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Owner / Driver: (Tek:	· ·
Policy No: () Pcrio	d: ()	Cover Type: () 1
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Insured/Driver Liability: (%) [No	tc-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 80-1	00%]
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1) Apply for Transfort Allowance ()/ Cou			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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 <u>truthful and accurate</u> 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 aforesaid.

aforesaid.	
with the property of the same of the	ACCIDENT STATEMENT
Date Of Report	11/04/2019 14:17
Date Of Accident	23/03/2019 14:00
Exact Location Of Accident	PAYA LEBAR RD JUNCTION WITH AIRPORT RD
Country/State of Loss	SINGAPORE
Control of the Contro	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ7901T
Insured/Policyholder	
Name Of Registered Owner	VISCAR LEASING PTE LTD
Co Reg No	201634983K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90303074
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087371725-02
Cover Note Number	Ď.
Driver	
Name of Driver	MOHAMMAD SHAREL BIN ITHNIN
NRIC No	S8119668J
Date Of Birth	05/07/1981
Occupation	OUTDOOR
Date Of Driving Pass	15/01/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87424291

NOEMAIL

Address BLK 158 YUNG LOH ROAD #01-42

Postcode 510158

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

incie

-

Insurance Company of Driver's Own Vehicle

Ť

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?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? Y

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

81

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

I STOP AT THE TRAFFIC JUNCTION OF PAYA LEBAR RD AND AIRPORT RD DUE TO RED LIGHT, MY VEH ACCIDENTALLY ROLLED FORWARD TOUCH ONTO THE TAXI INFRONT OF ME, NO DAMAGE TO BOTH VEH.

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

SH9101R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 <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 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:
 - 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 Personnel's Signature

Name:

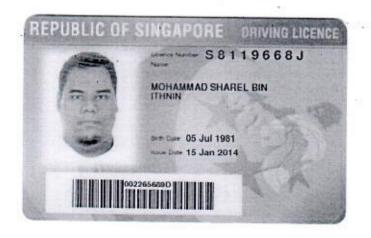
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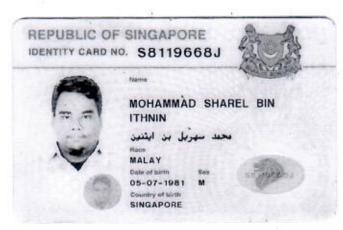
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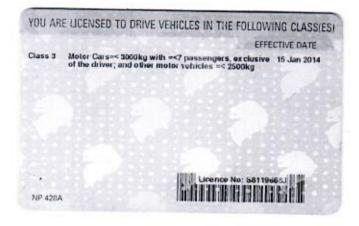
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: 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: 5087371725-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SGJ7901T

Chassis Number

: MR053ZEC107123538

2. Name of Policyholder

: VISCAR LEASING PTE LTD

2. Name of Folicyholder

. VISCAN LEASING F

Effective Date of Insurance

: 09 Jan 2019

4. Expiry Date of Insurance

: 08 Jan 2020

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	
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 (Malaysia)

Agency

: CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue

: 03 Jan 2019 12:38 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehic	e
Vehicle Owner Particulars	Approximated to the state of th
Owner ID Type:	Company
Owner ID:	4983K
Vehicle Details	CO 17004T
Vehicle No.:	SGJ7901T
Vehicle to be Exported:	Yes
Intended Deregistration Date:	17 Apr 2019
Vehicle Make:	TOYOTA
Vehicle Model:	COROLLA ALTIS 1.6 AUTO
Primary Colour:	Gold
Manufacturing Year:	2006
Engine No.:	3ZZ4580376
Chassis No.:	MR053ZEC107123538
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$15,950.00
Original Registration Date:	21 Jul 2006
First Registration Date:	21 Jul 2006
Transfer Count:	3
Actual ARF Paid: Intended PARF Rebate Details	\$17,545.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	T OF TATE OF THE T
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	20.00
COE Expiry Date:	30 Jun 2021
COE Category:	E - Open Category
COE Period(Years):	5
POP Paid:	\$23,227.00
COE Rebate Amount:	\$10.232.00
Total Rebate Amount:	\$10,232.00
Message	A walman A A
(a) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	er renewed. The vehicle must be de-registered upon COE expiry or when the

The information contained herein is correct as at 11 Apr 2019

vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

OK

Claim Handling

The premium on this policy has not been collected. Accident MT/1037959 Vehicle No. 5GJ7901T GST Registration No. 5087371725-02 Policy No. Certificate No. VISCAR LEASING PTE LTD. Policyholder NRIC Policyholder Name 20163 Loading Product Code FLEET INSURANCE Cover Type Third Party 0 Contact No.(Mobile) Contact No.(Home) Contact No.(Office) Email Address Special Remark eCode No * * No Yes TCA * No Yes eCode Reason KFK NCD Protection NCD Entitlement(%) Private Hire Not ava 0 No **▽** Accident Details Report Date 29/03/2019 13:56 Accident Report Within 24 hrs Yes Accident Type Unknow Date of Accident 23/03/2019 Time of Accident hh:mm 14:30 Country of Accident Singap Reporting Centre Orange Force ICM No. administrator No Accident Location UPP PAYA LEBAR RD / AIRPORT RD Excess Own damage Excess 0.00 Additional Excess Windscreen Excess Unnamed Driver Excess Outside Singapore OD Excess 0,00 Third Party Excess 1,500.00 Outside Singapore TP Excess 1,500.00 **▽** Benefits GST Registered Information **GST Registered** No **GST Registration Date** GST Registration No. **GST Status Verified** Yes Modification History Policyholder Mailing Address Address 1 10 UBT CRESCENT #05-16 UBI TECHPARK Address 3 Address 2 SINGA Address 4 Singapore address Post Code Address Type 40856 Unit No. 05-16 Related Policy Number 5087371725-02 OI Driver Info Driver Name Driver Type Unnamed driver Name Driver NRIC Driver DOB Register Date of Driver License Driver Age Driving Experience Contact No. (Mobile) Contact No.(Office) Contact No.(Home) Address 1 Address 4 Address Type Foreign address Post Code Unit No. Does he own a Singapore Registered car? Driver Vehicle No. Driver Insurer Company Yes + No Modification History Claim 002 New Insured VISCAR LEASING PTE LTD Claim Type * OD-MX Contact Contact No.(Mobile) 90303074 No. OI Vehicle Number Email Address 5GJ7901T Claim Description SGJ7901T / SH9101R ON 23 Mar 2019 Preferred Proferered Liability Fully at Fault Workshop Bontact No. Finalisation GIA report Received Preferred Workshop, Name unknown Claim Date Registered 11/04/2019 17:08 Close Date Report Taken By LIEW SHAN HUI ✓ Print AK letter Save Submit Attachment Accident No. MT/1037959 Claim No. Last Doc. Received e yes No Upload Date 11/04/2019 17:11 Path * Category * Confidential Urgency *

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Attachment List

Attachment	U	oloaded By/Date	Category	9	Urgency	Description
108 6 7	NAC_PAYA_UBI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) o Apr 2019 17:11	NRIC/ Driving License	XXTE	Normal	NRIC/ Driving License 2019-4-1
(0)	NAC_PAYA_UBI_B00601(NAT	IONAL ASSESSMENT CENTRE SERVICES) o Apr 2019 17:11	SAS		Normal	SAS 2019-4-11
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		IONAL ASSESSMENT CENTRE SERVICES) o Apr 2019 17:08	Photos		Normal	Photos 2019-4-11
Video List	a PANDAN SANIBARA					

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