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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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.

是1987年,1987年,1987年,1987年,1987年	ACCIDENT STATEMENT
Date Of Report	07/01/2020 09:36
Date Of Accident	31/12/2019 12:30
Exact Location Of Accident	ALONG NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE
We the best of the second of D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGE7914H
Insured/Policyholder	
Name Of Registered Owner	ABS RENTAL PTE LTD
Co Reg No	2XXXXX910Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91550693
Alternative Phone No	OFFICE-91550693
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5108359561
Cover Note Number	
Driver	
Name of Driver	TAN CHIN HUAT
NRIC No	SXXXX565J
Date Of Birth	28/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1988
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91550693
Fax Number	

OTHERS-91550693

NOEMAIL

Address

BLK 685C WOODLANDS DRIVE 73

#01-28

Postcode

733685

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

Insurance Company of Driver's Own Vehicle

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?

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

2

NO

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: PASSENGER

GENDER:

: FEMALE

Passenger 2

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SG5066R VOLVO

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

BUS

Name of Driver

LOH CHAN YUN

NRIC/Passport Number

SXXXX250H

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.
- 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

UE// 2018299102

Date & Time:

Driver's Sismature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Petsonnel's Signature

Name:

NRIC/FIN No.:

GIARNE SINCEPUINFORM, VIII

Colo 80000)

## . AGCIDENT 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) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5108359561-000003

Cover : Third Party

Index mark and Registration Number of Vehicle

: SGE7914H

Chassis Number

: ACR507002926

2. Name of Policyholder

: ABS RENTAL PTE LTD

3. Effective Date of Insurance

: 30 Apr 2019

4. Expiry Date of Insurance

: 29 Apr 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

: N/A : S\$1,500 : N/A : N/A : NO : N/A
: S\$1,500 : N/A : N/A : NO
: N/A : N/A : NO
: N/A : NO
: NO
; N/A
: NO
: N/A
: N/A
: N/A
N/A
: 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

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue

: 20 Mar 2019 17:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

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40	Vehicle No. If a	se Matarij	SGE7914H			Certificate	Number				
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	Select	Palicy No. 3109359563	Certificata Number 5106339561-000003	Pullcyholder Name ABS RENTAL FTE LTU	Policyfraider NASC 2018/299102	Product. GPH	Cover Type Third Party	Vetocie No. SGE7914H	Maured Digest NGE7914H	Commence Date 30/04/2019	Expiry Date 29/05/2025
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# Transaction ref 20190701164737277438

# Please check that the owner and vehicle details are correct:

Name	To soriect.
2. Identification No. Type	: ABS RENTAL PTE, LTD.
3. Identification No.	: Company
4. Country/Region	: 201829910Z
5. Vehicle Registration No.	\$ <del>.7</del> 0
6. Previous Vehicle Registration No.	: SGE7914H
7. Effective Date of Ownership	
8. Original Registration Date	: 03 May 2019
9. First Registration Date	: 25 Mar 2006
10. Vehicle Type	: 25 Mar 2006
11. Vehicle Scheme 12. Attachment 1	: Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rove : Normal
13. Attachment 2	: No Attachment
14. Attachment 3	; -
15. Vehicle Mela D	
<ol> <li>Vehicle Make Description</li> <li>Vehicle Model</li> </ol>	: ТОУОТА
17. Year of Manufacture	: ESTIMA 2.4 A
18. Primary Colour	: 2006
19. Secondary Colour	: Blue
20. Passenger Capacity	:-
21. Chassis/Trailer Chassis No.	: 7
22. Propellant	: ACR507002926 / -
23. Engine No./Motor No.	: Petrol
24. Engine Canacity ( )	: 2AZC006397 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 2362 / 0.0
25. Maximum Power Output(kW/bhp)	: 125.0 / 167
26. Unladen Weight(kg)	: 1700
7. Maximum Laden Weight(kg)	: 2140
8. Open Market Value	: \$33,808.00
9. PARF Eligibility	: Forfeited
PARF Eligibility Expiry Date     Minimum Bushington	-
Minimum PARF Benefit     No. of T.	
2. No. of Transfers	:5