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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.
- 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	21/05/2019 15:15
Date Of Accident	19/05/2019 12:50
Exact Location Of Accident	GUILLEMARD RD TWDS LOR 20 GEYLANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT2638Z
Insured/Policyholder	
Name Of Registered Owner	WHEEL EXPRESS RENTAL & LEASING PTE LTD
Co Reg No	201810594C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90603343
Alternative Phone No	OFFICE-90603343
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	YES
Policy Number	5100897742
Cover Note Number	
Driver	
Name of Driver	ZAINALLUDIN BIN ANUWAR
NRIC No	S0295183E
Date Of Birth	24/01/1949
Occupation	OUTDOOR
Date Of Driving Pass	15/11/1977
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97228774
Fax Number	100 H000000 100 H00000 100 H00000 10000 10000 10000 10000 100000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 100000 10000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 100000 1000000
Contact Number	OFFICE-97228774

NOEMAIL

BLK 942 TAMPINES AVENUE 5 Address

#04-249 520942

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

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? YES

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

3

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2

NAME:

GENDER: : FEMALE

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBP3322T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

PRIVATE CAR

NRIC/Passport Number

RICHARD CHIA S1317109B

Contact Number

Address

Postcode

Page 2 of 19

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1					
Name	ZAINALLUDIN BIN ANUWAR				
Approximate Age					
Injuries Sustain	BODY				
Injured person in which vehicle?	SJT2638Z				
Were seat belts worn?	YES				
Was this injured conveyed to hospital by ambulance?	NO				
Address					
Postcode					

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.
- 3. 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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
- 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
- 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 vericle(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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the
- (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,

olicyholder's Signat Date & Time:

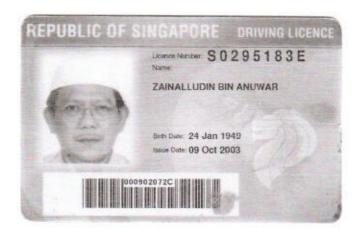
Drīver's Signature (If driver is not the policyholder)

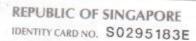
Date & Time:

Reporting Centre Persons Name:

NRIC/FIN No.

VEHICLE NO: STT26382 MAKE & MODEL: 19/05/2019 DATE OF ACCIDENT 12-50 AM/(M TIME OF ACCIDENT turning into Gelang LOR 20. LOCATION OF ACCIDENT Exact Purpose use during accident Wheels RYPRESS Dental LLEASING P NAME OF OWNER 90603343 TELP NO NRIC Reporting Only THIRD PARTY / CLAIM TYPE YES/NO ? PRIVATE HIRE MTUR INSURANCE CO. Comprehensive / Third Party / Third Party Fire & Theft TYPE OF CAVERAGE 5100897742. POLICY NO. Asabove / IINO: ZAMalledin BIN Anywar NAME OF DRIVER Any passengers: TWO. SO295183E NRIC 24/01/1949 DATE OF BIRTH Outdoor / Indoor OCCUPATION DATE OF DRIVING PASS Female GENDER 9722877 Office: Home: CONTAC NO. BIK 9+2 TAMPINOS AVES #04-249 (520942) ADDRESS DRIVER HAVE ANY OWN Vehicle NO / If yes : Reg No: HIRER. Employee / If No: RELATIONSHIP Clear / Raining Other: WEATHER CONDITION Dry / Wet / Other: ROAD SURFACE No Of ves Who? ANY INJURIES CONTAC NO. Any Passenger: wound 3 & passenger 817 S 1317109B No / If yes : Where? POLICE REPORT SS SBP 33227 VEHICLE B NO. RICHARD CHIA NAME CONTAC NO. Any Passenger: VEHICLE C NO. Any Passenger: VEHICLE D NO. Any Passenger: VEHICLE E NO. Any Passenger: VEHICLE F NO. ANY WITNESS WITNESS CONTACT NO. Have you been approach by unknown person soliciting (s) / YES / NO offering accident claims assistance? Sme Motor Pte Ltd PARTICULAR WORKSHOP 6 Speed Autowerkz Pte Lto 1 Kaki bukit ave 6 #02-15 TELP NO 68 Kaki Bukit Avenue 6 Autobay a kaki bakit CONTACT PERSON #02-05 ARK @ KB, Singapore 417896 Singspore 417983 FAX NO. Tel: 6384 7037 Fax: 6384 7039 Tota - 67476106 (6 lines) Email: 6speedautowerkz@gmail.com wheelsetpiessiental@gmail.com









ZAINALLUDIN BIN ANUWAR

رينل لودين بن أحار

JAVANESE Date of Bath

24-01-1949 M

SINGAPORE

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

Class 2B Motorcycles not exceeding 200 cc
Class 2 Motorcycles between 201 cc and 400 cc
Motorcycles exceeding 400 cc
Motorcycles of two descents and two de

PASS DATE

15 Dec 1976 15 Dec 1976 15 Dec 1976

15 Nov 1977

1450725

NP 4284





A+ 21-11-1993

APT BLK 942 TAMPINES AVENUE 5 #04-249 SINGAPORE 520942 NRIC No: S0295183E Date: 26/02/2018



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: 5100897742

1. Index mark and Registration Number of Vehicle

Chassis Number

: SJT2638Z

2. Name of Policyholder

: KMHDU41BMAU891166 : WHEELS EXPRESS RENTAL & LEASING PTE LTD

Cover : Third Party

3. Effective Date of Insurance

: 11 Aug 2018

4. Expiry Date of Insurance

: 10 Aug 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 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 1655 EXCESS (SECTION 2) : \$\$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

: BENEFIT AUTO INSURANCE AGENCY (00000573333)

Date of Issue

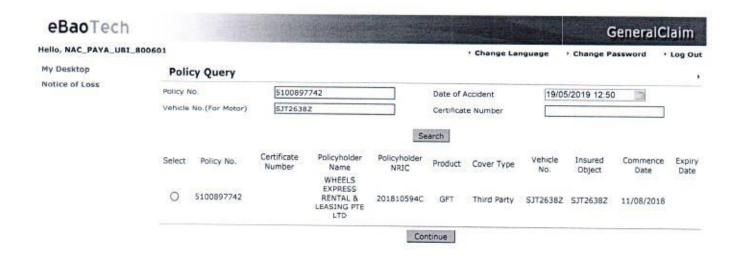
: 22 May 2018 12:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



Policy No.	5100897742	Policyholder Name	WHEELS	EXPRESS RENTAL & LE	Policyholder NRIC	201810594	C	
Certificate No.					NAIC			
ddress	61 UBI AVENUE 2 #05-04 AUTO	MOBILE MEGA	MART SI	NGAPORE 408898				
roduct lame	FLEET INSURANCE	Plan			Group Policy Flag	N		
olicy ssue ate	22/05/2018	Effective Date	22/05/20	018 00:00	Expiry Date	21/05/2019	23:59	
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Idress 4		Addre	ss Type	Singapore address	1	Post Code	408898	
nit No.	05-04	Relate Numb	d Policy er	5108705465				
) Insure	d Object: SJT2638Z							
■ Endors	sements							
Sequen		Endorsement Type Basic Information		Endorsement Number	orsement Number Endorsen		Thank you for giving us the opportunity to serve you. We confirm that this policy is extende to cover the following vehicle(s) a follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJK2912D 22-05-2018 \$1,102.10 2. SJP2145A 23-05-20 \$1,099.08 In view of this amendment, an additional premiu of \$2,201.18 (inclusive of GST) is payable under your policy. Please	
		Endorsement	×0	null	Underwritin	g Rejected	ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque	
							favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.	

Claim Handling The premium on this policy ha	and the second control of the second control				, E)
Accident MT/1045393	e not deen conscient.				
Policy No.	5100897742	Venicle No.	SJT26382	GST Registration No.	
Cortificate No.				GST Registration No.	
Policyholder Name	WHEELS EXPRESS RENTAL & LEASING PTE LT	D		Policyholder NR3C	2018105940
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No. (Mobile)	90603343	Contact No.(Office)	0	Contact No.(Home)	0
fimail Address		Special Remark		eCode	No.
KFK	® No ○ Yes	TCA.	® No ○ Yes	eCode Reason	•
NCD Protection	Ng.	NCD Entitlement(%)	0	Private mire	Yes
Accident Details					
Report Date	21/05/2019 19:30	Accident Report Within 24 hrs	Yes	Academ Type	Collision - Change / Cross lane
Date of Accident	19/05/2019	Time of Accident hh:mm	12:50	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	3.900.0
Accident Location	GUILLEMARD RD TWDS LOR 20 GEYLANG				
→ £xcess					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
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 Inform					
GST Registered GST Registration No.	No		GST Registration Date		
Modification History			GST Status Verified	Yes	
Policyholder Hailing Ad	ddress				
Address 1	61 UBI AVENUE 2	Address 2	#05-04 AUTOMOBILE MEGAMAS	Address 3	1202
Address 4		Address Type	Singapore address		51NGAPORE 408898
Unit No.	05-04	Related Folicy Number	5108705465	Post Code	408898
◎ OI Driver Info			3100703403		
Onver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	ZASNALLUDIN BIN ANUWAR	Onver NRIC	S0295183E	Driver DOS	24/01/1949
Register Date of Driver License	15/11/1977	Driver Age	70	Driving Experience	41
Contact No. (Mobile)	97228774	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 942	Address 2	TAMPINES AVENUE S	Address 3	TAMPINES PALMSVILLE
Address 4	SINGAPORE 520942	Address Type	Singapore address	Post Code	520942
Unit No.	04-249				
Does he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Declaration Breathalyser or Blood Test					
Reading?	0 mg	Any injury?	® Yes ○ No		
Modification History					
Parameter March 18					
Claim 001 New					
Claim Type +	OD-MK	Insured Name	WHEELS EXPRESS RENTAL & LE	Insured NRIC	201810894C
Contact No.(Mobile)	90603343	Contact No.(Home)		Contact No.(Office)	NIL
Email Address		Of Vehicle Number	57126302	TP Vehicle Number	5BP3322T
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *	>>	Claimant NR3C *			
Claimant Address					
Claim Description Preferred Workshop Contact	53T2638Z / SBP3322T ON 19 May 2019	TA TIME		Name of Preferred Workshop	2
No.		Insured Liability •	Fully at Fault		
Require Finalisation	Yes V	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received 🗸
Date Registered	21/05/2019 19:32	Claim Close Date	Name of the last o	Date Received	21/05/2019 00:00
Report Taken By	Jackson				
Print AK letter					
			Annual suprement		
Attachment			Save Submit		
Attachment					
w					
Accident No.	MT/1045393	Claim No.	001		
Last Doc. Received	● Yes ○ No	Upload Date	21/05/2019 19:33		
	Path *	10000000		9250000 S	
		Browse	Category *	Confidential Urgeno	2011 (CONTOUR PROVIDE
Ollin Eagle Scotl		Browse	1		V
		Browse	Clear Please Select	Normal V Normal	<u> </u>

