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Owner / Driver: (Tel:	1. 191)
Policy No: () Period: (, ,)	Cover Type: (1.
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Insured/Driver Liability: (%) [Note-Est State		.0%; P: 21-79%.	P: 80-100%	<u> </u>
Year of Registration: () Warranty: YES)		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- Please report <u>correctly</u> 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 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.

sforesaid.	
District State of the state of	ACCIDENT STATEMENT
Date Of Report	02/12/2019 18:41
Date Of Accident	02/12/2019 08:25
Exact Location Of Accident	CORNER OF UNITY STREET TWDS MOHAMMAD SULTAN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCY9018Z
Insured/Policyholder	
Name Of Registered Owner	PRESTO EXPAT MOTORING SERVICES PTE LTD
Co Reg No	200713089K
Email Address	BETTY@PRESTOEXPATMOTORING.COM
Mobile Phone No	
Alternative Phone No	OFFICE-81153311
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORRESTER
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	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	5109441522
Cover Note Number	
Driver	
Name of Driver	CAROLINE AIMEE JONES
NRIC No	G3132139K
Date Of Birth	05/02/1982
Occupation	INDOOR
Date Of Driving Pass	23/05/2019
Driving Experience	0 YEAR AND 6 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81153311
Fax Number	

CAROLINEAIMEEJONES@OUTLOOK.COM

Address

97 ROBERTSON QUAY #33-09

Postcode

238257

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

COLLISION - HEAD ON COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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)

2

Passenger 1

NAME:

: PASSENGER

GENDER:

MALE

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 SKETCH PLAN

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

SHD6588R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

STEVEN ONG

NRIC/Passport Number

Contact Number

97474752

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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:
 - (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.

Policyholder's Signature Date & Time: Orfoet's Signature

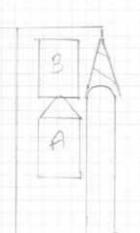
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NBIC/FIN No.:



VEH 8: SHD 6588R

VENUE: corner of unity Steet
TWOS MOHAMMAD
SULTAN RD.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Unity street, towards Mohamed Sultan Road
Iwas driving along Unity street, towards Mohamed Sultan Road in Robertson Quay. As I approached the intersection I was behind a taxi. The taxi moved forward as though to turn the corner, however stopped. I also began to more forward but stopped too late, bumping into the back of the taxi's bumper at a slow speed.
the corner, however stopped. I also began to more forward but stopped too late bumping into the back of the taxi's
bumper at a slow speed.

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)

Date & Time:

Reporting Centre Personnel's Signature

Names

NRIC/FIN No.:

. ACCIDENT STATEMENT

ĄCCID	DENT DATE: 2 12 19 HOD/MM/TYT), TIME: 08:24 HHEMMI
LOCAT	ION: Corner of Unity Street and Mohammal Sultanko,
	DETAILS OF VEHICLE SCY9018Z Robert San Quay
	DINSURANCE COMPANY: NTUC
=	d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
- 67	OMAKE & MODEL SUBARU FORRESTER
	() TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
	h) PURPOSE OF USING AT ACCIDENT TIME! PRIVATE
Ø.	I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY)
2	INSURED / POLICY HOLDER
	DINRIC/FIN/PASSPORT: 2007130894 CONTACT:
10	
ANO of postenges	CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER DRIVER
(Including driver)	a) NAME: A ROLINE AIMCE JONE - (MALE / FEMALE) !
(2)	DINRIC/FIN/PASSPORTIG 3132139 CONTACTI 8115 3371
1/2005	7'SINGAPORE 238257
	*d) DATE OF BIRTH: (05 / 02/ 1982) (DD/MM/YYYY)
	FINANCE OF DRIVING PASC
4,	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO))
. 5.	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
	b) ROAD SURFACE (DRY) WET / OTHERS
	WAS ANYBODY INJURED (YES /NO)
0.000	IF YES, PLEASE STATE WHICH POLICE STATION
& his of passangur	THIRD PARTY VEHICLE SHD 6588 R MODEL HYUNDAL 140
(Industing delver)	b) DRIVER'S NAME Steven ang (Comfett Del Gro)
(.L) e.	O) NRIC/FIN/PASSPORTICONTACTI_9747975 4
the of passinger	d) VEHICLE NUMBER: MODEL: "
(Industing driver)	e) DRIVER'S NAME:
()	
·!	betty @ prestoexpatmotoning. com.
	The state of the s
	email: caroline aimee jone's @
	YIDEO : Outlook com

Claim Handling

Report Taken By

Print AK letter

NCD Protection	The premium on this policy has a Accident MY/1074312	not been collected,			
Certificate Ro.	Policy No.	5109441522	Vehicle No.	SEVBOLAZ	EST Pagets
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Workshop Repairer

ROSLI WAHAB

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Attachment.						
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10	NAC_BUKIT_MERAH_B00G76(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 04 Dec 2019 14-38	SAS		Normal		
♥ Video List						

File Name Display in New Window | Scen and uploading

Folder Date

Uploaded By/Date

eBaoTech

GeneralClaim

· Change Password

Hello, NAC_BUKIT_MERAH_800676

My Desktop Notice of Loss **Policy Query**

Policy No. 5109441522 Vehicle No.(For Motor) SCY9018Z

Date of Accident Certificate Number 02/12/2019 14:32

Search

Certificate Number Select Policy No. 5109441522+ 000057 5109441522

Policyholder Name PRESTO EXPAT MOTORING SERVICES PTE. LTD.

Policyholder NRIC

200713089K

Product Cover Type

driva CLASSIC

Vehicle No.

Change Language

Insured Commence Object Date

Expiry Date

· Log Out

SCY9018Z SCY9018Z 09/06/2019 08/06/2020

Continue

GFM:



Certifi	cate of Insurance
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENS ROAD TRANSPORT ACT, 1987 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (M	ATION) RULES, 1960
Certificate Number: 5109441522-000057	Cover : drivo CLASSIC
1. Index mark and Registration Number of Vehicle	- SCY9018Z
Chassis Number	: IF1SH5KSS9G017026
2. Name of Policyholder	: PRESTO EXPAT MOTORING SERVICES PTE. LTD.
3. Effective Date of Insurance	: 09 Jun 2019
4. Expiry Date of Insurance	: 08 Jun 2020
 Persons or Classes of Persons entitled to drive# (a) The Policyholder. (b) Any other person who is driving on the Policyholder. 	Older's order or with his /har parmiral on
Provided that the person driving is permitted in	accordance with the licensing or other laws or regulations to drive d is not disqualified by order of a Court of Law or by reason of any
6. Limitations as to Use#	and in connection with the Policyholder's or Hirer's business.
This Policy does not cover	san manusantanan, as i en-fine en an imple position.
(a) Use for racing, pace-making, reliability trial or sp	peed-testing.
 (b) Use for the carriage of goods (other than sample) (c) Use for any purpose in connection with the Mot 	es) in connection with any trade or business
# Limitations rendered inoperative by Section 8 o	f the Motor Vehicle (Third Party Risks and Compensation) ansport Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: \$\$500
EXCESS (SECTION 2)	: \$\$500
WINDSCREEN EXCESS	: \$\$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 Certific Vehicles (Third Party Risks and Compensation) Act (Chap Agency : INCOME - MT DEPT (0000060047 Date of Issue : 08 May 2019 16:41 hrs	cate relates is issued in accordance with the provisions of the Motor pter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Zon	FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Countersigned By:	12

Authorised Officer

Chief Executive



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fex (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: Se8530020G / GSY Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

			original Report.			ng centre
(A)	PARTICULARS OF DESCRIPTION	ADD	ENDUM	10	I Dene	
COOM	MODERNSON	AKINGTHEAMEND	MENTS:			
	Original Report No : MI	1419159143	Vehicla P.	egistration No:	Sr V go	107
	Name(asshownin NRIC):	ZINK AIMKE	CKUIUX		1	
	(*Vehicle Driver/Vehicle Ow	ner) (*) Please delet	NRIC/FIN/	/Passport No:_	93130	139K
	Address :	to the first of th	e as appropriate			
	Contact (Tel) :		\$244-514-5000.00W	QUE	Singapore	()
	Email Address :		Mobile No	811)	3811	
	Date of Accident : 02	12/2018	24 S 1936		00125	
1	Place of Accident : CORN	al of uni	Time of Acc	Soulage C	18,28	0
1	Insurance Company;	XM(Sicini	remisers	Moto	84179
	No. 100.00				11	K
T	ADDITIONALINFORMATION /	AMENDMENTS:				
n	have made a report on the ab make the following amendmen	ove mentioned accid	fent and would like	to include add	tional later	50
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D - 1	licyholder / Driver's Signature		1/1/	100/	0/200	
POI	The state of the s		100	. 07.11	21/1	
Date	te:		Reporting C	entre Personne	'sSignature	and

Date: