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TP Particulars: Veh No: MDG3	INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: () Period	d: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
	te-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
	rranty: YES ()/NO ()	
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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.
- 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

	ACCIDENT STATEMENT
Date Of Report	07/10/2019 14:26
Date Of Accident	05/10/2019 02:55
Exact Location Of Accident	JUNC POTONG PASIR AVE 1 & POTONG PASIR AVE 2
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC965H
Insured/Policyholder	
Name Of Registered Owner	HJ CAR RENTAL PTE LTD
Co Reg No	201843281R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI (AMBIENTE)
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5108216963
Cover Note Number	
Driver	
Name of Driver	DAVID LAI BING XIANG

Name of Driver	DAVID LAI BING XIANG
NRIC No	S9605093C
Date Of Birth	27/01/1996
Occupation	OUTDOOR
Date Of Driving Pass	28/04/2015
Debiles Eversiones	A VEADS AND 5 MONT

Driving Experience 4 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97268855

Fax Number

Contact Number OFFICE-97268855

EMail Address NOEMAIL

BLK 135 POTONG PASIR AVENUE 3 Address

#02-188

Postcode 350135

Was driver an employee of the Insured's Company NO

OTHER - HIRER 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 1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SHD9703E Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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.
- 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.

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.:

	4 Potor	ng Pasir Au	(8) (e)		1
Vehicle A: SLC 965H Vehicle B: SHD9703E					
	date 8	. time	I,	vehille	`X',
SLC 965H, Jac stational	y on	tue st	ated i	venue	du
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ACCIDENT STATEMENT

ACCIDENT DATE	1. 05/10/20	19)(DD/MM	/YYYY), TIME:	02:53	
LOCATION:	Junction of	- Potong	Pasiv Av	el X	Ave 2.
1. DETAILS	OF VEHICLE	1	-1	*	*
a)VEHICI	LE NUMBER:	JLC 96	וארו	_	
b)INSURA	NCE COMPANY:_		NTUC	→	
CIPOLICY	NUMBER:			_	
	TYPE: (COMPREHE	NSIVE / THIRI	PARTY / THI	RD PARTY F	RE &THEFT)
e)MAKE &	MODEL:	tu			OTHERS
f)TYPE:(SA	COON / COUPE / M	MPV/VAN/	ORRY / MOTO	ORCYCLE./	OTHERS
g)VEHICL	E CATEGORY: (PRIV	ATE / COM	ERCIAL / MO	TORCYCLE	/ · · · · · · · · · · · · · · · · · · ·
h)PURPOS	E OF USING AT AC	CIDENT TIME		vale.	
i) ARE YOU	CLAIMING UNDER	YOUR OWN	INSURANCE	(YES/NIGO)	
IF NO, PL	EASE STATE (THIRD	PARTY CLAIM	A / REPORTING	3 ONLY	
2. INSURED /	POLICY HOLDER	9 19 1919	140,000		
A)NAME:_	a va) ch		Ltd	_(MALE / F	EMALE
b)NRIC/FII	N/PASSPORT:	20164	32018 CON	TACT:	
c)ADDRES					
The second second					
* CONTINU	E TO 3.d IF DRIVER	ALSO POLIC	YHOLDER		
14 No of passongs DRIVER	00134 4 0	nisan Sri	014/1	A	51441E)
A J J A D NAME:_	gavid Lai	BIVIN XII	WIN .	-IMBLE /	16 M95
(Induding driver) b)NRIC/FIN	I/PASSPORT:		93C CON	ACI:	2 (350 134
(DI) CIADDRESS	: 135 POTON	g Pasiv 7	trenu s	102-10	3 -(55-15
	- NA A	10/11-			
* d)DATE OF	F BIRTH: (_27/0]	1 (010)	DD/MM/YYY	1) ;	22
e)OCCUPA	TION: (INDOOR / C	MDQOR)	100		
f)YEARS OF	DRIVING EXPRERIE	NCE/		A	2 / 6
4. WAS DRIVE	ER AN EMPLOYEE	OF THE INS	URED'S CO	ALANAL (A	+ivel
IF NO. REL	ATIONSHIP OF TE	E DRIVER	WITH INSUR	ED:	1
5. a)WEATHER	CONDITION: (CIE	AR / RAINING	S / OTHERS_		
b)ROAD SUI	RFACE: (DRY / WET	/ OTHERS_			
6. WAS ANYBO	DY INJURED (YES /	(NEO)			
7. a)REPORTED	TO POLICE (YES /	494	- 5		
	ASE STATE WHICH F	POLICE STATI	ON:		W 10 1 1
8. THIRD PARTY	VEHICLE 011	9703E	220 F E		
No of passenger a) VEHICLE	NUMBER:	11036	MODE	ــــــــــــــــــــــــــــــــــــــ	
Including driver) b) DRIVER'	S NAME:				
Indiana Comment	N/PASSPORT:		CONT	ACT:	
(01) Yndly. THIRD PARTY		19			
			MODE	L:	
No of passenger of DRIVER'S		75 24	in your		- S
	I/PASSPORT:		CONT	ACT:	
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email =

fax =



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: 5108216963-000006

Cover 1 drivo PREMIUM

1. Index mark and Registration Number of Vehicle

: SLC965H : WAUZZZ8V8G1086256

Chassis Numbe 2. Name of Policyholder : HI CAR RENTAL PTE LTD

3. Effective Date of Insurance

: 14 Mar 2019 : 13 Mar 2020

4. Expiry Date of Insurance 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 Used

(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) : 552,000 **EXCESS (SECTION 2)** : 551,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP YES INSURE WITH COE NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO EXCESS WAIVER : NO PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) I N/A

: DBS BANK LTD SUM INSURED MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(/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)

HIRE PURCHASE COMPANY

: HAMILTON AUTOHUS PTE. LTD. (00000573281)

Date of Issue

: 14 Mar 2019 16:03 hrs

FOR NEUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Thi

DICE

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My Desktop	Poli	cy Query									
Notice of Loss	Policy N	40.	5108216	5963		Date o	f Accident		05/10/2019	02:55	
	Vehicle	No.(For Motor)	SLC9658	4		Certificate Number		Ì			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108216963	5108216963- 000006	HJ CAR RENTAL PTE LTD	201843281R	GFM	drivo PREMIUM	SLC965H	SLC965H	14/03/2019	13/01/2020
					C	ontinue					

No. Address	6001 BEACH ROAD #08-06 GOI	LDEN MILE TO	WER SING	APORE 199589			
Product			WER SING	APORE 199589	Group		
Name	FLEET MASTER INSURANCE	Plan			Policy Flag	N	
Policy Issue Date	14/03/2019	Effective Date	14/03/20	019 00:00	Expiry Date	13/01/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ng/Inexperience Driver Excess
Agent	HAMILTON AUTOHUB PTE. LTD.	Agent Tel.	6475194	6	GST Flag	Y	
Co- insurance	No						
Co- insurance Flag Open Policy Info Certificate	No						
Co- insurance Flag Open Policy Info Certificate Info	No older Mailing Address						
Co- insurance Flag Open Policy Info Certificate Info		Addres	ss 2	#08-06 GOLDEN M	ILE TOWER	Address 3	SINGAPORE 199589
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address		os 2 ss Type	#08-06 GOLDEN M Singapore address		Address 3	SINGAPORE 199589 199589
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laim Handling					
cident MT/1065663					
licy No.	5108216963	Vehicle No.	SLC96SH	GST Registration No.	
rificate No.	5108216963-000006				
licyholder Name	HJ CAR RENTAL PTE LTD			Policyholder NRIC	201843251R
oduct Code	FLEET MASTER INSURANCE	Cover Type	drive PREMIUM	Loading	0
ntact No. (Mobile)	0	Contact No.(Office)	ů .	Contact No.(Home)	0
all Apdress		Special Remark		eCode	n v
<	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	07/10/2019 14:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	05/10/2019	Time of Accident hh:mm	02:55	Country of Accident	Singapore
porting Centre		Grange Force		ICM No.	
cident Location	JUNC POTONG PASIR AVE 1 & POTONG PASIR	AVE 2			
Total Excess Applicable					
ess Type	Per Accident	Windscreen Excess	100.00		
200 (000 2000)	160206160				
Standard Excess	2,000.00	TP Standard Excess	1,500.00	Marine and Marine and American	
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ditional Excess	0				
al OD Excess Applicable	2000.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa					
Registered	No		GST Registration Date	Man.	
T Registration No.			GST Status Venified	Yes	
dification History					
Policyholder Mailing Ad	dress				
dress 1	6001 BEACH ROAD	Address 2	#08-06 GOLDEN MILE TOWER	Address 3	SINGAPORE 199589
dress 4		Address Type	Singapore address	Post Code	199589
it No.	08-06	Related Policy Number	5108216963		
OI Driver Info	77.75	Andrews Control (Control	1,450,000,000,000		
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	DAVID LAI BING XIANG	Driver NRIC	59605093C	Driver DOS	27/01/1996
gister Date of Driver License		Driver Age	23	Driving Experience	•
ntact No.(Mobile)	97268855	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	8LK 135	Address 2	POTONG PASIR AVENUE 3	Address 3	SINGAPORE 350135
	8.X 139			Past Code	350135
dress 4	02-188	Address Type	Singapore address	Pull Code	22022
nt No. ses he own a Singapore				Driver Insurer Company	
igistered car?	○ Yes ® No	Driver Vehicle No.		priver insurer company	
claration					
eatholyser or Blood Test	Word	Many Service 2	○ Yes No		
ading?	0 mg	Any injury?	C rea @ no		
dification History					
Claim 001 New					
Cuin out NEW					
			/acceptance and a second and a		
im Type *	00-MX	Insured Name	HI CAR RENTAL PTE LTD	Insured NRIC	201843281R
intact No. (Mobile)	S	Contact No. (Home)		Contact No.(Office)	NIL
nail Address		Of Vehicle Number	SLC955H	TP Vehicle Number	SHD9703E
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select V		
imant Name *	22	Claimant NR3C *			
smant Address					
sim Description	SLC965H / SH09703E ON 5 Det 2019			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at Fault		
ouire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	Received
ite Registered	07/10/2019 14:39	Claim Close Date		Date Received	07/10/2019 00:00
port Taken By	Jackson	SERVER TO SERVER		35570/1598(37)7351	
Print AK letter					
Fritt AK HEIDER					
			Save Submit		
Attachment					
•					
cident No.	MT/1065663	Claim No.	001		
st Doc. Received	● Yes ○ No	Upload Date	07/10/2019 14:40		
	Path •		Category *	Confidential Lings	ncy * Description
		Browse	Clear Please Select	V Normal	•
		Browse		No V Normal	
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		Browse		■ NO V Normal	2 20 012 02
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		Browse	Clear Please Select	V NO V Normal	100

