGM19001774 / Chew Goon Motor - AMK ENTRY DATE & TIME: 04/01/2019 16:52 SUBMITTED BY: Liu Yan Jing

### 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.
- 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

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	ACCIDENT STATEMENT	
Date Of Report	04/01/2019 16:52	
Date Of Accident	04/01/2019 09:45	
Exact Location Of Accident	IN FRONT OF BLK 37(E5) REPUBLIC CRES, WOODLANDS	
Country/State of Loss	SINGAPORE	
THE RESIDENCE OF THE PARTY OF T	DETAIL OF COMPLYENCE	

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THE RESERVE OF THE PARTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX7444L
Insured/Policyholder	
Name Of Registered Owner	NORMISSHAM BIN MISBAH
NPIC No	S7138233H

NRIC No SHAMFOCUS@YAHOO.COM.SG **Email Address** (LOCAL) +65-82047880 Mobile Phone No

OTHERS-82047880 Alternative Phone No

Vehicle Particulars Manufacturer

528I 2.0L AT D/AB 2WD 4DR GAS/D NAV Model

Exact Purpose for which vehicle was being used at PARKED time of accident

Are you claiming under your own insurance policy NO for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy

5106465280 Policy Number

Cover Note Number Driver

NORMISSHAM BIN MISBAH Name of Driver

S7138233H NRIC No 02/11/1971 Date Of Birth **INDOOR** Occupation 21/10/2002 Date Of Driving Pass

16 YEARS AND 2 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-82047880 Mobile Number

Fax Number

OTHERS-82047880 Contact Number

SHAMFOCUS@YAHOO.COM.SG **EMail Address** 

Address

BLK 538 WOODLANDS DRIVE 16 #11-149

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

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

NO

Was any body injured in the Accident?

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)

### **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

WHEN I PARKED MY CAR A (SJX7444L) AT THE SHOULDER TO ALIGHT MY SON AT THE BUILDING ENTRANCE, CAR B (SLG5658R) DROVE IN TO ALIGHT HIS PASSENGER. AS I AM GETTING READY (STATIONARY) TO JOIN THE REPUBLIC CRESCENT AND LOOKING OUT FOR ONCOMING TRAFFIC, CAR B (SLG5658R) REVERSED AND HIT MY CAR ON THE LEFT SIDE.

### 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

**SLG5658R** 

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category

MOHAMAD FAZILLILAH

Name of Driver NRIC/Passport Number

S1639908F

Contact Number

81237994

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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### Sketch Plan

#### 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:

- 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' lowyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (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/mall packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.{collectively the
- (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
- 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 Pe rsonnel's Signature

Name

NRIC/FIN No.:

## Sketch Plan #2

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DECLARATION	done and describe accounts		
I/We declare the foregoing partici	ners are true in overy respect.	7	
Alican .			
Policyholdor's Signature	Driver's Signature	Reporting Centre Hersonnel's Signs	atura .
Date & Fime:	(If driver is not the policyholds	er) Name:	2 v m/ 45
	Date & Time:	NRIC/FIN No -	



# 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: 5106465280

1. Index mark and Registration Number of Vehicle

Cover : drivo CLASSIC

: SJX7444L

Chassis Number

: WBAXG32040DX83127

2. Name of Policyholder

: NORMISSHAM BIN MISBAH

3. Effective Date of Insurance

: 27 Dec 2018

4. Expiry Date of Insurance

: 26 Dec 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) EXCESS (SECTION 2) WINDSCREEN EXCESS : S\$600 : N/A

ADDITIONAL EXCESS

: \$\$100 : N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP INSURE WITH COE

: YES : NO

: NO

NCD PROTECTION TRANSPORT ALLOWANCE

· YES : NO

**EXCESS WAIVER** 

: NORMISSHAM BIN MISBAH

PRIMARY DRIVER

: N/A

NAMED DRIVER (1) NAMED DRIVER (2)

HIRE PURCHASE COMPANY

: MOTOR-WAY CREDIT 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)

: JIN-SHI (HOLDINGS) PTE LTD (00000614399)

Date of Issue

: 26 Dec 2018 11:06 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Authorised Officer** 

**Chief Executive** 

Countersigned By:







