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6		100- Ect 8501 m	114/9 14:44
OD TP Reporting Only	i-Motor W/O (Within: OD:	2hrs, TP 4hrs)	
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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.
 Information provided must be as truthful and accurate as possible. Any willful 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

	ACCIDENT STATEMENT
Date Of Report	01/04/2019 14:10
Date Of Accident	01/04/2019 09:45
Exact Location Of Accident	TPE TWDS PIE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK9574A
Insured/Policyholder	
Name Of Registered Owner	FARIDAH BINTE AHMAD
NRIC No	S1541848F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86120626
Alternative Phone No	OFFICE-86120626
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PREMIO 1.5 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5105395574
Cover Note Number	
Driver	
Name of Driver	ANUAR BIN MAHMOOD

NRIC No S1359532A Date Of Birth 07/05/1959 OUTDOOR Occupation Date Of Driving Pass 28/08/1979

Driving Experience 39 YEARS AND 7 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-85896281

Fax Number

OFFICE-85896281 Contact Number

EMail Address NOEMAIL

BLK 7 MARSILING DRIVE Address

#12-64

Postcode 730007

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 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

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

NO

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)

2

Passenger 1

NAME: : FARIDAH BINTE AHMAD

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 TO STATEMENT.

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

GBH7392G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 17

DETAILS OF INJURED PERSON 1

Name

FARIDAH BINTE AHMAD

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJK9574A

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

ANUAR BIN MAHMOOD

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJK9574A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

Page 3 of 17

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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
 - (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 Pe Name:

NRIC/FIN No.:

Signature

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Stanature (If driver is not the policyholder) Date & Time: Reporting Centre Personne Name:

NRIC/FIN No.:

Vehicle No.	SJK 9574 A Model/Make TOWOTA PREMIO					
Date of Accident	01/04/19					
Time of Accident	0945 HRS					
Location of Accident	THE TOWARDS PIE/REP					
Exact purpose use during accid	A STATE OF THE STA					
Name of Owner	FARIDAM BINTE AHMAD					
Telephone No.	H/P: 861 206 26 Home: Office:					
NRIC	515414486					
Address	BUX 7 MARSIUNG DENUE #12-64 S (780007)					
Claim type	OD THIRD PARTY REPORTING ONLY					
Insurance Company	NTO C					
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft					
Policy No.	5105295374					
olicy ivo.	31053.331					
Name of Driver	As Above If No, ANUAR BIN MAH MOOD					
NRIC	5 1359532A Any Passengers: 1 (WIFE)					
Date of birth	07 MAY 1959					
Occupation	Outdoor / Indoor					
Driving License Pass Date	28 A46 1979					
Gender	Male / Female					
Contact No.	H/P: \$559 6281 Home: Office:					
Address	BUK 7 MARSILING DENE \$12-64 5(730007)					
Driver have any own vehicle	No. If yes, Reg No.					
Relationship	Employee, If no, state Spouse					
Weather condition	Clear Raining Other					
Road Surface	Dry Wet Other					
	No, If Yes, Who?					
Any Injuries Name And Contact No.	FARIDAM BINTE AHMAD					
Name And Contact No.	ANUAR BIN MAHMODO, 8589 6281					
Police Report	No If Yes, Where?					
Vehicle B No.	GBH 7392G Any Passengers:					
Name of Driver	Contact No. :					
Vehicle C No.	Any Passengers :					
Vehicle D No.	Any Passengers :					
	Any Passengers :					
Vehicle E no. Vehicle F No.	Any Passengers :					
Vehicle G No.	Any Passengers :					
Witness Name	Witness Contact :					
Accident Portion	REAR PORTION					
Camera Recorder	Yes /No					
Email Address	163 /(110)					
Email Address						
PARTICULAR WORKSHOP	TWINCAR ANTOMOTIVE PUR LOD					
CONTACT NO.	6842 0051 / 6744 0510					
CONTACT PERSON	ION					
FAX NO	6741 0510					
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg					

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1359532A



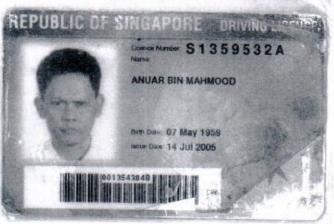
ANUAR BIN MAHMOOD

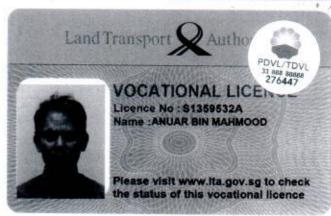


MALAY 07-05-1959

SINGAPORE

01369632A







24-08-2010

APT BLK 7 MARSILING DRIVE #12-64 SINGAPORE 730007

NRIC No:

S1359532A

Date 20/11/2014

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

PASS DATE

Motor cars =< 3000 kg with =< 7 passengers exclusive of the driver; and motor fractors /vehicles =< 2500 kg

