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Insured/Driver Liability: (%)	[Note-Est. Status (VO): N: 0-20	%; P: 21-79%. P	: 80-1009	4]	
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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.
- 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 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

	ACCIDENT STATEMENT
Date Of Report	28/08/2019 12:13
Date Of Accident	15/07/2019 17:15
Exact Location Of Accident	UNKNOWN
Country/State of Loss	SINGAPORE
Catholic Independent of the C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS5027Y
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	ROGERKTM525@YAHOO,COM.SG
Mobile Phone No	(LOCAL) +65-90503927
Alternative Phone No	OFFICE-90503927
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5107510355
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SUFIYAN BIN RAZALI
NRIC No	S8806271Z
Date Of Birth	04/03/1988
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2012
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90503927
ax Number	Mara-collection of the Additional Park (Additional Park (
Contact Number	OTHERS-90503927
Mail Address	ROGERKTM525@YAHOO,COM.SG

Address

BLK 711 HOUGANG AVENUE 2

#02-143

Postcode

530711

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

NO COLLISION

Weather Conditions

UNKNOWN

Road Surface

UNKNOWN

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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

Police Station Address

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2240000 - FAX NO: 62200877

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20190824/7010

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

Vehicle Make/Model/Colour

Details Of Properties

UNKNOWN

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.

Policyholder Signature

NO TIGNATURAS

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

Date & Time;

Reporting Centre Personnel's/Signature_

Name:

NRIC/FIN No.:

DRIJAR MIB MKNOWA

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder Date & Time

MO SIGNATURA PRINCEN MIA

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN NO.:





1 of 2

Report No. A/20190824/7010

POLICE REPORT (NP299)

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000

Date/Time Report Made 24/08/2019 14:03	Vide Report No.		Station Diary No.			
Name Of Informant	Address			·		
MUHAMAD ANDRY HIDAYAHTULLAH BIN	APT BLK 105 BEDOK NORTH AVEN			IUE 4 #05-2182		
SUHAIMI	SINGAPORE 460105					
ID Type / ID No. NRIC NO / S8130577C	Contact No.		Mobile:			
1111011011000110	90503927					
Nationality SINGAPORE CITIZEN	Email Address absrental.sales@gmail.com					
Occupation	Sex	Age	Date of Birth	Race		
SALES EXECUTIVE	Male 37		18/09/1981	Malay		
Institution/School Name	Language English					
Date/Time Of Incident 15/07/2019 17:15 - 24/08/2019 13:45	Location Of Incident 6001 BEACH ROAD #22-04A GOLDEN MILE TO			EN MILE TOWER		
	SINGAPORE 199589					

Brief details.

On the 26th February 2019, we rented a car SJS5027Y Kia Forte to 247 Express Enterprise Pte Ltd at 4pm. 247 Express Enterprise Pte Ltd is a company that do delivery whom usually rents fleet of cars from us ABS Rental Pte Ltd.

Everything was normal until an accident happened on the 15th of July at 5:15pm which was not reported to us. We were told by 247 Express that the driver of the car during the accident was not contactable.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2019 14:03
Officer In-Charge Of Case:	Classification Of Case:
Authoritication Stamp	

Authentication Stamp







2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190824/7010

Suspect	CONSTRUCTION DESCRIPTION		CONTROL DE LES DE LES CONTROL DA VOCADO
Person Name	247 express enterprise p	te Itd driver	
ID Type	OTHERS / UEN	ID No	201736626Z
Gender	Unknown	Race	Others
Language	Others	Address	879b TAMPINES AVE 8 #09-57 SINGAPORE 522879
Mobile No	90585820		

Signature Of Officer Recording The Report:	Signature Of Informant:			
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.			
Signature Of Interpreter: Not applicable	Date/Time: 24/08/2019 14:03			
Officer In-Charge Of Case:	Classification Of Case:			

Authentication Stamp

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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8806271Z





MUHAMMAD SUFLYAN BIN RAZALI

For LKK/NAC Use Only

Race

MALAY

Date of birth

04-03-1988

Country/Place of birth

SINGAPORE

Sex

M





NRIC No. S8806271Z



For LKK/NAC Use Only

Date of Issue

11-03-2014

APT BLK 711 HOUGANG AVÉNUE 2 #02-143 SINGAPORE 530711

NRIC No:

S8806271Z

Date:

08/02/2015

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8806271Z
Name:

MUHAMMAD SUFIYAN BIN RAZALI

For LKK/NAC Use Only

Birth Date: 04 Mar 1988

Issue Date: 28 May 2015



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

EFFECTIVE DATE

Class 3

Class 4

Motor Cars =< 3000kg with =<7 passengers, exclusive 30 Aug 2012 of the driver; and other motor vehicles =< 2500kg *Motor vehicles which are constructed to carry 10 Sep 2014 load or passengers and the unladen weight > 2500kg

For LKK/NAC Use Only





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: 5107510355

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SJS5027Y

Chassis Number

: KNAFW411MA5113315

2. Name of Policyholder

: SRS AUTO HOLDINGS PTE. LTD.

3. Effective Date of Insurance

: 15 Feb 2019

4. Explry Date of Insurance

: 19 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.

; N/A
: \$\$1,500
: N/A
: N/A
: NO
: N/A
: NO
: 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)

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue

: 12 Feb 2019 15:15 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive