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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.
- 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 ladgement 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	09/05/2019 13:56
Date Of Accident	07/05/2019 08:00
Exact Location Of Accident	MALAYSIA CUSTOM TWDS MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN3971K
Insured/Policyholder	
Name Of Registered Owner	H & H CAR RENTAL & LEASING
Co Reg No	53331980C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91515465
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	AXIO
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	5108503970
Cover Note Number	82
Driver	
Name of Driver	LEONG CHEOK CHIEN
NRIC No	S7673024E
Date Of Birth	25/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	12/05/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83898628
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 222 JURONG EAST ST 21 #02-905 Address

600222 Postcode

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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?

Passenger 1

Was any other material or property damaged? YES I have been approached by unknown person(s) soliciting/offering accident claims assistance. 2

NO

Number of Passengers (Including Driver)

NAME: : UNKNOWN

GENDER: : MALE

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 QUEUING INSIDE THE MALAYSIA CUSTOM TO THE IMMIGRATION COUNTER, SUDDENLY VEH B FROM THE RIGHT SIDE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT HAND SIDE.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

WITH DRIVER Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SGG6268K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category GOH SIONG HENG Name of Driver

S1821902F NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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

Date & Time:

Driver's Signature

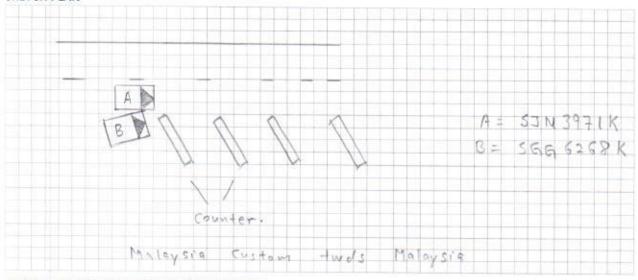
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer to statement

DECLARATION

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

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.:

9386754





MALAYSIAN 04-11-2015

APT BLK 222 JURONG EAST STREET 21

SINGAPORE 600222

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 12 May 1997
Class 2A Motorcycles between 201 cc and 400 cc 14 Mar 2000
Motor Cars =< 3000kg with =<7 passengers, exclusive 12 May 1997
of the driver; and other motor vehicles =< 2500kg

NP 428A



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7673024E



LEONG CHEOK CHIEN

Country/Place of birth MALAYSIA

CHINESE

25-08-1976

S7673024E



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

My Desktop Notice of Loss

Change Language · Change Password Log Out **Policy Query** Policy No. 5108503970 Date of Accident 07/05/2019 13:53 Vehicle No.(For Motor) SJN3971K Certificate Number Search Policyholder NRIC Certificate Policyholder Select Policy No. Vehicle Insured Commence Product Cover Type Number Name Expiry Date No. Object H & H CAR RENTAL & 5108503970drivo CLASSIC 5108503970 53331980C **GFM** SJN3971K SJN3971K 28/03/2019 27/03/2020 000005 LEASING

Continue

Claim Handling Accident MT/1043727							
Policy No.	5108503970	Vehicle No.	SJN3971K		GST Reg	stration No.	
Certificate No.	\$108503970-00000S						
Policyholder Name	H & H CAR RENTAL & LEASING				Policyho	ider NRIC	5333
Product Code	FLEET MASTER INSURANCE	Cover Type	drive CLASSIC		Loading		0
Contact No.(Mobile)	91515465	Contact No.(Office)	VC18/99/02/02/03/03		200	No.(Home)	0
Email Address		Special Remark			eCode		No *
KFK	* No Yes	TCA	No Yes		eCode R		leo .
NCD Protection	No	NCD Entitlement(%)	0		Private H		No.
Accident Details					- Contract of		No
Report Date	09/05/2019 15:02	Accident Report Within 24 hrs	Yes			Time	e-111.1
Date of Accident	07/05/2019	Time of Accident hh:mm	08:00		Accident		Collisi
Reporting Centre		Orange Force	00.00		ICM No.	of Accident	Singa
Accident Location	MALAYSIA CUSTOM TWDS MALAYSIA				ICH NO.		
▼ Total Excess Applicable							
Excess Type	Per Accident	Windscreen Excess		100.00			
00.00							
OD Standard Excess	2,000.00	TP Standard Excess		1,500.00			
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is	Covered?	Cover
Additional Excess	0.00						
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable		1,500.00			
→ Benefits	color.						
GST Registered Informa	ntion						
GST Registered	No		GST Regist	tration Date			
GST Registration No.	2222		GST Status	s Verified		Yes	
Modification History	09/05/2019 15:05:41 Syst	em changed GST Status Verified from No	o to Yes				
Policyholder Mailing Add	dress						
Address 1	61 UBI AVENUE 2	Address 2	#04-12 AUTOMOBI	LE MEGAMAR	Address 3	1	SINGA
Address 4		Address Type	Singapore address	0	Post Code		40889
Unit No.	04-12	Related Policy Number	5108503970		0.553,445	20	40003
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	LEONG CHEOK CHIEN	Driver NRIC	57673024E		Driver DO	ов	25/08
Register Date of Driver License	12/05/1997	Driver Age	42		Driving E	xperience	21
Contact No.(Mobile)	83898628	Contact No.(Office)				(o.(Home)	100
Address 1	BLK 222 #02-905	Address 2	JURONG EAST STRE	EET 21	Address 3		SINGA
Address 4		Address Type	Singapore address		Post Code		60022
Unit No.	02-905						
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.			Driver Inc	surer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes w No				
Modification History							
Claim 001 New							
Claim Type •				the second	-		
Carlaini, Oppu Co				OD-MX	Insured Name	H & H CAR RENTA	L & LEASING
Contact No.(Mobile)					Contact No.		
					(Home)		
Email Address					OI Vehicle	SJN3971K	
				A	Number		
Claim Description				SJN3971K / SGG6268K	ON 7 May 2019		
Preferred Workshop 0	Insured Liability Not of Faul						
Bonuses No. V	Preference Not at Faul Preference Workshop, N	1 GIA					
Finalisation Fes Date Registered	Option Preferred Workshop, N	ame unknown report Received	•		Claim		
				09/05/2019 15:06	Close		
Report Taken By				LIEW SHAN HUI			
Print AK letter							
			Save Submit				

Attachment

Accident No.	MT/104	3727	Claim No.		001			
Last Doc. Received	■ Yes	□ No	Upload Date		09/05/2019 15:06			
		Path *			Category *		Confidential	Urgency *
Choose File N	lo file chosen			Clear	Please Select		NO ¥	Normal *
Choose File N	lo file chosen			Clear	Please Select		NO T	Normal *
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Choose File N	lo file chosen			Clear	Please Select	•	NO *	Normal *
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Message Read					O			-
	t List							
Attachment		Uploaded By/Date	Category	9	Urgency		Descri	ption
+	NAC PAYA UBI 8006010	(NATIONAL ASSESSMENT CENTRE SERVICES) o		5.00				\$ 500 d
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#8455								
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