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(if) IP (Reporting Only)	i-Photo Uploa	nded			
	Assessment/Sur	rvey Report			
11º Insurer:	Ass't Report by	y Fax / Hand to	Owner/Wksp		
Proferred Wksp / ISC Assign Wksp / QW: (	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Tuli	Fax:	
I'l Particulars: Veh No:		. INC(	)/Non-INC(	)	
Owner / Driver: (			Tal:		)
Policy No: ( ) Pc	riod: (	)	Cover Type: (		3
Confirmed by : (		Date:	Times	00 10000	)
Insured/Driver Liability: ( %)	Note-Est Status (V	VO): N: 0-20	%; P: 21-79%. P:	50-100%]	
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## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	29/01/2020 15:39
Date Of Accident	17/12/2019 13:40
Exact Location Of Accident	ALONG ROAD 1 JURONG WEST AVENUE 3
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDX5780A
Insured/Policyholder	
Name Of Registered Owner	SHL MOTOR PTE LTD
Co Reg No	2XXXXX814M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94480844
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109792828-000001
Cover Note Number	
Driver	
Name of Driver	SABARUDIN BIN A AZIZ @ AB AJIS
NRIC No	SXXXX088G
Date Of Birth	20/05/1966
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2000
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94480844
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 191 BOON LAY DRIVE #01-210

Postcode

640191

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

PAID DRIVER

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?

NO

Number of vehicles (including own vehicle)

1

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?

NO

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? If Yes, Please state which Police Station

YES

Police Station Name

JURONG WEST NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2689999 - FAX NO: 62672438

Was notice of intended Prosecution given?

NO

If Yes, against whom?

# Circumstances of Accident

REFER TO POLICE REPORT NO: T/20200102/2167

## Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# 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 <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.

UEN No. 201611814M

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Policyholder's Signature Date & Time: No Sketch available

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rely	to police	u report A10: T120200102/216	7

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

UEN No. 201611814M

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 .:





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999 1 of 3 Report No. T/20200102/2167

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 20 21:45	lade:	Vide Report No.:	Station Diary No.: 257
Informa	nt's Particu	ulars		京市新疆的。2012年2月15日 中华的 <b>国际</b> 的
A 1707 THE TOTAL STATE OF THE S	Informant: JDIN BIN A	AZIZ @ AB AJIS	Address: APT BLK 191 BOON I 640191	LAY DRIVE #01-210 SINGAPORE
	/ ID No.: D / S174208	38G	Contact No.: Home/Office:	Mobile: 94480844
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 53	Date of Birth: 20/05/1966	Type of Informant: Driver	
Race: Malay	•		Language:	Institution / School Name:
Occupation: Grab Driver		Driving Licence Inform Class:	nation: Date of Expiry:	

Seneral Infor	mation of the Accide			
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 17/12/2019 13:40	Type of Location:
Location: Along Road 1 JURONG WE	1 EST AVENUE 3			
Weather:		Road Surface:	F	Road Speed Limit:
Traffic Flow:		Traffic Control:		Fraffic Volume:
Type of Collin	sion:		1	Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDX5780A					No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200102/2167

Police Station Of Origin: Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Driver			2 4 110	ID No		S1742088G
Name	SABARUDIN BIN A AZIZ @ AB AJIS			ID No.		317420000
Related Vehicle	SDX5780A			Conta	ct No.	94480844
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No of Days gran	ted Medical Leave	NIL	Degree o	of Injury	NIL	

# Brief Details.

On 2/1/2020, I was told by my car rental company to lodge a traffic accident report mentioning that my car bearing plate number SDX5780A was involved in an accident on 17/12/2019 at 1.40pm at Jurong West Ave 3. I wish to state that I was not aware of being involved in any accident during that time.





3 of 3

Report No. T/20200102/2167

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

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-	co	n	-	an

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 2 NURAQILAH BINTE ABDUL HAMID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2020 21:45
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	



# Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTE	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: 5109792828-000001

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SDX5780A

Chassis Number

: JTDER12W903001567

2. Name of Policyholder

: SHL MOTOR PTE. LTD.

3. Effective Date of Insurance

: 23 May 2019

4. Expiry Date of Insurance

: 22 May 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)	: S\$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

: ONE STOP INSURANCE AGENCY (00000571115)

Date of Issue

: 22 May 2019 16:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

# Claim Handling

Accident MT/1082064									
Policy No.	5109792828	Vehicle No.	5DX5780A		GST Registra	stion No.			
Certificate No.	5109792828-000001	New Combo	5-11-20-11-20-1		Ę.				
					Policyholder	NRIC:	2016118	COMP.	
Policyholder Name	SHL MOTOR PTE, LTD,	120 200	5.00			NAC.		Tall	
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party		Loading Contact No.0		0		
Contact No.(Mobile)	94480844	Contact No.(Office)	a			(Horney)	-		
Email Address		Special Remark	20 (0)		eCode		No T		
KFK	+ No Yes	TCA	• No Yes		eCode Reaso	an .			
NCD Protection	No	NCD Entitlement(%)	ů		Private Hire		Yes		
✓ Accident Details									
Report Date	29/01/2020 16:57	Accident Report Within 24 hrs	Yes		Accident Typ	e	No callisi	DITI	
Date of Accident	17/12/2019	Time of Accident hh;mm	13:40		Country of A	ccident	Singapor	e	
Reporting Centre		Orange Force			ICM No.				
Accident Location	ALONG ROAD 1 JURONG WEST AVENUE 3								
▼ Total Excess Applicable									
Excess Type	Per Accident	Windscreen Excess							
OD Standard Excess		TP Standard Excess		1.500.00					
	0.000				Driver is Cov	and the same of th	Warring P.		
TED OD Excess	0.00	YIED TP Excess		0.00	DOVE IS CO.	PER GUT	Covered		
Additional Excess	0.00			100222510					
ntal DD Excess Applicable	0.00	Total TP Excess Applicable		1,500.00					
□ Benefits									
GST Registered Informat	ion								
ST Registered	No			tration Date					
ST Registration No.			GST Statu	s Verified	Ye	is .			
fodification History									
Policyholder Mailing Add		200.00			Adminis 3		ETHICADO	NE 40003	
Address 1	51 URI AVENUE 1	Address 2	#01-09 PAYA UBI	INDUSTRIAL F	Address 3			ME 408933	
Address 4		Address Type	Singapore address		Post Code		408933		
Init No.	01-09	Related Policy Number	5105872558-01						
♥ OI Driver Infe									
Inver Name	Unnamed Driver	Driver Type	Unnamed Driver						
Innamed driver Name	SABARUDIN BIN A AZIZ ® AB A	Driver NRIC	SXXXX088G		Driver DOB		20/05/19	066	
egister Date of Driver License	24/06/2000	Driver Age	53		Driving Expe	erience	19		
Contact No.(Mobile)	94480844	Contact No.(Office)			Contact No.	(Hame)			
ddress 1	BLK 191 #01-210	Address 2	BOON LAY DRIVE		Address 3		SINGAPO	ORE 64019	
Address 4		Address Type	Singapore address		Post Code		640191		
					- 031 0000				
	01-210								
Jnit No. Joes he own a Singapore						er Company			
Jnit No. Joes he own a Singapore	01-210 Yex = No	Driver Vehicle No.	SDX5780A		Driver Insur	er Company			
Jnit No. Does he own a Singapore tegistered car?						er Company			
Unit No. Does he own a Singapore tegistered car? Peclaration Sreathalyser or Blood Test	Yex - No	Driver Vehicle No.	SDX5780A			er Company			
Unit No. Does he own a Singapore. Registered car? Peclaration Sneathalyser or Blood Test						er Company			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	Yex - No	Driver Vehicle No.	SDX5780A			er Company			
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	Yex - No	Driver Vehicle No.	SDX5780A			er Company			
Unit No. Does he own a Singapore. Registered car? Declaration Breathalyser or Blood Test Reading?  Hodification History	Yex - No	Driver Vehicle No.	SDX5780A			er Company			
Unit No. Does he own a Singapore. Registered car?  Peclaration  Breathalyser or Blood Test. Reading?	Yex - No	Driver Vehicle No.	SDX5780A			er Company			
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Attachment List

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	Uploaded By/Date	Folder Date	F	le Name		9 5	ource
Video List							
10	NAC_PAYA_UBI_800601( NATION 29 Jan	AL ASSESSMENT CENTRE SERVICES) on 2020 17:05	SAS		Normal	SAS 2020-1-29	
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廊	NAC_PAYA_UBI_800501( NATION 29 Ja	VAL ASSESSMENT CENTRE SERVICES) on a 2020 17:08	Photos		Normal	Photos 2020-1-29	
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strike.	NAC_PAYA_UBI_800601( NATION 29 Ja	NAL ASSESSMENT CENTRE SERVICES) on in 2020-17:08	NRJC/ Driving License	S¥.	Normal	MRIC/ Driving License 2020-1-29	
Attachment	Uplos	aded By/Date	Category	9	Urgency	Description	

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