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TP Particulars: Veh Nor	13 85867	. INC(.)/Non-INC(),	5 13	
Owner / Driver: (War and the same of the same o		Tel:)	
Policy No: () Perio	od: ()	Cover Type: ().	
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Insured/Driver Liability: (%) [N	ote-Est. Status (WO): N: 0-20	%; P: 21-79%.	P: 80-1009	4]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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
- 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.

学生的基础。但可以是是不是此类的。	ACCIDENT STATEMENT
Date Of Report	27/09/2019 16:40
Date Of Accident	27/09/2019 00:40
Exact Location Of Accident	SLIP ROAD FROM LOYANG AVE TOWARDS PASIR RIS DR 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH9807H
Insured/Policyholder	
Name Of Registered Owner	ABDUL KARIR JAHIR ALI
NRIC No	S2761743C
Email Address	MR.SIDDIQ2206@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82335989
Alternative Phone No	OTHERS-84242939
Vehicle Particulars	
Manufacturer	BMW
Model	3201
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095628439-01
Cover Nate Number	
Driver	
Name of Driver	MOHAMMED YUSUF ABBU BAKKAR SIDDIQ
Passport No/FIN	G1493855P
Date Of Birth	22/06/1986
Occupation	INDOOR
Date Of Driving Pass	06/10/2015
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84242939
Fax Number	denovative estate in interest
Contact Number	OTHERS-82335989
-M-D A-1-	

MR.SIDDIQ2206@GMAIL.COM

Address

BLK 232 PASIR RIS DRIVE 4

#13-520

Postcode

510232

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - SON IN LAW

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

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

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

SHB8586T

Vehicle Make/Model/Colour

KIA CERATO FORTE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ABDUL HALIM BIN ZEZAT MOHAMED

NRIC/Passport Number

\$74022491

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- 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 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.

M. A. Budding

Driver's Signature

(If driver is not the policyholder)

Date & Time:

27/9/19 14:10 PM

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Policyholder's Signature Date & Time:

STATEMENT SHADOW SHADOW SHADOW

PASIR RIS DOR 3	_
	
B) SHB 8586T	
7 311203061	14 1 Loyana Mushich

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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the Vahicle Wilmort any Irono and no major 1031 on our b	the Vachible but he stopped
ECLAPATION.	/

DECLARATION

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

Policyholder's Signature Date & Time:

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

14 topm

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident HT/1384388						
Policy No.	Name of the second	N. 171 - Tax -				
Cartificate Inc.	2082938436-31	Vettace No.	\$6690000		OST Registrative No.	
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C Of Driver Info		THE THE PARTY OF T				
river flame	Proposed Driver	Driver Type	Unnamed Officer			
married driver Name	MOHAMMED YUSUF ADBU BANK.	Driver NRISC	G1493W95P		Driver DOB	22/06/1986
rgiller Deta of Orliner Litarise	- et/tt/2015	Driver Age	33		Driving Experience	3
artait fill (Mobile)	64242939	CONTACT ROLIDMENT			Contact No.(https://	17
ddress 5	N.K 233 #15-520	AGGress 2	WASIR RID DRIVE 4		Address 3	SINGAPORE 510232
Advan 4		Appress Type	Foreign address		Post Code	311933
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Claim Handling(accident reporting Claim Task)

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ACCIDENT STATEMENT

ĄC	CIDENT DATE: (2	7/09/2019 1(DD/A	MAYYYY), TIME:(O	0. 40 MHH:MMI
	ATION: PASI	e Ris Drive 3	:1	
	I. DETAILS OF V	FHICIF		
	a) VEHICLE N		711	
		COMPANY: NIUC		
		MBER: 509 562 843		
36		E: (COMPREHENSIVE / TI		A DTV CIDE OTLICETI
	OMAKE & MC	DEL: BMW 300	TAKIT / IMIKU P	ARTT PIKE ATTICTT
Y		N / COUPE / MPV /VAN	// OPPY / MOTOR	VOLE / OTHERS
6	g) VEHICLE CA	TEGORY: (PRIVATE / CO	MMERCIAL / MOTOR	CYCLEL .
	IT) PURPOSE O	F USING AT ACCIDENT TI	ME: Returning to	home-
	I) ARE YOU CL	AIMING UNDER YOUP O	WN INSURANCE (YES	1601
35	IF NO, PLEAS	E STATE (THIRD PARTY OL	AIM / REPORTING O	NLY
2	. INSURED / POL	ABDUL EMRIL JOH		
		ASSPORT: 5276171	1	AALE / FEMALE
	CIADDRESS	BLE 232 Phone E	CONTAC	T: 8233 5929
54	V/1001100	Singapore 5/02:		15-520
128	* CONTINUE TO	3.d IF DRIVER ALSO PO	LICY HOLDER	
#No of passenga	DRIVER	10 10		
Concluding driver	a NAME: Mone	amonal Yusuf Abbu Ba	bear Siddia IN	ALE / FEMALE)
CID SINITE	D) NRIC/FIN/PA	SSPORT: 910 43 55	CONTAC	T: 84242939
4-3	c)ADDRESS:	BUC 222 PASIE		12-52-0
	*d\DATE OF BIL	Singapore 510232		
	eloccupatio	TH: (<u>22/06/1976</u> N: (INDOOR / QUIDÓO	J(DD/MM/YYYY)	
	FLATE OF DR	IVING DACE	06/12/2/8	
4.	WAS DRIVER	AN EMPLOYER OF THE	INSURED'S COMPA	NYS (VES / NO)
	IF NO, RELATI	ONSHIP OF THE DRIV	ER WITH INSURED	Father in Law
5.	a) WEATHER CO	ONDITION: (CLEAR / RAI	VING / OTHERS	
	b) ROAD SURFA	CE: (DRY / WET / OTHER	3	
6,	WAS ANYBODY	INJURED (YES / NO)		
/-	IE VEO DIEAPO	POUCE (YES / NO)		
8.	THIRD PARTY VE	STATE WHICH POLICES	TATION	
No of passonaer	al VEHICLEN	UMBER: SHE 8586	T MODEL!	LIA.
including driver	b) DRIVER'S N	IAME: ABOUL HACIM	BIN ZEZAT	
(2)	C) NRIC/FIN/F	ASSPORT: S 740 224	GONTAC	Ti.
Account to the second	THIRO PARTY VE		410 A 170 A	
tho of passenger	d) VEHICLE NI		MODEL:	
Induding driver	e) DRIVER'S N			1.1
/ Stranger view) f) NRIC/FIN/P	ASSPORT:	CONTAC	19
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Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 13	89)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960	
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)	

Certificate Number: 5095628439-01 Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKH9807H

Chassis Number

: WBAPG56090NM26493

2. Name of Policyholder

: ABDUL KARIR JAHIR ALI

3. Effective Date of Insurance

: 25 Feb 2019

4. Expiry Date of Insurance

1 24 Feb 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.

5. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) : 55600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$5100 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

PRIMARY DRIVER : ABDUL KARIR JAHIR ALI

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : MAYBANK SINGAPORE 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

: IMOTOR INSURE (00000573595)

Date of Issue

: 23 Feb 2019 10:19 hrs

Reprint

: 23 Feb 2019 10:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive