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# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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.

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

THE RESERVE OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	08/04/2019 19:38
Date Of Accident	06/04/2019 19:30
Exact Location Of Accident	PIE (EUNOS FLYOVER) TOWARDS CHANGI
Country/State of Loss	SINGAPORE
THE WAY IN MICH.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR3072J
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	NSYARUL339@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93468835
Alternative Phone No	OFFICE-93468835
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT
Exact Purpose for which vehicle was being utime of accident	used at PRIVATE USE
Are you claiming under your own insurance for repair to your vehicle?	policy NO
If No. Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107326479
Cover Note Number	
Driver	
Name of Driver	SYARULNIZAM BIN MASLAN
NRIC No	S9112182D
Date Of Birth	29/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	15/03/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93468835
1237344 PARCO	

OTHERS-93468835

NSYARUL339@GMAIL.COM

Address

BLK 76 TELOK BLANGAH DRIVE

#02-278

Postcode

100076

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle

OTHER - HIRER

Vehicle Registration Number of Driver's Own

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 2

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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

NO

Was there any video captured by Car Camera?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Was there any audio recorded?

SLH2502X

Vehicle Make/Model/Colour

HONDA VEZEL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

CHEN SHIRA FELICIA

NRIC/Passport Number

\$99332401

Contact Number

84287449

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

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:
  - 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:
  - 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

(M'driver is not the policyhalder)

Date & Time:

Reporting Centre Personnel's Signat

Name!

NRIC/FIN No.:

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUIT	ALLWAY AND
on 6 April 2	2019 at 19 30hrs, I was driving at Pitalong Euros
Slymer at	ict lone, 4/hile I was driving at the speed of 90 km/h
. Ih a mae	which longth good from wehrele SLH 2502X while I
me detuni	on I have seen the road intront was all in gap distance
and sidely	My the vehicle SLH 2502 x make a sudden Jam brake
and source	it warning. I step my brake hard but it seems the
and wires	not that effective and I collide with the vehicle
byare was	x at the back only two vehicle were involved
ST472071	ne driving SJR 30725 collide with vehicle SLHZ502x
Which is u	are arriving SJR 50-125 certified but the secondary
NO Injuries	s at the point of time when we exchange number.
Offer That	is recurred our normal drive as the party was also
rushing to	airport. The party only informed that she will ledge
	nce claim.
010- 100-000	ice charm.

### DECLARATION

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

Policyholder' Stanature

Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature
Mame:
NRIC/FIN No.:

#### Claim Handling Accident MT/1839272 GST Requiration 9m. 2017092364 \$3930721 9107316479 Vehicle No. Certificate No. 201709236H Policynosper 1982C SAS AUYO HOLDINGS FTE. LTD. Policyholder Name Loading ā Coser Type Produit Ciste PRIVATE CAR INSURANCE Contact No.(Worter) Connex No (Dimer) Contact No.(Motele) No + eCode. Special Remark - hu Yes - Too Yes tion available Private Hire NCD Entitlement(%) NCD Protector W Accident Details Collinson - Head to Rear Accident Type Acadest Report Within 14 hrs 700 08/94/2019 17:14 Report Date Time of Acoderic titi.mm Country of Accident Simplifiate Date of Acodest 00/04/2019 JCH NO. Orange Fince Reporting Centre Accident Lecation HIS BUNDS FLYDVER Total Excess Applicable 0.00 Windscreen Excess Per Acodent Excess Type 1,900.00 TF Standard Excess 11/00 Not Applicable Driver is Covered? VIDD TP Excess. VIET OD Excess Appropriat Encusa 1.500.00 0.00 Tetal OD Excess Applicable w Benefits → GST Registered Information 01/09/2017 GST Registration Date **GST Registered** GST Status Verified GST Registration No. 2017092304 08/04/2019 17:15:16 System changed UST Registration No. from NA to 2017/9236H 08/04/2019 17:15:14 System changed UST Registration basis from 01/01/2019 to 01/04/2017 08/04/2019 17:15:14 System changed UST Scalus Varified from Na to Yes Modification History PoScyhalder Mailing Address SINGAPORE 4118589 Socrets 3 60 URI CRESCENT Address 2 Address 1 Singapore address Past Code 408589 Appress Type 1101147940 Respect Policy Number Unit. No. Of Driver Info Driver Name Driver DOS Driver NRJC Unianed driver Name Driving Experience Reguler Date of Oriver License Driver Age Contact No Drome) Contact No. (Office) Contact No. (Motole) Address 3 Address 2 Address I First Code **Адачна Туре** Funeign address Address 4 SINE No. **Driver Insurer Campleny** Does he own a Singapore Registered car? Driver Veticle No. 7905 (#1.760) Mudification History Claim 001 Nem Insured Ses auto roughest FTE LTD NASE 2017092364 OD-MX Claim Type \* 68482444 Contact No.(Molelle) вынаводи. icie B383672) Final Address SIK30723 / SUH2502X ON 6 Apr 2019 Claim Description Frederical Preferred Vicentific Control Preferred Vicentific Control Preferred Vicentific Control Vicentific Workshap Badwitt No. Tes Englishten Received Dete 08/04/2019 00:00 06/04/2019 19:35 Date Regulared NOSLI WAHAE Apport Taken By Save Submit Attachment. Claim No. HT/1039172 Accident No. Upward Bate 88/04/2019 19:50 Last Disc. Received W Ves - for Path . \* 50 \* I Normal Clear Chaose File No file chasen Clear Henry Select Choose File No Ne the chosen \* Normal # 1 NO Clear Mease Select Chaose File No file chosen # Abornal T NO \* Clear Please Select Choose File No file chasen \* Normal \* \* NO Close Flence Select Chaase Flig. No file shasen \* Normal \* NO Desc Please Select Chaose File No file droven Seite Message Hessage Rand P Attachment List Msg Sent? (CD) Description Organicy Uploaded Bu/Date Attachment RAC\_BURIT\_MERAH\_RID676( SETIONAL ASSESSMENT CENTRE SERVICE SERVICE S (BURIT MERAH)) on 08 Apr 2019 19:50 Maric/ Driving License Y \* sug talkiti/ Driving License 2019-4-8 Narmal Process 2019-4-8 NAC\_BLEIT\_MERAN, BOOGFS( NATIONAL ASSESSMENT CENTRE SERVICE S (BURLT MERAN)) on 08 Apr 2010 19:30 NAC\_BUKIT\_MERRH\_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERRH)) on 08 Apr 2018 19:50 Protes 2019-4-9

	Uplaceded Sy/Date	Felder Dine	File Name		7	Source	Action
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19	NAC_BURIT_MEBAH_BIGG76( NAT S (BOKIT HEAAH))	ONAL ASSESSMENT CENTRE SERVICE IN 18 Apr 2019 19:50	SAS	Normal		SAS 2019-4-8	
5	MAC_MUNIT_MERAM_800076( NATI S (BUNIT MERAM))	DNAL ASSESSMENT CENTRE SERVICE un 08 Apr 2018 18:50	Protos	Narmal		Photos 2016-0-8	
	NAC BUKIT MERAH B00676( NATI S (BUKIT MERAH))	ONAL ASSESSMENT CENTRE SERVICE on DE Age 2019 19:50	Phistos	Normal		Photos 2019-4-8	
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0	NAC_BURIT_MERAH_BOGG76( NATIO 1 (BURIT MERAH)) (	MAN, ASSESSMENT CENTRS SERVICE in DE Apr 2019 19:50	Photos:	Normal			
8/2019			Claim Handling(		*	Phylos 2019-4-8	

# ACCIDENT STATEMENT

ACCIDENT	T DATE: ( 6 ) 4 , 2019	LICOD/MM/NYY),	TIME: ( 19. 30 ) (HH:MM)
LOCATION	0.6 / 10/	over) Thurs	LOR GIMYNI
I. DE	TAILS OF VEHICLE		
(a)	VEHICLE NUMBER: SJF	230725	
b)1	NSURANCE COMPANY!	INCOME	
14	OLICY NUMBER: 51073		
1753	() 전 경기 : [1] 1 : [1] 1 : [1] 1 : [1] 1 : [1] 1 : [1] 1 : [1] 1 : [1] 1 : [1] 1 : [1] 1 : [1] 1 : [1] 1 : [1]	The same of the sa	/ THIRD PARTY FIRE &THEFT)
	MAKE & MODEL: SUZUF		
fli	YPE: (SALOON) / COUPE / MP	V/VAN/LORRY/	MOTORCYCLE / OTHERS)
.g)\	VEHICLE CATEGORY: (PRIVA	TE COMMERCIAL	/ MOTORCYCLE)
	PURPOSE OF USING AT ACC		
i) A	RE YOU CLAIMING UNDER Y	OUP OWN INSURA	NCE (YES/NO)
IF.	NO, PLEASE STATE (THIRD PA	ARTY CLAIM (REP.	ORTING ONLY)
	URED / POLICY HOLDER	_	
0.000000	NAME: SPS AUTO		(MALE / FEMALE)
	NRIC/FIN/PASSPORT: NDDRESS:		_CONTACT:
4/0	IDDRESS		
. •c	ONTINUE TO 3.d IF DRIVER A	LSO POLICY HOLE	DER
Tho of passonaid DRI	VER . ,	(2)	
(Included 1. ) O)	IAME: Syanulnicam B	in maslan	(MALE / FEMALE)
(1) by	IRIC/FIN/PASSPORT: SAIN	51850	CONTACT: 93468685
CT) CIV	DDRESS: 76, TRIQK F	slaugah Driv	c # 02-278
D-W-2411	(10076)	. 1901	Williamskin akturi
,	DATE OF BIRTH: (29/63) CCUPATION: (INDOOR (O	MYDD) (DD)MA	AMYYY)
000	PITE OF DRIVING PASC	15/03/201	2
4. WA	S DRIVER AN EMPLOYEE	AND DESCRIPTION OF THE PARTY OF	
	NO, RELATIONSHIP OF TH		
	EATHER CONDITION: (CLEA		
	OAD SURFACE: (DRY / WET		· Dry
6. WA	S ANYBODY INJURED (YES	NOD	0
	EPORTED TO POLICE (YES		
	YES, PLEASE STATE WHICH P	OLICE STATION:_	
the of passenger a)	D PARTY VEHICLE VEHICLE NUMBER: SLY	12502X	MODEL: Handa vezel.
(Industing divise) B)	DRIVER'S NAME: CHA	Shiva Felicia	MODEL: 11: 1 VCC-11
(2)	NRIC/FIN/PASSPORT: 5	1933240 I	CONTACT: 84287449
(2) 9. THIR	Ö PARTY VEHICLE		-341111411.
to No all percentar ci)	VEHICLE NUMBER:		MODEL:
( land ) ( e)	DOM/EDIC STANCE		
( Imeluating approxis) f)	NRIC/FIN/PASSPORT:		CONTACT
	11		
9.0			19

email = nsyavul3391 agmail com











#### 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: 5107326479

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SJR30721

Chassis Number

: JSAEZC21500553718

2. Name of Policyholder

; SRS AUTO HOLDINGS PTE. LTD.

3. Effective Date of Insurance

: 30 Jan 2019

4. Expiry Date of Insurance

: 17 Jun 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)	: N/A
의 BOOK (1977) - 방의 등 시간 시간 시간 시간 (1972)	
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	; N/A

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 (Maiaysia)

: SININS AGENCY PTE, LTD. (00000615123)

Date of Issue

: 30 Jan 2019 09:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive