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	I-Motor W/O		TP 4brs)		1137	***************************************
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	Assessment/Sur					nierze
TP Insurer:			Owner/Wksp			
Profured Wksp/INC Assign Wksp/QW:(Toli	Fax:		
TP Particulius: Veh No: GR	P75069	, INC (.)/Non-INC().		
Owner / Driver: (Tel:)	
Policy No: () Peri	od: ()	Cover Type: ().	
Confirmed by : (1	Dates,	Times			
Insured/Driver Liability: (%) [N	ote-Est. Status (W	O): N: 0-20	%; P: 21-79%.	P: 80-1009	6]	
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		Invalce dated	P4	e Cumilian		

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 5. 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

	ACCIDENT STATEMENT		
Date Of Report	20/04/2019 11:15		
Date Of Accident	18/04/2019 15:20		
Exact Location Of Accident	GUILLEMARD ROAD TOWARDS PAYA LEBAR ROAD		
Country/State of Loss	SINGAPORE		
Edition and an artist of the same of	ETAILS OF OWN VEHICLE		
Vehicle Registration Number	SMK245Z		
Insured/Policyholder			
Name Of Registered Owner	SRS AUTO HOLDINGS PTE, LTD.		
Co Reg No	201709236H		
Email Address	NOEMAIL		
Mabile Phone No	(LOCAL) +65-92987805		
Alternative Phone No	OFFICE-92987805		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	TEANA		
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	COMMERCIAL VEHICLE		
Insurance Company			
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD		
Type Of Coverage	THIRD PARTY		
Fleet Policy	NO		
Policy Number	5108559276		
Cover Note Number			
Driver			
Name of Driver	MUHAMAD SANUSI BIN SAMSUDIN		
NRIC No	S2204851A		
Date Of Birth	20/06/1967		
Occupation	OUTDOOR		
Date Of Driving Pass	10/08/2010		
Driving Experience	8 YEARS AND 8 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-92987805		
Fax Number			
Contact Number	OTHERS-92987805		

NOEMAIL

Address

BLK 756 PASIR RIS ST 71

#06-154

Postcode

510756

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

NO

Was any body injured in the Accident? 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)

1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

NO

Was notice of intended Prosecution given? If Yes, against whom?

PLEASE REFER TO SKETCH PLAN

Circumstances of Accident

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

GBF7506G

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

THANGADURAI S/O MANICKAM

NRIC/Passport Number

S1291380Z

Contact Number

94480792

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.
- 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 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:
 - 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

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time:

(If driver is not the policyholder)

NRIC/FIN No.:

Date & Time:

CONTRACT TO SECURE III AND THE OWNER.

Date & Time:

Claim Handling Accident MT/1040912

Policyholder Name SRS AUTO HOLDINGS PTE. LTD. Product Code PRIVATE CAR INSURANCE Cover Type Third Party Loading Contact No. (Mobile) 92987805 Contact No. (Office) Contact No. (Office) Email Address Special Remark ECode	Policy No.	5108559276	Vehicle No.	SMK245Z		GST Registr	ation No.
Montant No.	Certificate No.						
Combact Soc (Metable) Sp2978795	Policyholder Name	SRS AUTO HOLDINGS PTE. LTD.				Policyholder	NRIC
Securit Remark Secu	Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party		Loading	
TOCK	Contact No.(Mobile)	92987805	Contact No.(Office)			Contact No.	(Home)
MCD protection No	Email Address		Special Remark			eCode	
## Accident Details ## Accident Details ## Accident Report Within 24 hrs ** New Accident Report Within 24 hrs Ac	KFK	* No Yes	TCA	* No Yes		eCode Rear	ion
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Command Cereins	Report Date	20/04/2019 11:30	Accident Report Within 24 hrs	Yes		Accident Ty	rpe
Accordent Licentine **** Total Croses Applicable For Accident Windscreen Excress 0.00	Date of Accident	18/04/2019	Time of Accident hhomm	15:20		Country of	Accident
Part	Reporting Centre		Orange Force			ICM No.	
Decision Per Accident	Accident Location	GUILLEMARD ROAD TOWARDS PAYA LEBAR ROAD					
Do Standard Suzers 1,500.00 TP Standard Suzers 1,500.00 Driver is Coverno?	→ Total Excess Applicable						
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SGT Registration Date		tion					
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Unit No. *** Of Driver Info *** Driver Info *** Driver Tope Unnamed Driver S204851A Driver D06 Register Date of Driver License 10/08/2010 Driver Age \$1 Driver Age \$1 Driver MRIC \$2987805 Contact No.(Office) Contact No.(Office) Contact No.(Office) Address 1 Address 2 PASIR RIS STREET 71 Address 3 Address 3 Address 4 Unit No. 06-154 Does he own a Singasore Ves ± No. Driver Vehicle No. Driver Vehicle No. SMK245Z Driver Insurer Comp. Register dark Any Injury? Yes ± No. *** *** *** *** *** *** ***	Address 1	60 UB1 CRESCENT	Address 2	#01-01		Address 3	
### ### ### ### ### ### ### ### ### ##	Address 4		Address Type	Singapore address		Prist Code	
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Unitaried driver Name							
Register Date of Driver License 10/08/2010 Driver Age \$1	Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
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Breathalyser or Blood Test Reading? Claim 001 New Claim Type * Contact No. (Mobile)	Declaration						
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## Profession Pr		Insured Liability					
Finalisation Continu	Sontact No. Vest	Proference Mot at react	e unknown V GIA Receive	ed ¥		SSISSAY	
	Finalisation Live		report -		20/04/2019 11:34	Close	

Claim Handling(accident reporting Claim Task) Report Taken By **ROSLI WAHAB** Print AK letter Save Submit Attachment Appdent No. MT/1040912 Claim No. 001 Last Doc. Received Yes No Upload Date 20/04/2019 11:37 Path * Confidential Choose File No file chosen Clear Please Select * NO Chaase File No file chosen Clear Please Select * Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen * NO Clear Please Select Message Road Attachment List Attachment Uploaded By/Date Category Urgency Descr NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:37 Photos Normal Photos 2 NAC_PAYA_UBI_8006G1(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:37 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 20 Apr 2019 11:37 NAC_PAYA_UHI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:37 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) to 20 Apr 2019 11:37 Photos Normal Photos 2 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 20 Apr 2019 11:37 NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normat Photos 2 20 Apr 2019 11:37 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 20 Apr 2019 11:35 Photos Normal Photos 2

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NRIC/ Driving License

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ACCIDENT STATEMENT

ACCIDENT DATE: 18 4 19)(DD	MMMYYYI TIME! 15 . 20 WHH MAI
LOCATION: Guillemard Road	To Pava leha- Road
	- I The Carrier
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: SMK 24	5 Z
b) INSURANCE COMPANY: NTu	
C)POLICY NUMBER: 510 8559	
B) MAKE & MODEL: NESAN TE	THIRD PARTY / THIRD PARTY FIRE ATHEET)
STYPE-(SALOCH) COURT HIM	and .
CANCION OCCUPE / MPV /VA	NY LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / CO	OMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT	TIME: 1520 Pm
ARE YOU CLAIMING UNDER YOUR	OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY C	CLAIMY REPORTING ONLY)
2. INSURED / POLICY HOLDER	
AINAME: SRS AUTO HOLD	MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT:
c/ADDRESS:	
(f)8 (f)	
* CONTINUE TO 3,d IF DRIVER ALSO P	OLICY HOLDER
THO OF DECCE . 3 DRIVER	
Children I a NAME: MUMANAS SANO	SI BIN SAM SURIALE / FEMALE!
DINRIC/FIN/PASSPORT 522040	ELA COUTION DEGO TOOL
CJADDRESS: BIK 75 PASIE PI	5 578557 71 H DI-154
(3/3/0438)	
. "d) DATE OF BIRTH: (20/ 06/ 19	67)(DD/MM/YYYY) -
e OCCUPATION: (INDOOR / OUTDOO	ORI
FIDATE OF DRIVING PACC 1	0 Aug 2010
4. WAS DRIVER AN EMPLOYEE OF THE	E INSURED'S COMPANY? (YES! NO)
IF NO, RELATIONSHIP OF THE DRIV	VER WITH INSURED: Regarded
5. a) WEATHER CONDITION: (CLEAR / RA	INING / OTMERS
DIROAD SURFACE: (DRY / W ET / OTHE	RS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	1 St. 7
IF YES, PLEASE STATE WHICH POLICE	STATION:
8 THIRD DADTY VEHICLE	
He of passanger of VEHICLE NUMBER: GBF 750	661 MODEL: TOYOTA VAN
Including driver) b) DRIVER'S NAME: THANGAGO	RAI 5/0 MANICKAM
() NRIC/FIN/PASSPORT: 3101158	0Z CONTACT: 9448 0792
9. THIRD PARTY VEHICLE	
No of passenger of VEHICLE NUMBER:	MODEL:
of DollyEdge Marke.	
Induding driver) f) NRIC/FIN/PASSPORT:	CONTACT
₩ - ex	8

email = Relatelle VIDEO











10 01 1011011 ;

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: 5108559276

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SMK245Z

Chassis Number

: JN18DUJ3220001268

2. Name of Policyholder

3. Effective Date of Insurance

: SRS AUTO HOLDINGS PTE, LTD.

: 29 Mar 2019

4. Explry Date of Insurance

: 28 Mar 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	i i i
EXCESS (SECTION 2)	: SS1.500	
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	(6)
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)

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue

: 29 Mar 2019 17:33 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive