

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 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 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	11/07/2019 11:12
Date Of Accident	11/07/2019 08:50
Exact Location Of Accident	BEDOK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ8861X
Insured/Policyholder	
Name Of Registered Owner	ALKALINE WATER PTE. LTD.
Co Reg No	201222085R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97668811
Alternative Phone No	OFFICE-97668811

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108379214 (DRIVO CLASSIC)
Cover Note Number	

Driver

Name of Driver	CHONG KIM SENG
NRIC No	S2193456I
Date Of Birth	07/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1988
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91702861
Fax Number	
Contact Number	OTHERS-91702861
Email Address	NOEMAIL

Address	BLK 181 ANG MO KIO AVE 5 #05-2920
Postcode	560181
Was driver an employee of the Insured's Company	YES
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	SIDE SWIPE
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?	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: : ADELYN GENDER: : FEMALE
Passenger 2	NAME: : INDRA 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

REFER TO STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

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	SHA5719C
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ISMAL BIN SIRAT
NRIC/Passport Number	S0162991C
Contact Number	
Address	
Postcode	

- Insurance Company Name
- Nature Of Damage
- No. Of Passenger (Including Driver)

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

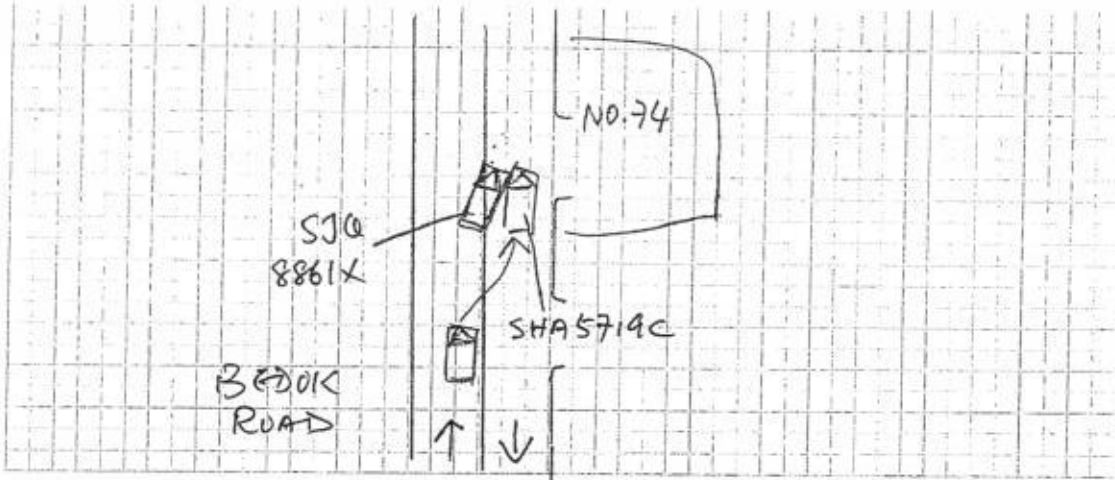
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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;
 - (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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11-07-2019 AT AROUND 08.50^{AM} AFTER I HAVE PICKED UP MY PASSENGER ALONG THE CONDO AND I WAS DRIVING ON THE BEDOK RD WHICH WAS TWO WAY TRAFFIC, I HAVE SLOW DOWN MY VEHICLE AND PUT ON MY RIGHT SIGNAL WANTED TO TURN RIGHT INTO NO. 74 HOUSE, WHEN I STARTED TO MAKE A RIGHT ^{TURN} JUST ABOUT TO TURN IN TO NO. 74 HOUSE A TAXI SHA5719C FROM BEHIND ^{TRY TO} OVERTAKE MY VEHICLE ON THE RIGHT, HENCE HIS TAXI FRONT LEFT CORNER COLLIDED ONTO MY VEHICLE RIGHT SIDE, AFTER THE ACCIDENT, WE EXCHANGE PARTICULAR AND THE TAXI DRIVER AGREED TO LET INSURANCE TO HANDLE, I HAVE TWO PASSENGER INSIDE MY VEHICLE WILLING TO BE MY WITNESS, NO ONE WAS INJURED.

WITNESS: ADELYN 81289619
INDRA 97818424

DECLARATION

I/We declare the foregoing particulars are true in every respect. 11 JUL 2019

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.:

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: 5108379214-000004

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJQ8861X**
Chassis Number : **KMH DU41BR9U757646**
2. Name of Policyholder : **ALKALINE WATER PTE. LTD.**
3. Effective Date of Insurance : **04 Jul 2019**
4. Expiry Date of Insurance : **03 Jul 2020**
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)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$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	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
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 : ASSURE (SINGAPORE) PTE. LTD. (00000615327)
Date of Issue : 21 Mar 2019 14:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport
/Company Cert No.: 201222085R

Owner ID Type: Company

Owner Name: ALKALINE WATER PTE. LTD.

Registered Address: APT BLK 50 GAMBAS CRESCENT #05-02 proxima@gambas SINGAPORE 757022

Mailing Address: -

Birth Date: -

Vehicle Particulars

Vehicle No.: SJQ8861X

Previous Vehicle No.: -

Effective Date of Ownership: 05 Jul 2019

Original Regn Date: 29 May 2009

Registration Date: 29 May 2009

Year of Manufacture: 2009

Vehicle Type: Private Hire (Chauffeur) Motor Car

Vehicle Scheme: -

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: HYUNDAI

Vehicle Model: HD AVANTE 1.6 A

Primary Colour: Red

Secondary Colour: -

Passenger Capacity: 4

Chassis No.: KMH DU41BR9U757646

Engine No.: G4FC9U652022

Engine Capacity /Power Rating: 1591 cc / -

Maximum Power Output: 89.7 kW (120 bhp)

Propellant: Petrol

Max Unladen Weight:	1264 kg
Maximum Laden Weight:	1760 kg
Open Market Value:	\$11,465.00
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
Minimum PARF Benefit:	-
No. of Transfers:	3
IU Label No.:	1123877946
COE No.:	2009060101001533C
COE Expiry Date:	30 Apr 2024
COE Category:	A - Car (1600cc & below)
COE Registration Category:	A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium:	\$9,889.00 / -
PQP Paid:	\$13,088.00
QP (Regn Cat):	\$9,889.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$9,889.00
Additional Registration Fee Rate:	100.00 %
Actual ARF Paid:	\$4,438.00
Vehicle Lifespan Expiry Date:	No Lifespan
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Message: The vehicle will be de-registered upon expiry of its 5-year COE on 30 Apr 2024. No further renewal will be allowed. This is a public service vehicle.