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(23)

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.
- 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

All with the same of the same	ACCIDENT STATEMENT
Date Of Report	24/01/2020 13:40
Date Of Accident	23/01/2020 10:45
Exact Location Of Accident	SLIP ROAD FROM BRADDELL ROAD TOWARDS TOA PAYOH
Country/State of Loss	SINGAPORE
of the control of the	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJE5530J
Insured/Policyholder	
Name Of Registered Owner	NURUL HUDA BINTE WAHIB
NRIC No	SXXXX591F
Email Address	MOHAMEDSALLEH2105@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81231892
Alternative Phone No	OTHERS-81231891
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	5101218487-01
Cover Note Number	
Driver	
Name of Driver	MOHAMED SALLEH BIN JAAFAR
NRIC No	SXXXX420C
Date Of Birth	21/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2010
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81231892
Fax Number	

OTHERS-81231891

MOHAMEDSALLEH2105@GMAIL,COM

Address

BLK 493C TAMPINES STREET 43

#07-306

Postcode

522493

SPOUSE

Was driver an employee of the Insured's Company NO

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

NO COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

2

involved in the accident

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)

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

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

SCV908K

Vehicle Make/Model/Colour

TOYOTA PREVIA

Details Of Properties

Vehicle Category

PRIVATE CAR

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 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 <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:
 - (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: Driver's Signature

(If driver is not the policyholder)

Date & Time: 27/1/10 @ 119

Reporting Centre Persophel's Signature

Name:

NRIC/FIN No.:

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A - S 5E B - SC4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	relat mag	
B-Sch	908 K	2/1	Breefelt	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was filtering along bradell and road towards too Payon, Vehicle B
Was Stationary along the stop line to give wan to ancomion trettic.
I slow down and dop believe be My Venice was stopping for
few records when Ruddenly pursures of vehicle is your out from the
Can and inspected the near. Got Pecard later the driver come and
to check privar then look at me and claimed that I had knock against
Her vehicle I was shorted as I did not left and two soft and there we
Confect between both cers. We father parciner who was the diver fether
mentioned there was nothing nowever for drive was un happy about that
continent she then opin her our boots and show her dad some countered
which was irrelevant. I took prito of the new of his volvine as want as
he damage on both which. To avoid Ruther argument and covery a hattic iam.
we examply outlike and arose off.
The footed me afen how and send me pictures that i had come a
Scretchy on hear centor which i find it not reasonable.

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: 24 1 / 2020 8 115

Reporting Centre Personnel's S

NRIC/FIN No :

. AGCIDENT STATEMENT

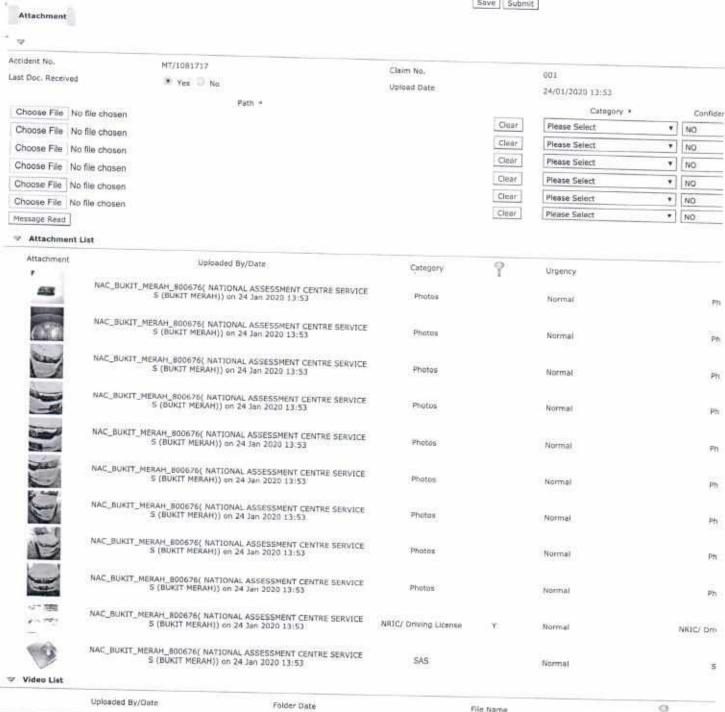
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loca	TION: Bradel rd tow	ands Toa Pano	14	_)[EPSMM]
	DETAILS OF VEHICLE a) YEHICLE HUMBER: b) INSURANCE COMPANYL c) POUCY NUMBER: d) POUCY TYPE: (COMPRE) e) MAKE & MODEL HO () TYPE: (SALOON / COURSE	510121 84 87-0 HENSIVD/THIRD PARTY MA OFMAM	Y / THÍRD PARTY FI	See 201 (17/2004)
2.,	DIVEHIOLE CATEGORY PRI INPURPOSE OF USING AT A I) ARE YOU CLAIMING UNDE IF NO, PLEASE STATE (THIRD INSURED / FOLICY HOLDER A) NAME: NOW THE D) NRIC/FIN/PASSPORT: C) ADDRESS: BIK 463 C	CCIDENT TIME: 1 P ER YOUP OWN HISURA PARTY CLAIM / REPA BUY While	MOTORCYCLE	EMALE)
4 No of purson got Clududing driver.)	DRIVER DINAME: MUMM CALL DINRIC/FIN/PASSPORTI CIADDRESS: FLE 461/	ch Kin Trafin Styltyroc Joyna 17 47	CONTACT: 61 F67-76 CPX	EMALE) L71441
, 5, 6, 7.	ODATE OF BIRTH! () OCCUPATION: (INDOOR I) OT OF DRIVING PAGE WAS DRIVER AN EMPLOY IF NO, RELATIONSHIP OF DIWEATHER CONDITION: (C) DIROAD SURFACE! (DRY / Y) WAS ANYBODY INJURED (Y) OTREPORTED TO POUCE (YE) IF YES, PLEASE STATE WHICH	OUTDOOR OY/20 SEE OF THE INSURED THE DRIVER WITH OLEAR / RAINING / OTHERS ES / NO SEE / NO SE	O'S COMPANY? O	(ES / KO)
the of passencer (Including delvary)	THIRD PARTY VEHICLE O) VEHICLE NUMBER: O) DRIVER'S NAME: O) NRIC/FIN/PASSPORT! THIRD PARTY VEHICLE	NATIONAL (SWIGSDELDS AND	MODEL Toyota	
* No of passonger (Including deliver)	a) VEHICLE NUMBER:		MODEL!CONTACTIL	
		-		

email: monomodsalen 2105@ gmail- rom

Claim Handling

Accident MT/1081717					
Palicy No.	5101218487-01	Vehicle No.	SJE55301		GST Registrati
Certificate No.					
Policyholder Name	NURUL HUDA BINTE WAHIB				Policyholder N
Product Code	PRIVATE CAR INSURANCE	Cover Type	BRIVE CLASSIC		Loading
Contact No.(Mobile)	81231692	Contact No.(Office)			Contact No.(H
Email Address		Special Remark			eCode
KEK	» No Yes	TCA	+ No Yes		eCode Reason
NCD Protection	(No.	NCD Entitlement(%)	10		Private Hire
Accident Details					STORE THE
Report Date	24/01/2020 13:51	Accident Report Within 24 hrs.	Yes		Appliform To a
Date of Accident	23/01/2020	Time of Accident hit imm	10:45		Accident Type
Reporting Centre		Orange Force	31175		Country of Acc ICM No.
Accident Location	SLIP ROAD FROM BRADDELL ROAD TOWA	RDS TOA PAYOH			TUM NO.
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100,00	
OD Standard Excess	2,000.00	TP Standard Excess		157035500	
YIED OD Excess	0.00	YIED TP Excess		1,500.00	
Additional Excess	1500	TALE IT EXCESS		0,00	Driver is Cover
Total DD Excess Applicable	3500.00	*111 *10 *10 *10 *10 *10 *10 *10 *10 *10			
▽ Benefits	3300.00	Total TP Excess Applicable		1,500.00	
▼ GST Registered Informa	tion				
GST Registered	No				
GST Registration No.	760			tration Date	
Modification History			GST Status	s Versiett	Yes.
Policyholder Mailing Add	ress				
Address 1	BLK 493C #07-305	Address 2	TAMPINES STREET	41	Address 3
Address 4		Address Type	Singapore address	1	Post Code
Unit No.	07-306	Related Policy Number	5101218487-01		Post Code
₩ OI Driver Info					
Driver Name	MOHAMED SALLEH BIN JAAFAR	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	58417420C		Driver DOB
Register Date of Driver License	24/01/2020	Driver Age	35		Oriving Experis
Contact No.(Mobile)	81231891	Contact No.(Office)			Contact No.(He
Address 1		Address 2			Address 3
Address 4		Address Type	Foreign address		Post Code
Unit No.					Care payer
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.	S3E55303		Driver Insurer
Declaration					
Breathalyser or Blood Test		THE WOOD AND ADDRESS OF THE ADDRESS			
Reading?	0 mg	Any injury?	Yes a No		
Modification History					
Claim 001 New					
Claim Type •				l'es ve	• Insured [
Contact No.(Mobile)				OD-MX	Name Nu
Email Address				81731892	No. (Home)
					Vehicle SJE Number
Claim Description				S1655301 / SCV908K	ON 23 Jan 2020
Workshop	Insured Liability Not at Fe	uit +			
Remaise No. Yes	Repair Preferred Workshop,		*		
Date Registered	September			24/01/2020 13:53	Claim
Report Taken By				NO SECURITION OF THE PROPERTY	Date
IVI LEVELSK				ROSLI WAHAB	
✓ Print AK letter					

Save Submit



Display in New Window | Scan and uploading



Certificate of Insurance

Cover : drivo CLASSIC

: NURUL HUDA BINTE WAHID

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: 5101218487-01

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

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.

: SJE5530J

: RN61062284

: 29 Oct 2019

: 28 Oct 2020

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) : 552,000 EXCESS (SECTION 2) - 551 500 WINDSCREEN EXCESS : \$5100 ADDITIONAL EXCESS : \$\$1,500

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE VFS. NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : MOHAMED SALLEH BIN JAAFAR

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

HIRE PURCHASE COMPANY : KENSO LEASING PTE LTD 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

: TECK WEI CREDIT PTE. LTD. (00000572499)

Date of Issue

: 29 Oct 2019 10:49 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive