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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

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	THE PARTY OF THE PARTY OF THE PARTY.
Date Of Report	06/03/2019 12:00	
Date Of Accident	05/03/2019 13:00	
Exact Location Of Accident	ALONG DUNEARN ROAD	
Country/State of Loss	SINGAPORE	

OMEDICE STRUCKS OF THE STREET	DETAILS OF OWN VEHICLE
-------------------------------	------------------------

Vehicle Registration Number SMH7458X

Insured/Policyholder

Name Of Registered Owner CLUB 21 PTE LTD

Co Reg No

Email Address MEENA156@HOTMAIL.COM

Mobile Phone No. (LOCAL) +65-81217439

Alternative Phone No OFFICE-81217439

Vehicle Particulars

Manufacturer HYUNDAI Model SANTA FE

Exact Purpose for which vehicle was being used at

time of accident

GOING TO SCHOOL

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

MS FIRST CAPITAL INSURANCE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

D-19092763MFQC

Cover Note Number

Driver

Name of Driver M SUBRAMANIAM

NRIC No S1682016D Date Of Birth 15/12/1965 Occupation OUTDOOR Date Of Driving Pass 23/08/1988

Driving Experience 30 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81217439

Fax Number

Contact Number OTHERS-81217439

EMail Address SUBRA SUBRAMANIAM@YMAIL.COM Address

BLK 976 HOUGANG STREET 91

#02-256

Postcode

530976

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

٠

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 (including own vehicle) involved in the accident

2

TARREST CONTROL OF THE STATE OF

NO

Was any body injured in the Accident?

140

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)

1

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?

YES

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLV1066X

Vehicle Make/Model/Colour

NISSAN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN LIP KHOON

NRIC/Passport Number

S0109339H

Contact Number

96842169

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.

Driver's Signature (If driver is not the policyholder)

Date & Time:

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

Policyholder's Signature Date & Time:

SKETCH PLAN SCHOOL. DUNGARN ROAD DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

nn F	th march 19 1 was driving along dunearn Road	
	n as low moving traffic the rich behind me	
	1066x bumbed in to my rear couring some	
dem	age to the the Rear bonnel and the bumper.	
	one is hart.	
	Teri aw -A	
	6 3 19	

## 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:

06/03/2019 Reporting Centre Personnel's Signature ACCIDENT STATEMENT

ACCI	DENT DATE: 05 103	1.19 )(DD/MM/YYY	Y). TIME: (13 : 03 ) (HH:MM)
LOCAT		Along dimearn	
1.	DETAILS OF VEHICLE	SMH 7458X	
	b)INSURANCE COMP.		Pirel
97	c)POLICY NUMBER:		100 1.000
	dipolicy type: rook	IDDELIENCE TO STATE TO	
	BIMAKE & MODEL:	HAMMONI	RTY / THIRD PARTY FIRE &THEFT)
	TITPE:(SALOON / CO	UPE MPV VAN / LORR	Y / MOTORCYCLE / OTHERS)
	b) PURPOSE OF USING	Y: (PRIVATE / COMMERC	IAL / MOTORCYCLE)
.90	THE YOUR OLD WING	AT ACCIDENT TIME:	Gioing to school
	I ARE TOU CLAIMING	UNDER YOUR OWN INSU	RANCE (YES INC)
2	IF NO, PLEASE STATE	THIRD PARTY CLAIM) R	EPORTING ONLY)
	INSURED / POLICY HOL	DER	
		UB 21 PTE LTD	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT		CONTACT:
	c)ADDRESS:		
70 FO WILL FO SE	* CONTINUE TO 2 die r	SBUTTO LLOS BOLLOUIL	
Allo of passanger	DRIVER	DRIVER ALSO POLICY HO	DLDER
( missen elect	a) NAME: M. SUB	PAMALITAM	
Junior!		S1682016-D	(MALE) FEMALE)
C <u>0</u> 1)	CADDRESS: BUK	976 #03-256	_CONTACT: 81217430
			PORE 530976
	OCCUPATION: (INDO	J	MWYTYTT)
f	DATE OF DRIVING	DACC 23	8/1988
4. V	VAS DRIVER AN EMP	OVER OF THE INCLINE	ED'S COMPANY? (YES) NO)
I	F NO, RELATIONSHIP	OF THE DRIVER WITH	INCLIDED:
5. c	WEATHER CONDITION	1: (CLEAR) RAINING / C	THERS
b	ROAD SURFACE:(DR	WET / OTHERS	
6. W	VAS ANYBODY INJURED	(YES INO)	
7. a	REPORTED TO POLICE	(YES (NO)	72 (28)
	IF YES, PLEASE STATE W	HICH POLICE STATION:	11.
S TL	HIRD PARTY VEHICLE	A MARKET AND THE PROPERTY OF T	
the of passenger c	) VEHICLE NUMBER:_	SLV 1066X	MODEL: NISSAN
(Including driver) t	DRIVER'S NAME:	TAN LIP KHOON	
(0)	NKIC/HN/PASSPOR	1: 5 01093394	_CONTACT: 9684 2169
7. 1	HRD PARTY VEHICLE		
tho of passenger c	f) VEHICLE NUMBER:_	W	_MODEL:
Indudias Islande	DRIVER'S NAME:		
(Induding driver) f	NRIC/FIN/PASSPORT		_CONTACT:
( )			
	1.0		

email = Subra. Subramaniam @ ymail. com VIDAD Meena 156@ holmail. com

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1682016D



### M SUBRAMANIAM



INDIAN

15-12-1965

SINGAPORE

EPUBLIC OF HINGAPORE DRIVING LICENCE Grant S 1 6 8 2 0 1 6 D M SUBRAMANIAM mm.caw 15 Dec 1965 ---- 22 Apr 2004

5613360





18-05-2016

APT BLK 976 HOUGANG STREET 91 #02-256 SINGAPORE 520978

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

BASS DITE

Metercycles not exceeding 200 oc Class 2B Class 2A Class 3

Metarcycles between 201 or and 400 or Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

04 May 1958 04 May 1958 23 Aug 1988

Licence No: \$15820150

NF.428A

Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hoter Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877. Tel: (65) 6507 3848 Fax: (65) 6507 3849

www.msfirstcapital.com.sg

# CERTIFICATE OF INSURANCE

COPY

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy.

: COMPANY CAR - FLEET

Type of Cover.

: Comprehensive

Certificate No.

D-19092763MFQC

Vehicle No / Chassis No

: SMH7458X / KMHS381DSKU127214

Name of Insured

: CLUB 21 PTE LTD

Period Of Insurance

31.01.2019 To 31.03.2019

Insured Estimated Value

: Market Value At Time Of Loss

Excess:

SGD500.00 SECTION I COMPULSORY EXCESS OF ADDITIONAL SGD1,000.00 APPLIES TO:-(1) DRIVERS BELOW THE AGE OF 25 YEARS AND/OR (2) HAS LESS THAN 1 YEAR DRIVING EXPERIENCE

Authorised Driver\*
ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive\*

Any person who is driving on the Insured's order or with their 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.

Limitations as to use"

Use only for social, domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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)

MS First Capital Insurance Limited (Approved Insurers)

JENNY/B0020/MX4A

Issued at Singapore on 11.02.2019

Authorised Signature