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Preferred Wksp / INC Assign Wksp / QW: (		Tol: F:	ax:	
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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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to reportist 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.
- 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 STATEM	EN I

Date Of Report 31/01/2020 17:25

Date Of Accident 30/01/2020 07:30

Exact Location Of Accident BKE TWDS PIE BEFORE BUKIT PANJANG EXIT

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLF9470T

Ir sured/Policyholder

Name Of Registered Owner HAMSTER CAR RENTAL PTE LTD

Co Reg No 2XXXXX175G Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-88380101

Alternative Phone No OFFICE-88380101

Vehicle Particulars

Manufacturer HONDA

Model VEZEL HYBRID 1.5X A

Exact Purpose for which vehicle was being used at

time of accident

COMMERCIAL 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 COMPREHENSIVE

Fleet Policy YES

Policy Number 5110749922

Cover Note Number

Driver

Name of Driver MARK LEONG TECK CHYE (LIANG DECAI)

 NRIC No
 \$XXXX314I

 Date Of Birth
 06/09/1978

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/12/2005

Driving Experience 14 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97860565

Fax Number

Contact Number OFFICE-97860565

EMail Address NOEMAIL

Address

BLK 7 MARSILING DRIVE

#06-56

Postcode

730007

Was driver an employee of the Insured's Company

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

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

**Cther Information** 

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

YES

Was any body injured in the Accident?

SPRIN

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)

2

Passenger 1

NAME:

1000

0.0

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 Presecution 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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SMM3160D

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

CHAN POH JIN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 14

## No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SHA9933Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

CHUA AH BENG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name MARK LEONG TECK CHYE (LIANG DECAI)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLF9470T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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.
- 7. 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:
  - (i) 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 Signatu Date & Time:

Driver's Signature (if driver is not the policyholder) Date & Time:

Name

Reporting Centre Personne s Signature

NRIC/FIN No.:

	(B) SMM 3160D
	(c) 84A 9933Z.
Naka <	a Rukor Bayang East.

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DECLARATION

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

Policyholoeks Signature

201917155

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Senature Name:

NRIC/FIN No :

Vehicle No.	SLF 9470 T Model/Make HONDA Vezel.
Date of Accident	30/01/2020
Time of Accident	0730 HRS
Location of Accident	BKE towards PIE before Bulet Amjong Exit.
Exact purpose use during	accident Chauffeur
Name of Owner	Homster Car Rental Pte Ltd.
Telephone No.	H/P: 8838 0101. Home: Office:
NRIC	2019171756.
Address	BLK & Burn Road #15-13 Trivex (2) 369977
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	NTUC.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	5110749922-000027.
Name of Driver	As Above If No. Mark Jenna Tack Chie
NRIC OF DITUE	As Above If No, Mark Leong Teck Chye.  \$ 7828314 1. Any/Passengers: 01 (F).
Date of birth	06/09/1978.
Occupation	Outdoor / Indoor
The statement of the st	27/12/2005
Driving License Pass Date Gender	Male / Female
Contact No.	
Address	H/P: 9786 0565 Home: Office: BLK 7 Marsching Drive \$ 06-56 (8) 730007.
A. Alexander and the second se	
Driver have any own vehic	
Relationship	THE THE PARTY OF T
Weather condition	Clear Raining Other
Road Surface	Dry Wet Other
Any Injuries	No, Uf Yes, Who?
Name And Contact No.	Mark Leany Teck Chy = (4/1: 9786 0565).
Name And Contact No.	
Police Report	No. If Yes, Where?
Vehicle B No.	3mm 3160 D. Any Passengers:
Name of Driver	Chan Poh Jin Contact No.:
Vehicle C No.	SHA 9933 Z. Any Passengers:
Vehicle D No.	CHUA AH BENG - Any Passengers :
Vehicle E no.	Any Passengers :
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	N-4. Witness Contact: N-4.
Accident Portion	Front and Back Portern.
Carnera Recorder	Yes (No.
Email Address	mark_leong_3783 @ hotmad.com.
PARTICULAR WORKSHOP	TV 51
	6842 0051 / 6744 0510
CONTACT NO. CONTACT PERSON	
LUNIALIPERSUN	Zi Tenay
FAX NO	6741 0510



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY BISKS 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: 5110749922-000027

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

- SLEGATOT

Chassis Number

= RU31211697

2. Name of Policyholder

HAMSTER CAR RENTAL PTE LTD

3. Effective Date of Insurance

28 Aug 2019

4. Explry Date of Insurance

27 Aug 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.

5. 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 Treadings.

EXCESS (SECTION 1) 552,000 EXCESS (SECTION 2) : 5\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A:

: PLEASE REFER OVERLEAF

UNNAMED DRIVER EXCESS REPAIR AT OWNER'S PREFERRED WORKSHOP 1000 INSURE WITH COE : VES NCD PROTECTION. - 100 TRANSPORT ALLOWANCE NO EXCESS WAIVER - (6617) PRIMARY DRIVER \_N/A NAMED DRIVER (1) N/A NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : HAMILTON CAPITAL 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

: HAMILTON AUTOHUB FTE, LTD. (00000573281)

Date of Issue.

: 27 Jun 2019 11:12 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive



	Claim Handling					
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