SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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.

ACCIDENT STATEMENT

Date Of Report 16/04/2019 14:33

Date Of Accident 16/04/2019 10:15

Exact Location Of Accident BLK 116 PASIR RIS STREET 11 OSCP

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFZ8778D

Insured/Policyholder

Name Of Registered Owner MITESH KUMAR S/O NARENDRA KUMAR

NRIC No S8235830G Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-90263050

Alternative Phone No OTHERS-90263050

Vehicle Particulars

Manufacturer LEXUS Model GS350

Exact Purpose for which vehicle was being used at

time of accident

STATIONARY PARKED

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 5100934973

Cover Note Number DRIVO CLASSIC

Driver

Name of Driver MITESH KUMAR S/O NARENDRA KUMAR

NRIC No S8235830G
Date Of Birth 10/11/1982
Occupation INDOOR
Date Of Driving Pass 31/05/2003

Driving Experience 15 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90263050

Fax Number

Contact Number OTHERS-90263050

EMail Address NOEMAIL

Address

BLK 116 #03-553

PASIR RIS STREET 11

Postcode

OWNER

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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 NO

Was any injured conveyed to hospital by 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)

0

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 was informed by my neighbours that my vehicle A was collided into by vehicle B while my vehicle A was stationary parked in the parking lot. According my in-car camera footage, vehicle B drove too near to my vehicle A and the left side of vehicle B side swiped into the front area of my vehicle A.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE SIZE TOO BIG

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLF9224M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

SHARMILA KUMARI RAJ

NRIC/Passport Number

S7100645Z

Contact Number

98251594

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 12

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE		Report Date & Start Time:	16/04/2019 / 14:28
Report No: MT/	D.O.A: <u>16/04/2019</u> Time: 10:15 hrs	Vehicle No: SFZ8778D	Reporting Type:

SKETCH PLAN

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- 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 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 .
 - (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.

16/04/19 / 14:28

16/04/19 / 14:28

Witnessed by Reporting Centre Peronne

Alan Tang (S098825) Customer Care Executive

Motor Service Centre

Policyholder's Signature / Date & Time

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

Sketch Plan Pg. 2

SKETCH PLAN	
	B
	A
	Blk 116 Pasir Ris Street 11 OSCP
Vehicle A: SFZ8778D	Vehicle B: SLF9224M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CRESCIPATORS OF THE ASSISTANT
I was informed by my neighbours that my vehicle A was collided into by vehicle B while my vehicle A was stationary parked in the
parking lot. According my in-car camera footage, vehicle B drove too near to my vehicle A and the left side of vehicle B side swiped
into the front area of my vehicle A.
E Company of the Comp

Declaration

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

16/04/19 / 14:28

16/04/19 / 14:28

Alan Tang (S098825) Customer Care Executive Motor Service Centre

home

Policyholder's Signature / Date & Time Driver's Signature (If

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

Witnessed by Reporting Centre Personnel



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: 5100934973 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : SFZ8778D

Chassis Number : JTHBE1BL105024218

2. Name of Policyholder : MITESH KUMAR S/O NARENDRA KUMAR

3. Effective Date of Insurance4. Expiry Date of Insurance25 May 201820 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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) : \$\$600

EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : \$\$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 : MITESH KUMAR S/O NARENDRA KUMAR

NAMED DRIVER (1) : TAN PELJUN JEAN

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : OCBC BANK 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 : THIS MARKETING INSURANCE AGENCY (00000572208)

Date of Issue : 25 May 2018 13:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:	V	
	Authorised Officer	Chief Executive







5175086 Date 28/03/2018 **c** 58235830G APF BLK 116 PASIR RIS STREET 11 #03-553 SINGAPORE 510116 27-05-2013 NF/C.No: S82358306