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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 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
Date Of Report	16/04/2019 17:01
Date Of Accident	15/04/2019 18:00
Exact Location Of Accident	UPPER SERANGOON ROAD BEFORE KOVAN MRT
Country/State of Loss	SINGAPORE
Market All Control of the Control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN6591E
Insured/Policyholder	
Name Of Registered Owner	OLDS MOTOR CO.PTE LTD
Co Reg No	201010904R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97383088
Alternative Phone No	OFFICE-97383088
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E250
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108621544
Cover Note Number	
Driver	
Name of Driver	FAN LEI
Passport No/FIN	G1095049Q
Date Of Birth	09/07/1986
Occupation	INDOOR
Date Of Driving Pass	11/10/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97383088
Fax Number	
Control Number	OFFICE SPACES

OFFICE-97383088

NOEMAIL

Address

4 UPPER SERANGOON CRESCENT

#11-07 RIVERSAILS

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

*

Insurance Company of Driver's Own Vehicle

្

General Information of the Accident

Type Of Accident

SIDE SWIPE

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?

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLR9128U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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)

l 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.

X

Policyholder's Signature.
Date & Time:

GST LROC NO. 201010904R

Driver's Signature

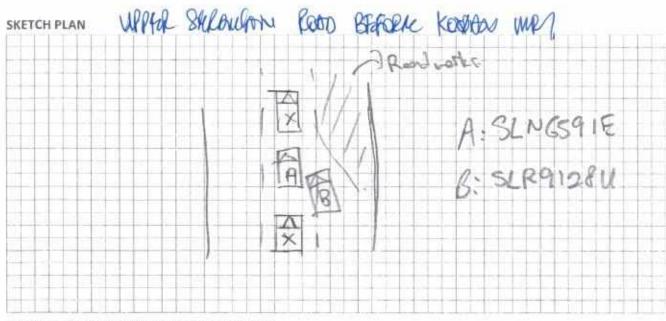
(If driver is not the policyholder)

Date & Time:

Beporting Centre De

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Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above eleted John & time, I was stationary wlang
Upper Berangood Rand due to heavy traffic when suddenly Z
Pett on impact on the back. As there were roadwarks on lane 1,
returbe B out note my lane and accidentally lit and my reliable
7

DECLARATION

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

2010109049 Policyholder's S Date & Time:

GST | ROLL NO

Driver's Signature *

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Warne:
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Email: sm@idac.com.sg Tel no: 6555 6888 Fax no: 6454 3279

nais of Owner & Driver (venicle A)
Time of Accident: 18 00 / (24-HR-FORMAT)
Take & Model: Merc E250
Road before Kovan MRT
CO. PTE. LTD. 201810904R/
G1095049Q (As Above)
Company Contact No:escent Riversails #11-07
escent Riversails #11-07
Email address (if any):
or Others specify:
one only)
you want to claim against) / Reporting (For Record Purpose)
Occupation (nature of job) Indoor/ Outdoor
No. of Passengers (Including Driver):
Gender : Gender :
day of accident)
fter-Rain & Wet / Drizzling & Wet / Others:
nera? Yes / ✓ No
ured Person' Name:
Injured Person in Which Vehicle:
ES) Which Police Station:
Other Party(s) Details:
Vehicle No: SLR 9128 U
Insurance Company (If any):
Vehicle No:
Insurance Company (II any).
Contact No:
Contact No:

^{*}If no proper documents are produced. IDAC should not file the report. Information will be discarded after one week.



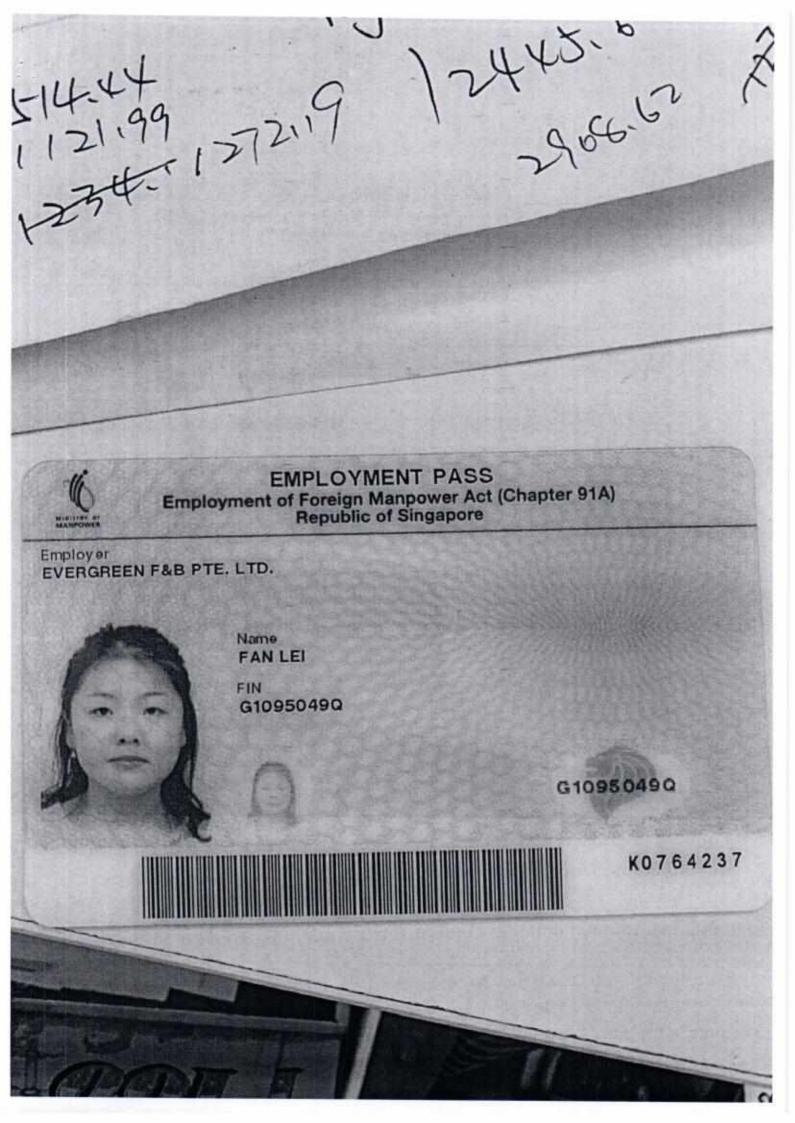
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES).

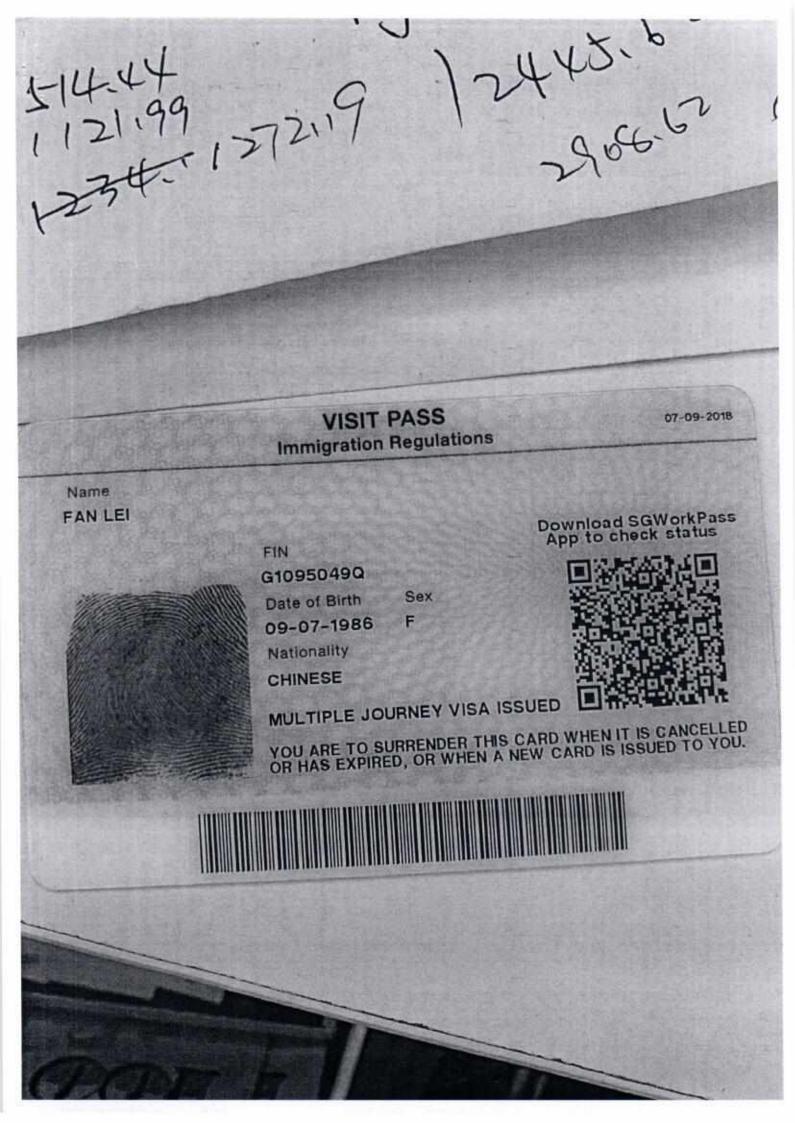
EFFECTIVE DATE

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 11 Oct 2016 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A

Licence No:G1095049Q





eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Falley No. 5108621544 Date of Accident 15/04/2019 11:33 Vehicle No.(For Motor) SLN6591E Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Select Policy No. Product Cover Type Expiry Date OLDS MOTOR CO. PTE. LTD. 5108621544drivo CLASSIC 5108621544 201010904R SLN6591E SLN6591E 01/04/2019 31/03/2020 GFM. 000005 Continue



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: 5108621544-00000S Cover : drivo CLASSIC 1. Index mark and Registration Number of Vehicle : SLN6591E : WDDKJ3EBXEF225540 Chassis Number 2. Name of Policyholder : OLDS MOTOR CO. PTE. LTD. 3. Effective Date of Insurance : 01 Apr 2019 : 31 Mar 2020 4. Expiry Date of Insurance 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) : \$\$1,500 EXCESS (SECTION 2) : \$\$1,000 WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A **UNNAMED DRIVER EXCESS** : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) HIRE PURCHASE COMPANY : SINGAPURA FINANCE 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) : INSURE LINK PTE LTD (00000614836) : 03 Apr 2019 13:13 hrs Date of Issue For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED Countersigned By:

Authorised Officer

Chief Executive