28 Aug 1979

Licence No: S1359532A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

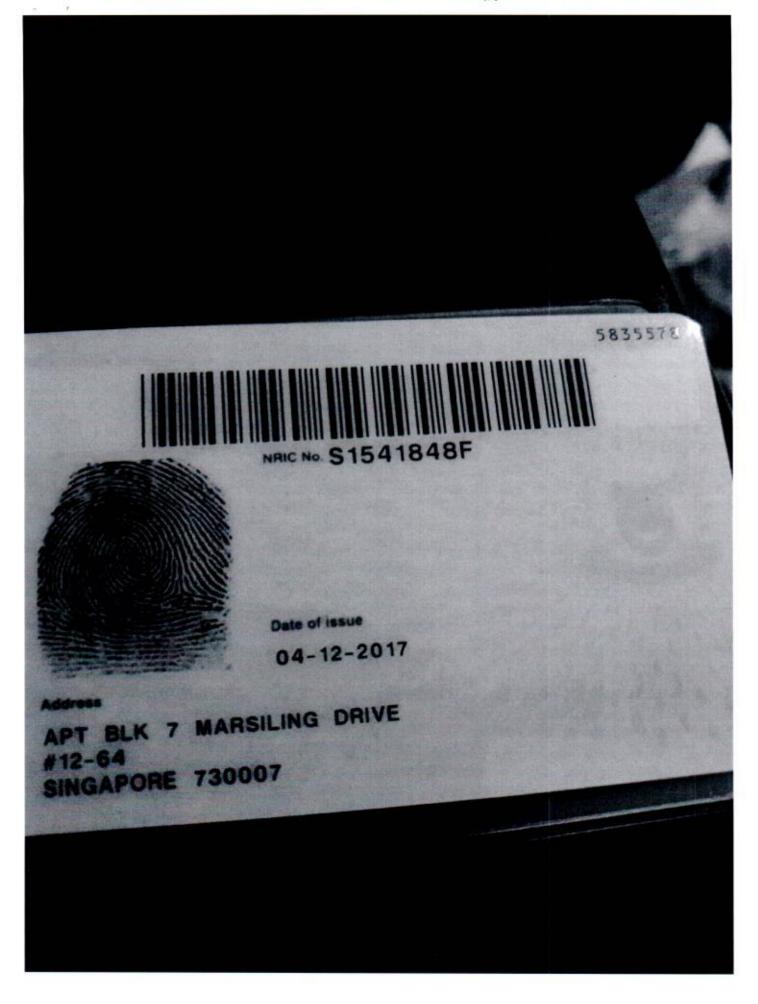
13

PRIVATE HIRE CAR VL

05/07/2018









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: 5105395574

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SJK9574A

Chassis Number

NZT2603024429

2. Name of Policyholder

NZ12003024429

2. Name of Policyholder

FARIDAH BINTE AHMAD

3. Effective Date of Insurance

: 11 Nov 2018

4. Expiry Date of Insurance

10 Nov 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)
EXCESS (SECTION 2)
WINDSCREEN EXCESS
ADDITIONAL EXCESS
UNNAMED DRIVER EXCESS

: \$\$1,500 : \$\$100 : N/A

552,000

REPAIR AT OWNER'S PREFERRED WORKSHOP

PLEASE REFER OVERLEAR

INSURE WITH COE
NCD PROTECTION
TRANSPORT ALLOWANCE
EXCESS WAIVER

: YES : YES (FREE) : NO

PRIMARY DRIVER NAMED DRIVER (1) : FARIDAH BINTE AHMAD : ANUAR BIN MAHMOOD

NAMED DRIVER (1)

: N/A

: NO

HIRE PURCHASE COMPANY

HENLY ENTERPRISES CO 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

COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

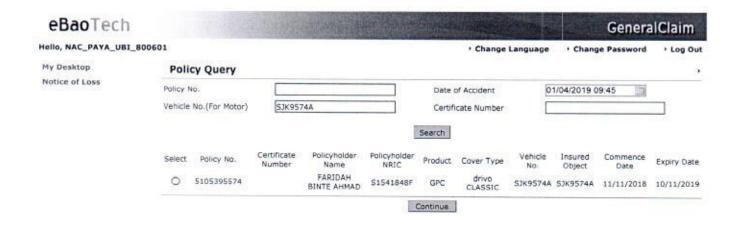
10 Nov 2018 11:32 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5105395574	Policyholder Name	FARIDAH B	INTE AHMAD	Policyholder NRIC	S1541848F	
Certificate No.					Variati		
Address	BLK 7 #12-64 MARSILING DRIV	E SINGAPORI	730007				
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	10/11/2018	Effective Date	11/11/2018	00:00	Expiry Date	10/11/2019 23	3:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	63392592		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate	No						
Info	holder Mailing Address						
Address 1	BLK 7 #12-64	Add	ess 2	MARSILING DRIVE		Address 3	CINCAROR TOTAL
Total Contract L	DEN / #12-04		NO CARE				SINGAPORE 730007
Address 4			ess Type ed Policy	Singapore address		Post Code	730007
Address 4				5105395574			
		Num	ber				
Jnit No.	ed Object: SJK9574A		ber				
Jnit No.	Section 1 to 1		ber				

Part	laim Handling					
Marie Mari	ccident MT/1038227					
Manifer Manif	ficy No.	5105395574	Vehicle No.	53K9574A	GST Registration No.	
Ministry Land Replacable Sear Type Sear Audible Sear Type Sear Audible Sear Type Sear Audible Sear Type Sear	rtificate No.					
MATERIAL MA	cyholder Name	FARIDAH RINTE AHMAD			Policyholder NRIC	51541840F
Contact No. Distant No.	luct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		
Marcian Select Sel	ract No.(Mobile)	86120626	Contact No. (Office)	0		0
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## PARE NAME OF NAME					Post Code	730007
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Insured Name PARIDAH BINTE AFFRAD Insured Na0C S1541848F	ding?	0 mg	Any injury?	® Yes ○ No		
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