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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.
- 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.
- 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

不够为什么。 第11年第11年的	ACCIDENT STATEMENT
Date Of Report	04/07/2019 15:17
Date Of Accident	02/07/2019 08:25
Exact Location Of Accident	JUNC OF ADMIRALTY RD W & SENOKO RD
Country/State of Loss	SINGAPORE
MANAGEMENT PROPERTY.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ7901T
Insured/Policyholder	
Name Of Registered Owner	VISCAR LEASING PTE LTD
Co Reg No	201634983K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90303074
Vehicle Particulars	THE RESIDENCE OF THE PARTY OF T
Manufacturer	TOYOTA
Model	ALTIS
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	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	NO
Policy Number	5087371725-02
Cover Note Number	¥
Driver	
Name of Driver	MOHAMAD FAUZI BIN MOHAMAD AMRI
NRIC No	S9110577B
Date Of Birth	06/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	26/12/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87796771
Fax Number	HEVERALVA SIMIAAAN KE WEESAN M
Contact Number	
EMail Address	NOEMAIL

Address

BLK 679 WOODLANDS AVE 6 #02-708

Postcode

730679

OTHER - HIRER

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

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

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

I STOP AT THE TRAFFIC JUNC OF ADMIRALTY RD W & SENOKO RD DUE TO RED LIGHT, I ACCIDENTALLY RELEASE MY BRAKE CAUSING MY VEH ROLLED FORWARD TOUCH ONTO THE VEH B REAR PORTION.

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

SLK6534L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

Reg. Ho. 77

Policyholder's Signature Date & Time: Le

Driver's Signature (If driver is not the policyholder) Date & Time: pro-

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

KETCH PLAN		
note Rol.		A = SGJ 79017
		8 = SLK GS 34 L
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	Admiratty	Rol W
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Please Re	fer to s	tatement
	7	
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CLARATION e declare the foregoing particulars are tr	ue in every, espect.	2
		#
EASING	M	
	er's Signature river is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time:

NRIC/FIN No .:

REPUBLIC OF SINGAP E IDENTITY CARD NO. \$9110-77B



Name

MOHAMAD FAUZI BIN MOHAMAD AMRI

Race BOYANESE

Date of birth 06-03-1991 Country of birth SINGAPORE For LKK/NAC Use C

REPUBLIC OF SINGAPORE - DRIVING LICENT

S9110577B

MONAMAD FAUZI BIN MONAMAD

5/7 Date: 06 Mar 1991

002757710E

486126

MRIC No. S9110577B

Dute or issue 04-05-2012

APT BLK 679 WOODLANDS AVENUE 6 #02-708 SINGAPORE 730679

S9110577B

17/12/2016

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

EFFECTIVE DATE

Class 3

Motor cars with unladen weight =< 3000kg with =< passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

26 Dec 2017

For LKK/NAC Use Only

NP 428A

Licence No:S9110577B



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: 5087371725-02

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SGJ7901T

Chassis Number

: MR053ZEC107123538

2. Name of Policyholder

: VISCAR LEASING PTE LTD

3. Effective Date of Insurance

: 09 Jan 2019

4. Expiry Date of Insurance

: 08 Jan 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)	: N/A
EXCESS (SECTION 2)	: S\$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

: CITY INSURANCE AGENCY PTE. LTD. (00000573566)

Date of Issue

: 03 Jan 2019 12:38 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim	Handlin
200-02-200-	

Accident MT/1051955							
Policy No.	5087371725-07	Vehicle No.	SGJ7901T		GST Reg	sistration No.	
Certificate No.	CONTRACTOR STORY STORY						
Policyholder Name Product Code	VISCAR LEASING PTE LTD				Policyho	ider NRIC	20163
Contact No.(Mobile)	FLEET INSURANCE 90303074	Cover Type	Third Party		Loading		0
Email Address	90303074	Contact No.(Office)			Contact	No.(Home)	
KPK	* No Yes	Special Remark			eCode		No *
NCD Protection	No	TCA	» No Yes		eCode R	eason	
▼ Accident Details	1146	NCD Entitlement(%)	0		Private F	lire	Yes
Report Date	04/07/2019 17:34	H = 0 and the resolution of the contract for	.upan				
Date of Accident	D2/07/2019	Accident Report Within 24 hrs	Yes		Accident	Туре	Collisio
Reporting Centre	24/4//2013	Time of Accident hh:mm	08:25		Country	of Accident	Singap
Accident Location	TING OF LOWING TV BO W. C. ORVEYS OF	Orange Force			ICM No.		
⇒ Excess	JUNC OF ADMIRALTY RD W & SENOKO RD						
Own damage Excess	0.00	Additional Susan					
Unnamed Driver Excess	0.00	Additional Excess	0		Windscre	en Excess	0.00
Third Party Excess	1,500.00	Outside Singapore OD Excess Outside Singapore TP Excess		0.00			
▽ Benefits		and an gapore / P Excess		1,500.00			
GST Registered Informa	tion						
GST Registered	No		CST Base	stration Date			
GST Registration No.				us Verified		44.	
Modification History						Yes	
Policyholder Mailing Add	dress						
Address 3	10 UBI CRESCENT	Address 2	#05-16 UBI TECH	DAGU	warmen or the		
Address 4		Address Type	Singapore address		Address :		SINGA
Unit No.	05-16	Related Policy Number	5087371725-02		Post Code	е	40856
□ OI Driver Info			506/3/1/25-02				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	MOHAMAD FAUZI BIN MOHAMAI	Driver NRIC	S9110577B		Driver Do	OB.	06 10 2
Register Date of Driver License	26/12/2017	Driver Age	28			xperience	06/03/
Contact No.(Mobile)	87796771	Contact No.(Office)				No.(Home)	
Address 1	BLK 679 #02-708	Address 2	WOODLANDS AVE		Address :		ADMIR
Address 4	SINGAPORE 730679	Address Type	Singapore address		Post Code	• :	730675
Unit No. Does he own a Singapore	02-708						
Registered car?	Yes a No	Driver Vehicle No.			Driver Inc	surer Company	
Declaration							
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes * No				
dedification History							
Claim 001 New							
Claim Type •							
A STATE OF THE STA				OD-MX •	Insured Name	VISCAR LEASING P	TELTD
Contact No.(Mobile)				90303074	Contact No.		
Secret Addition				20000017	(Home)		
mail Address					OI Vehicle	SG37901T	-
Naim Description					Number		
referred				SG37901T / SLK6534L ON 2 Jul	2019		
Vorkshop 0	Preference Liability Fully at Fault						
inalisation Fes	Preferred Workshop, Nar	me unknown FGIA Received					
ate Registered	7.500			04/07/2019 17:37	Claim		
eport Taken By				LIEW SHAN HUI	Date		
Print AK letter				ETEN STORY HOT			
A CHICAGO MARCONAN							
			Save Submit				
Attachment							
*	10 00 All (10						
ccident No.	MT/1051955	Claim No.		101			

Last Doc. Received

Uploaded By/Date

Claim Handling(accident reporting Claim Task)

Upload Date

04/07/2019 17:37

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Message Read		

● Yes ○ No

	Category •		Confid	ential	Urgency *
Clear	Please Select		NO		Normal *
Clear	Please Select	•	NO		Normal *
Clear	Please Select	٠	NO	٠	Normal *
Clear	Please Select	•	NO	*	Normal *
Clear	Please Select	•	NO	7.7	Normal *
Clear	Please Select		NO		Normal *

Attachment	Uploaded By/Date	Category	9	Urgency	Description
ACT TOTAL	IAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:37	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-7-4
1	AC_PAYA_URI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:37	SAS		Normal	5AS 2019-7-4
	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:37	Photos		Normal	Photos 2019-7-4
	AC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:37	Photos		Normal	Photos 2019-7-4
1	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:37	Photos		Normal	Photos 2019-7-4
	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:37	Photos		Normal	Photos 2019-7-4
-	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:37	Photos		Normal	Photos 2019-7-4
1	AC_PAYA_UBI_880601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:37	Photos		Normal	Photos 2019-7-4
	AC_PAYA_UBI_B00603{ NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:37	Photos		Normal	Photos 2019-7-4
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3	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:37	Photos		Normal	Photos 2019-7-6
E .	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 04 Jul 2019 17:37	Photos		Normal	Photos 2019-7-4

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