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Year of Registration: ( ) Warranty: YES ( ) / NO ( )	Confirmed by: (		Date:	Time:		)
Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )  General Remarks:  ( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )  Remarks: (INC holdine: 6788 6616)  1) Apply for Transport Allowance ( ) / Courtesy Car ( )  2) QC Check / Post Repair Inspection ( )  3) Upload Resurvey Photo (Repair Cost > \$3000] ( )  Injury:  Detectine   Actions    Actions	Insured/Driver Liability: ( %)	Note-Est. Status (	(WO): N: 0-20	0%; P: 21-79%. P:	80-100%	6]
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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.
- 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.

- 6. 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

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	ACCIDENT STATEMENT
Date Of Report	11/02/2020 09:49
Date Of Accident	10/02/2020 14:15
Exact Location Of Accident	QUEENSWAY TWDS JLN BUKIT MERAH
Country/State of Loss	SINGAPORE
A LANGE LOCAL AND AND A CONTRACT	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN1147B
Insured/Policyholder	THE RESERVE THE PROPERTY OF THE PARTY OF THE
Name Of Registered Owner	AUTO ALLIANCE LEASING PTE LTD
Co Reg No	2XXXXX807W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
Exact Purpose for which vehicle was being used at time of accident	
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	5108785749
Cover Note Number	
Driver	THE PARTY OF THE P

### Driver

Name of Driver YAP SHI QIN JONATHAN

NRIC No SXXXX332D Date Of Birth 20/12/1993 Occupation OUTDOOR Date Of Driving Pass 27/04/2015

**Driving Experience** 4 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96817812

Fax Number

Contact Number OFFICE-96817812

EMail Address NOEMAIL Address

BLK 185B RIVERVALE CRESCENT

#11-119

Postcode

542185

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 - CHANGE/CROSS LANE

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

YES

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)

3

Passenger 1

NAME:

: -

GENDER:

: MALE

Passenger 2

NAME:

3 2

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 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

SMK1725Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

97561208

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAI	ISOF	INITI	DED	PERSON	r
		IINJU	RED.	PERSON	

Name

YAP SHI QIN JONATHAN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SMN1147B

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report sorrectly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Polloyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible: Any wilful misrepresentation or withholding of material
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- S. Amy false reporting may be referred to the Police for Investigation:
- The report will be forwarded by the insurers of the GIA Records Management Centra established by the General Insurince Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
- 7. By the lodgment of this report to the insurers, you hereby consent to the archaing of this report at the centre and to exples of
- 8. Consent under the Personal Data Protection Act [PDPA]

) 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, glocided and/or process my personal information set out in this (form) and any other personal information. Personal information to all injurer(s) who have insured (collectively the "personal information") and disclose and transfer sith yehicle(s) involved in this accident (all insurer(s) who have insured visible(s) involved in this accident (all insurers) who have insured 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 met
  - (iv) administering my claims (including the mailing of correspondence, statements, involces, reports or notices to me, administering my claims (including the majoring of extraord) data about me to bring about delivery of the same as well as on the
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the
- (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 of egents [including their (awyers/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 daims history for the purpose of fraud detection,
- (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:

AUTO ALLIANCE LEASING PTE LTD

Poljcyholder's Signature Date & Time:

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

Reporting Centre Personners Signatur NRIC/FIN No.

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# AUTO ALLIANCE LEASING PTE LTD

Policyholder's Signature Date & Time:

Oriver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Silver - Moral Assilvant, Va

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material acts may allow
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the traffic police department for investigation.

## Accident details

Date and time of accident	Date: 10 44 203- 100 1000	
Exact location of accident	Date: 10 Reb 2020 (DD/MM/YY) Time: 1415	(HH:MM
	Alan Quemaway towards Taken butsel 1	Keroh

## Details of vehicle

Vehicle registration number Vehicle make and model	SMN 1147 B
Type of vehicle	Horda Vozel
The state of the s	Saloona MPV CRV Van C
Vehicle category	Private - Others:
Purpose of using at said time	IVIOTOTCVCIP (1
Are you claiming under your own insurance company?	Yes No if no, please select: Third part claim Reporting only

## Insurance information

Insurance company	HTUC.		
Policy number	AIGC		
Type of policy	Companhand		
	Comprehensive	Third party fire & theft a	TP only 🗆

# Insured / Policy holder

Name	Aub Allians 1 0
NRIC / Fin / Passport number	Auto Alliance Leaving 14c Hol Malea Females
Contact	- U
Address	

# <u>Driver</u> Same as insured above □ (skip to D.O.B)

Name NRIC / Fin / Passport number	Yop Shi on Jonathan	Male a Female p
Contact	3 43 48 3320	Telliale U
Address	9681 7812	- 2000000
Email address	Block 1858 Grenole Creatent \$11-119 Benjapare 542185	
Date of birth	DO Dec 1902	10000
Occupation	7719	
Driving date pass	Indoor Outdoor	

Page 1

# General information of the accident

Yes D No 2  If no, relationship of the driver and insured: #Rrev  Yes D No 2  Clearer Raining D Others:  Dry Wet D  Male Female D  Male Female D
Clearer Raining D Others:  Dryze Wet D  3 (Inclusive of driver)  Malect Female D
Clearer Raining D Others:  Dryze Wet D  Ginclusive of driver  Malect Female D
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Page 2

# Third party vehicle 1

Name	
Contact number	926/ 12.0
NRIC / Fin / Passport number	9756 1208
Vehicle registration number	Paul to Se
Vehicle make model	SME 17252

# Third party vehicle 2

Contact number	
NRIC / Fin / Passport number	
venicle registration number	
Vehicle make model	

# Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

# Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model /	/

# Third party vehicle 5

Name		
Contact number		200
NRIC / Fin / Passport number	THE RESERVE OF THE PARTY OF THE	Contract
Vehicle registration number	A CHARLES TO THE REAL PROPERTY OF THE PARTY	70.00
Vehicle make model		

## Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
/ehicle make model	/

# Witness 1

Name	
Witness 2	
Name	
Injured person 1	
Name	
Injuries sustained	Yap Shi Oin Jonathan
Which vehicle person in?	nece & back
Were seat belts worn?	SMN 1147B
Was injured conveyed to hospital by ambulance?	Yes o No o
injuries sustained	
Name	
Which vehicle person in?	
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	Yes D No D
	7 2 10.
Injured person 3	
The second secon	1
Vame	
Name njurles sustained	
Name njuries sustained Vhich vehicle person in? Vere seat belts worn?	Ver a No
Name njuries sustained Vhich vehicle person in? Vere seat belts worn? Vas injured conveyed to	Yes D No D Yes D No D
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Name njuries sustained Vhich vehicle person in? Vere seat belts worn? Vas injured conveyed to ospital by ambulance?  Injured person 4	
Name njuries sustained Vhich vehicle person in? Vere seat belts worn? Vas injured conveyed to ospital by ambulance?  Injured person 4	Yes a No a
Name njuries sustained Vhich vehicle person in? Vere seat belts worn? Vas injured conveyed to ospital by ambulance?  Injured person 4  Ime uries sustained	Yes a No a No a Management and American
Name njuries sustained Which vehicle person in? Vere seat belts worn? Vas injured conveyed to ospital by ambulance?	Yes a No a No a Market Manager Comment of the Secretary of the of the Secr



## 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: 5108785749-000015 Cover : drivo CLASSIC

 Index mark and Registration Number of Vehicle : SMN1147B

Chassis Number : RU11109311

2. Name of Policyholder : AUTO ALLIANCE LEASING PTE. LTD.

3. Effective Date of Insurance : 31 Jul 2019

4. Expiry Date of Insurance : 30 Jul 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)** : S\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COF : 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 : AUTOTRUST CREDIT 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)

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 09 Apr 2019 18:12 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Authorised Officer** 

Chief Executive

Countersigned By:

dello, NAC_PAYA_UBI_8	00601				The second second second	de la company	. Chan		No. VILLORY	-	alClaim
My Desktop Notice of Loss	Poli	icy Query					Chan	ge Languag	e 'Char	ige Password	Log O
Notice of Loss	Policy	No.	51087	85749		Date	of Accident		10/02/2020	14-15	
	Vehicle No.(For Motor) SMN11478			478	Certificate Number				2 4 4 10		
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108785749	5108785749- 000015	AUTO ALLIANCE LEASING PTE. LTD.	201903807W	GFM	drivo CLASSIC		SMN11478	31/07/2019	09/04/2020

Policy No.	5108785749	Policyholder Name	AUTO.	ALLIANCE LEASING PTE.	Policyholder	20100200=	
Certificate No.	5108785749-000015	Maine		The Europing FIE.	NRIC	201903807W	
Address	55 YUK TONG AVENUE AIRVIEW	V PARK SINGA	PORE 59	6356			
Product Name	FLEET MASTER INSURANCE	Plan			Group	N	
Policy Issue Date	09/04/2019	Effective Date	10/04/	2019 00:00	Policy Flag  Expiry Date	09/04/2020 23	-50
Excess Type	Per Accident	All Claims Excess			20 to 1620		-33
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
WEST TO THE PARTY OF THE PARTY	COMELL MICHELLAND						
Agent	COWELL INSURANCE (AGENCY)	Agent Tel.	633925	92	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No	Agent Tel.	633925	92	GST Flag	Y	
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Policy No.		CONTRACTOR OF THE PARTY OF THE				
Certificate No.	5108785749	Vehicle No.	SMN1147B	GST Registration No.		
	5108785749-000015					
Policyholder Name Product Code	AUTO ALLIANCE LEASING PTE, LTD.			Policyholder NRIC	201903807W	
Contact No.(Mobile)	FLEET MASTER INSURANCE 0	Cover Type	drivo CLASSIC	Loading	0	
Email Address	0	Contact No.(Office)	0	Contact No.(Home)	0	
KPK	® No ○Yes	Special Remark		eCode	THE V	
NCD Protection	No.	TCA	No ○ Yes	eCode Reason		
Accident Details	40	NCD Entitlement(%)	0	Private Hire	Yes	
Report Date	200000000000000000000000000000000000000				40008	
	11/02/2020 10:08	Accident Report Within 24 h	'S Yes	Accident Type	Colleges Charles ( 5	
Date of Accident	10/02/2020	Time of Accident hh:mm	14:15	Country of Accident	Collesion - Change / Cross lar	
Reporting Centre		Orange Force		JCM No.	Singapore	
Accident Location	QUEENSWAY TWOS JLN BURGT MERAH			JUM NO.		
Total Excess Applicab	•					
Excess Type	Per Accident	Windscreen Excess	100.00			
OD Standard Excess	1200					
VIED OD Excess	2,000.00	TP Standard Excess	1,500.00			
Additional Excess	0.00	YIEO TP Excess		Driver is Covered?		
Total OO Excess Applicable	263000					
▼ Benefits	2000.00	Total TP Excess Applicable				
♥ GST Registered Inform	sation					
ST Registered	No					
IST Registration No.	110		GST Registration Date			
fodification History			GST Status Verified	Yes		
→ Policyholder Mailing Ar	ddress					
Address 1	55 YUK TONG AVENUE	Address 2	AURVIEW PARK	97g 999, 47230-4		
Address 4		Address Type		Address 3	SINGAPORE 596356	
Int No.		Related Policy Number	Singapore address	Post Code	596356	
OI Driver Info		Court Hamper	\$110688602			
Priver Name	Unnamed Driver	Driver Type	Unnamed Oriver			
nnamed driver Name	YAP SHI QIN JONATHAN	Driver NR3C	\$xxxxxxx	Driver DOB	****	
egister Date of Driver License	27/04/2015	Driver Age	26	Driving Experience	20/12/1993	
oncact No.(Mobile)	96817812	Contact No.(Office)	0		•	
ddress 1	BLK 1058	Address 2	RIVERVALE CRESCENT	Contact No.(Home) Address 3	0	
ddress 4		Address Type	Singapore address		SINGAPORE 542185	
nit No.	21 110			Past Code	542185	
	11-119			X. 100 100 00	012103	
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Video List								
	NAC_PAYA_UBI_800601( NAT CES) on II	IONAL ASSESSMENT CENTRE SERVI Feb 2020 10:32	Photos		Normal	Phot	os 2020-2-11	
-	NAC_PAYA_UBI_B00601( NAT CES) on 11	TONAL ASSESSMENT CENTRE SERVE Feb 2020 10:12	Photos		Normal	Phot	tos 2020-2-11	
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