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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number

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.
- 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.

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	ACCIDENT STATEMENT
Date Of Report	23/05/2019 14:39
Date Of Accident	22/05/2019 22:55
Exact Location Of Accident	ALONG YIO CHU KANG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SBA555L
Insured/Policyholder	
Name Of Registered Owner	QLEASING
Co Reg No	53384683L
Email Address	SHARONSOON5404@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96562162
Alternative Phone No	OFFICE-96562162
Vehicle Particulars	
Manufacturer	BMW
Model	3181
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106916004
Cover Note Number	
Driver	
Name of Driver	KAMARUL ZAMAN BIN CHEMAN
NRIC No	S1643590B
Date Of Birth	28/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1992
Driving Experience	26 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96562162
- Carrier (Costo (Costo))	A DEPOSE WATER OF THE PROTECT OF THE PROT

OTHERS-96562162

SHARONSOON5404@GMAIL.COM

Address

BLK 201 YISHUN STREET 21

#03-49

Postcode

760201

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

NO

Was any body injured in the Accident?

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)

3

Passenger 1

NAME:

: PASSENGER

GENDER:

: MALE

Passenger 2

NAME:

: PASSENGER

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SGH893P

Vehicle Make/Model/Colour

MITSUBISHI LANCER

**Details Of Properties** 

PRIVATE CAR

Vehicle Category

Name of Driver

JUSTINE S/O FRANCIS LOUIS

NRIC/Passport Number

S2603391H

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.
- 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
- 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 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:

- 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"
- 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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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.

Policyholder's Signature Date & Time:

GANDA CARDPLATANO SA

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

Date & Time: 23

NRIC/FIN No.:

Reporting Centre Per

1300 W

NRIC/FIN No.:

Policy No.	5106916004	Venicle No.	70.000		
Certificate No.		Version 140,	SBASSSL	GST Registration No.	
Policyholder Name	QLEASING			Policyholder NRJC	
roduct Code	FLEET INSURANCE	Cover Type	drivo CLASSIC		53384683L
Contact No.(Mobile)	96562162	Contact No.(Office)	A STATE OF THE STA	Loading Contact No.(Home)	0
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PK	* No Yes	TCA	+ No Yes	eCode Reason	No ▼
ICD Protection	No	NCD Entitlement(%)	0	Private Hine	Yes
▼ Accident Details	4				200
	23/05/2019 14:51	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
late of Accident egorting Centre	22/05/2019	Time of Accident fin:mm	22:55	Country of Accident	Singapore
		Orange Force		ICM No.	
ccident Location	ALONG YIO CHU KANG ROAD				
₩ Excess					
Wn damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
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hird Party Excess  ** Benefits	1,500.00	Outside Singapore TP Excess	1,500.00		
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ST Registered	Policy Control of the				
ST Registration No.	No		GST Registration Date		
odification History			GST Status Verified	Yes	
Policyholder Mailing Add	ress				
idress 1	317 OUTRAM ROAD	Address 2	CONCORDE SHOPPING CENTRE	440	3050-000-0
ddress 4		Address Type	Singapore address	Address 3 Post Code	SINGAPORE 169075
nit No.		Related Policy Number	5106916004	rest Code	169075
▽ OI Driver Info			and the same of th		
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	KAMARUL ZAMAN BIN CHEMAN	Driver NRIC	S16435908	Driver DOS	30000000
egister Date of Drivar License	28/10/1992	Driver Age	54	Driving Experience	26/10/1964
ontact No.(Mobile)	96562162	Contact No.(Office)	X-500	Contact No.(Home)	26
ddress 1	BLK 201 #03-49	Address 2	VISHUN STREET 21	Address 3	VICINI DI DALLA PROTILI
ddress 4	SINGAPORE 760201	Address Type	Foreign address	Post Code	YISHUN PALM SPRING 760201
nit No.	03-49			885000000000000000000000000000000000000	700201
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# ACCIDENT STATEMENT

ACCIDENT DATE: (22 05 1019) (DD/MM/YYY), TIME: (50 : 57) (HH:MM)
LOCATION: 710 CHU KANG ROAP
DETAILS OF VEHICLE  GIVEHICLE NUMBER: SBA SSS L  DINSURANCE COMPANY: KTUC  CIPOLICY NUMBER: \$106716004
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  e)MAKE & MODEL: BMW 3(8)  f)TYPE((SALOON) COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIME.
I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: ORAY 77 (FACILIE
D) NRIC/FIN/PASSPORT:
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  (Including driver) DINAME: KAMARUL ZAMAN BIY CHEMON (MALE) FEMALE)
CJADDRESS: BLK 201 7(5#44 8T 21 #03-49
e)OCCUPATION: (INDOOR / OUTDOOR)  F)DATE OF BIRTH: (28 / (8 / (964) (DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  F)DATE OF DRIVING PASC 1/8/(192
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED.
b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES (NO))
7. d) REPORTED TO POLICE (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE
Including driver) D) DRIVER'S NAME: THETINE S/O FRANCE CONTACT:
Ho of passanger d) VEHICLE NUMBER: MODEL:
Induding driver) () NRIC/FIN/PASSPORT:

email =











### Certificate of Insurance

MOTOR VEHICLES (7	HIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (1	HIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT A	ICT, 1987 (MALAYSIA)
	WIRD BARTY DIFFEST BUTTER ASSESSMENT

MOTOR VEHICLES	THIRD PARTY	KO2K2)	RULES,	1959	(MALAYSIA)
Certificate Numbe	e Ethentenn		-		

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Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

SBA555L

Chassis Number

: WBAPF72000A793570

2. Name of Policyholder

: Q LEASING

3. Effective Date of Insurance

4. Expiry Date of Insurance

: 20 Feb 2019

19 Feb 2020

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)	: 5\$2,000
EXCESS (SECTION 2)	: \$\$1.500
WINDSCREEN EXCESS	: 55100
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)	: N/A
HIRE PURCHASE COMPANY	DICKSON CAPITAL PTE 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)

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of issue

: 09 Jan 2019 11:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive