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Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: Smr	95310	INC (			
Owner / Driver: (	7,3/1		Tel:	· · · · · · · · · · · · · · · · · · ·	
Policy No: ( ) Pe	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:		
Insured/Driver Liability: ( %) [	Note-Est. Status	(WO): N: 0-20	%; P: 21-79%. F: S	0-100%1	V-= 318
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	000 ( )/\$2,00				
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- A	MANAGER CONTRACTOR			Signal Project	1
( ) Walk-In Customer: Customer's info	ormation strictly C	onfidential & Stri	ctly NO refer of repairs	r.	
( ) Total Loss Case : to e-mail Insure	er URGENTLY	. 9	3 4 4 4		
Drive-In ( )/ Towed-In ( ); Invoice	e: VES( )/	NO();To	wing Co: (		
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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

aforesaid.	250 A B S
The second second second second	ACCIDENT STATEMENT
Date Of Report	14/11/2019 15:47
Date Of Accident	11/11/2019 15:00
Exact Location Of Accident	JUNC PIE & JLN ANAK BUKIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS4782G
Insured/Policyholder	
Name Of Registered Owner	SHIN-HAN MOTORS PTE LTD
Co Reg No	201800251R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98575910
Alternative Phone No	OFFICE-98575910
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
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	THIRD PARTY
Fleet Policy	YES
Policy Number	5112704083
Cover Note Number	
Driver	
Name of Driver	MICHELLE CHANG NYET HAR
NRIC No	S7019782J
Date Of Birth	12/06/1970

 Date Of Birth
 12/06/1970

 Occupation
 INDOOR

 Date Of Driving Pass
 24/12/1999

Driving Experience 19 YEARS AND 10 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97912727

Fax Number

Contact Number OFFICE-97912727

EMail Address NOEMAIL

Address BLK 603 HOUGANG AVENUE 4

#04-227

Postcode 530603

Was driver an employee of the Insured's Company No

If No, Relationship of the Driver with the Insured SPOUSE

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?

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)

1

## **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.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

JEAN LIEW

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMF9531P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NRIC/Passport Number

Contact Number

91847164

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

# SKETCH PLAN

# 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 <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>.
- 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.
- 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:
  - (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, or

(ii) for complying with requirements under any regulations, laws or court orders.

Bollow Holder's Signature

Date & EGrie 201800251

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# DECLARATION

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

SHIN-HAN MOTORS PTEATD REG: 2018002518

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.:

Vehicle No.	SJS 4782G. Model/Make Mit Lancas.
Date of Accident	11/11/19.
Time of Accident	1500 HRS
Location of Accident	Pil exit clements Road junction Iln Anak Buket.
Exact purpose use during acci	dent Private beed.
Name of Owner	SHIN- HAN MOTORS PTE LED.
Telephone No.	H/P: 9857 5910 : Home: Office:
NRIC	201800251 R.
Address	43, Springerde Walk CRS 786628.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5112704083-000012.
Name of Driver	As Above If No, Michelle Chang Nyet far.
NRIC	8 7019 782 ] · Any Passengers : ' N- 1'
Date of birth	12/06/1970
Occupation	Outdoor / Indoor.
Driving License Pass Date	24/12/1999.
Gender	Male Female
Contact No.	H/P: 9791 2727 . Home: Office:
Address	BLK 603 Hougang Ave 4 904-227 (8) 530603.
Driver have any own vehicles	
Relationship	Employee, If no, state Owner Sponse.
Weather condition (	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries (	No, If Yes, Who?
Name And Contact No.	
Name And Contact No.	
Police Report	No,. If Yes, Where?
Vehicle B No.	SMF 9531 P. Any Passengers: N-A.
Name of Driver	Jean Liew Contact No.: 9184 716 4.
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Witness Contact: W.A.
Accident Portion	Rear Portion.
Camera Recorder	Yes (No
Email Address	- Mc-que @ hotmail . com .
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
	Zi Ten
CONTACT PERSON	Zi (Fry



### 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: 5112704083-000012 Cover : Third Party

1 Index mark and Registration Number of Vehicle SJS4782G

Chassis Number : JMYSRCY2A9U004426

Name of Policyholder SHIN-HAN MOTORS PTE\_LTD
 Effective Date of Insurance 18 Oct 2019

 3. Effective Date of Insurance
 18 Oct 2019

 4. Expiry Date of Insurance
 17 Oct 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)	: N/A	
EXCESS (SECTION 2)	: \$\$1,500	
ADDITIONAL EXCESS	: N/A	
UNNAMED DRIVER EXCESS	: N/A	
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO	
INSURE WITH COE	: N/A	
NCD PROTECTION	: NO	
PRIMARY DRIVER	: N/A	
NAMED DRIVER (1)	N/A	
NAMED DRIVER (2)	: N/A	
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED	: 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)

Agency : JG MOTOR AGENCY (00000613374)

Date of Issue : 17 Sep 2019 11:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive



Policy No.	5112704083	Policyholder Name	SHIN-HAN	MOTORS PTE, LTD.	Policyholder NRIC	201800251R	
Certificate No	5112704083-000012				unichal		
Address	43 SPRINGSIDE WALK SINGAR	ORE 786628					
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	17/09/2019	Effective Date	17/09/20	19 00:00	Expiry Date	17/10/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	0		Windscreen Excess	0	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	JG MOTOR AGENCY	Agent Tel.	63440727		GST Flag	Y	
1					GS1 Hay		
Co- insurance	No	78.			d31 riag		
Co- insurance Flag Open	No	5,000			331 Flag		
Co- insurance Flag Open Policy Info Certificate	No	5. 224			Garriag		
Co- insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address	5.			G31 Flag		
Co- Insurance Flag Open Policy Info Certificate Info Policyt		Addre		SINGAPORE 78662		Address 3	
Co- insurance Flag Open Policy Info Certificate Info Policyt Address 1	nolder Mailing Address				8		786628
Co- insurance Flag Open Policy Info Certificate Info	nolder Mailing Address	Addres	ss 2 ss Type d Policy	SINGAPORE 78662	8	Address 3	786628
Co- insurance Flag Open Policy Info Certificate Info Policyt Address 1 Address 4 Unit No.	nolder Mailing Address	Addre Relate Numb	ss 2 ss Type d Policy	SINGAPORE 78662 Singapore address	8	Address 3	786628
Co- insurance Flag Open Policy Info Certificate Info Policyt Address 1 Address 4 Unit No.	nolder Mailing Address  43 SPRINGSIDE WALK  d Object: 5112704083-00001	Addre Relate Numb	ss 2 ss Type d Policy	SINGAPORE 78662 Singapore address	8	Address 3	786628
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insure	43 SPRINGSIDE WALK d Object: 5112704083-0000	Addre Relate Numb	ss 2 ss Type d Policy er	SINGAPORE 78662 Singapore address	В	Address 3	786628  Endorsement Content
Co- insurance Flag Open Policy Info Certificate Info Policyt Address 1 Address 4 Unit No. Insure Endors Sequen	43 SPRINGSIDE WALK d Object: 5112704083-0000	Addre Relate Numb	ss 2 ss Type d Policy er	SINGAPORE 78662 Singapore address 5113524963	В	Address 3 Post Code	

Claim Handling					
ccident MT/1071402					
Wiley No.	5112704083	Vehicle No.	5354782G	GST Registration No.	
ertificate No.	5112704083-000012				
olicyholder Name	SHIN-HAN MOTORS PTE. LTD.			Poscyholder NRIC	201800251R
Yoduct Code	PLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	98575910	Contact No. (Office)	D	Contact No.(Home)	0
mail Address		Special Remark		eCode	Till V
(FK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	
ICD Protection	No.	NCD Entitlement(%)	0	Private Hire	Yes
→ Accident Details	744	INCO Empositions, (s)	-	Timala Tara	50
seport Date	14/11/2019 15:55	Accident Report Within 24 hrs	Ves	Acodent Type	Collision - Head to Rear
Pate of Accident	11/11/2019	Time of Accident hh:mm	15:00	Country of Accident	Singapore
reporting Centre		Grange Force		ICM No.	
ccident Location	JUNC PIE & JUN ANAK BUKIT				
Total Excess Applicable					
vcess Type	Per Accident	Windscream Excess	0.00		
O Standard Excess	0.00	TP Standard Excess	1,500.00		
IED OD Excess	0.00	VIED YP Excess		Driver is Covered?	
additional Excess	.0				
otar OD Excess Applicable	0.00	Total TP Excess Applicable			
▽ Benefits					
GST Registered Informa	etion :				
ST Registered	No.		GST Registration Date		
ST Registration No.	2000		GST Status Verified	yes	
odification History					
Policyholder Hailing Ad	dress				
ddrese 1	43 SPRINGSIDE WALK	Address 2	SINGAPORE 786628	Address 3	
ddress 4		Address Type	Singepore address	Pust Code	786628
				1,000,00000	CONTRACTOR OF THE PARTY OF THE
ns No.		Related Policy Number	5113524963		
○ OI Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver	200000	
nnamed driver Name	MICHELLE CHANG NYET HAR	Driver NRIC	570197022	Driver DOB	12/06/1970
egister Date of Driver License	24/12/1999	Driver Age	49	Driving Experience	19
ontact No.(Mobile)	97912727	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 603	Address 2	HOUGANG AVENUE 4	Address 3	SINGAPORE 530603
ddress 4		Address Type	Singapore address	Post Code	530603
mit No.	04-227				
oes he own a Singapore	○ Yes @ No	Driver Vehicle No.		Driver Insurer Company	
egistered car?					
eclaration					
Insethalyser or Blood Test	0.00	- American P	○ ves ® No		
eading?	Q mg	Any injury?	Cuada		
lockfication History					
1000000					
Claim 001 New					
laim Type *	00-MX	Insured Name	SHIN-HAN MOTORS PTE, LTD.	Insured NRIC	201800251R
				Contact No.(Office)	NIL
ontact No. (Mobile)		Contact No.(Home)	61647030		
mail Address		DI Vehicle Number	53547820	TP Vehicle Number	SMF9531P
emant Type Clement Type *	production of the second of th	Type of Benefit * Claimant NRIC *	Please Select		
aimant Name *	22	Lismant NRIC *		- 1	
aimant Address				West new turns and programs	
aim Description	5354782G / SMF9531P ON 11 Nov 2019			Name of Preferred Workshop	
referred Workshop Contact o.		Insured Liability *	Not at Pault		
equire Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report	Received
ate Registered	14/11/2019 15:57	Claim Close Date		Date Received	14/11/2019 00:00
	Jackson Jackson	AUTES (1907) TO 1907		ROADSSTOP SEAT	
enort Taken Ry	present .				
			Secretary Secretary		
			Save Submit		
Print AK letter			Save Submit		
Print AK letter			Save Submit		5
Print AK letter  Attachment			Save Submit		
Attachment	MT/107:470	Carrière			
Print AK letter  Attachment	MT/3071402	Cam No.	001		2
Attachment	● Yes ○ No	Claim No. Upload Date	001 14/11/2019 15:58	6 20 10 100	2 25 W
Attachment		Upload Date	001 14/11/2019 15:58 Category *	Confidential Urgen	CO. 10 10 10 10 10 10 10 10 10 10 10 10 10
Attachment	● Yes ○ No		001 14/11/2019 15:58 Category *	Confidential Urger	Description
Print AK letter  Attachment	● Yes ○ No	Upload Date	001 14/11/2019 15:58 Category *	PROPERTY AND ADDRESS OF THE PARTY.	C2000
Prim AK letter  Attachment	● Yes ○ No	Upload Date Browse	001 14/11/2019 15:56 Category * Clear Please Select	V Normal	<u> </u>
	● Yes ○ No	Upload Date  Browse  Browse  Browse	001 14/11/2019 15:58 Category * Clear Please Select Please Select Please Select	▼ Mill ▼ Normal ▼ Mill ▼ Normal	A [
Attachment  Grant No.	● Yes ○ No	Upload Date Browse Browse	Clear Please Select  Class Please Select  Clear Please Select  Clear Please Select  Clear Please Select	▼ For V Normal ▼ For V Normal ▼ For V Normal	<u> </u>

