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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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
 Information provided must be as <u>truthful</u> 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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CHARLES TO THE OWNER OF THE PARTY OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	19/09/2019 14:35
Date Of Accident	18/09/2019 21:15
Exact Location Of Accident	UPP BT TIMAH RD/HILLVIEW JUNCTION (BELOW FLYOVER)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ2509E
Insured/Policyholder	
Name Of Registered Owner	JSM AUTOMOTIVE PTE, LTD.
Co Reg No	201802541Z
Email Address	JAYRAM2575@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82681993
Alternative Phone No.	OFFICE-82681993
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
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	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	5097556838
Cover Note Number	
Driver	
Name of Driver	JAYRAM NAIDU S/O A SELVA RAJOO
NRIC No	S9336126A
Date Of Birth	25/09/1993
Occupation	INDOOR
Date Of Driving Pass	28/09/2012
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82681993
Fax Number	
Contact Number	OTHERS-82681993

JAYRAM2575@GMAIL.COM

Address

BLK 138 PETIR ROAD

#01-400

Postcode

670138

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

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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?

i i

Number of vehicles (including own vehicle) involved in the accident

2

NO

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)

4

Passenger 1

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 3

NAME:

: PASSENGER

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

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

SML8760U

Vehicle Make/Model/Colour

HONDA CIVIC

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MA TIANJIA

NRIC/Passport Number

S9277170I

Contact Number

97963695

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: |0/09/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

UPPAR BUKIT TIMBU & HULVIEW JULIAN (BROWN FLYOVER)

B= Third Party SML 8760 U

A = My VEHICLE (SMJ 25001)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on a turning lane to turn right	r int
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and decided to hit me. I speed up on bit in t	-le
Video as I knew the traffix light was about	t to
Change, After the accident we born exchange parties	nlors
and he told me he present I chim insurence.	

DECLARATION

I/We declare the to respect,

Policyholder Signature Date & Time:

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

Date & Time: 1m/cm/2019

1225

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Accident MT/1063133										
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Claim Handling(accident reporting Claim Task)

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NATI_BURIT_MERAH_BIDGETE(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 15 Sep 2019 (4:5)	Phone		Narmal	Photos 2019-9-19
MAC_BURIT_PREMAIN_SCORDAL MATJORNAL ASSESSMENT CENTRE SERVICE S { BURIT MERANI) on 10 Sep 2019 [4:5]	Phone		hormet	Photos 2019-9-19
NAC_BURIT_MERAH_BOINTH: NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 19 Sep 2019 14:23	Printes		Normal	Photos 2019-9-19
NAC. BUXET_MERAN, BOOK 76(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BLAST MERAN)) on 19 Sec 2019 14:52	Photos		Normal	Photos 2019-0-19
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NAC_BURIT_MERAN_SCIEDE(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAN)) on 19 Sep 2019-14-52	Process		Normal	Photos 2019-9-19
NAC_SURLT_MERAH_BODEPE(NATIONAL ASSESSMENT CENTRE SERVICE S (BLACT MERAH)) on 19 Sep 2019 14:52	Photos.		Normal	Photos 2019-0-19
NAC_BURIT_MERAH_930876(NATIONAL ASSESSMENT CENTRE BERVICE S (BURIT MERAH)) on 19 Sep 2028 14:52	Photos		Normal	Photos 2019-9-19
NAC_BURIT_PRESAM_BIDG76; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MEXAM)) on 19 Sep 2519 14:53	Protes		Normal	Photos 2019-9-19
NAC_BUNIT_HERAH_BD0678(NATIONAL ASSESSMENT CENTRE SERVICE \$ [BUNIT MERAH]) on 19 Sep 2019 14 (\$2	Photos		Morrial	Physics 2019-9-19
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ACCIDENT'STATEMENT

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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)	ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION)	PILIES 1050
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	WOLES, 1300
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MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5097556838

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMJ2509E

Chassis Number

: KNAFW411MA5156199

2. Name of Policyholder

: JSM AUTOMOTIVE PTE. LTD.

3. Effective Date of Insurance

: 26 Jan 2018

Expiry Date of Insurance

: 23 Nov 2019

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

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : 5\$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 : N/A 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

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 25 Jan 2018 16:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive