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1 car of registration (
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General Remarks;		PERSONAL PROPERTY OF THE PROPE		
() Walk-In Customer: Customer's informa	tion strictly Confidential	& Strictly NO Faler of Tepano		
() Total Loss Case : to e-mail Insurer U	IRGENTLY.)
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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 aforesaid.

aloresaid,	
Service Control of the Control of th	ACCIDENT STATEMENT
Date Of Report	02/03/2020 17:32
Date Of Accident	01/03/2020 12:55
Exact Location Of Accident	T1 ARRIVAL DOOR 11
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SDS2227C
Insured/Policyholder	
Name Of Registered Owner	JMH MOTORS
Co Reg No	5XXXX635W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96747495
Alternative Phone No	OFFICE-96747495
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8L A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5108127845
Cover Note Number	
Driver	
Name of Driver	ABDUL ALIM S/O MOHAMED HANIFAH

SXXXX609J NRIC No 06/07/1973 Date Of Birth OUTDOOR Occupation 17/07/1992 Date Of Driving Pass

27 YEARS AND 7 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96747495 Mobile Number

Fax Number

OFFICE-96747495 Contact Number

NOEMAIL **EMail Address**

Address

BLK 130 BUKIT MERAH VIEW

#08-348

Postcode

150130

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?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

2

Number of Passengers (Including Driver) Passenger 1

NAME:

0.10

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)

YES

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLN156T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

ABDUL ALIM S/O MOHAMED HANIFAH Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? SDS2227C

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

BODY

YES

NO

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.
- 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 aforesald.
- 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.

Date & Time:

JMH MOTORS
82 LORONG H TELOK KURAU
SINGAPORE 425 048
ROC NO: 53388 55W
Policyholder's Signature

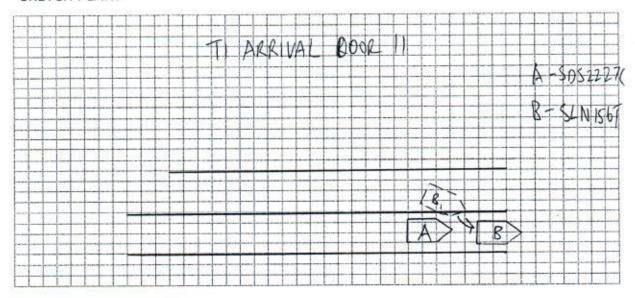
Date & Time:

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

STREET SHEET DESCRIPTION OF

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ON T1 ARRIVAL DOOR 11. I JUST PICKED UP MY PASSENGER AND INCH MY
VEHICLE FOWARDS AS I WAS ABOUT TO MOVE OFF, VEHICLE B SWIFTLY CUT
INTO MY LANE AND HIT ONTO THE FRONT LEFT OF MY VEHICLE.

DECLARATION

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

JMH MOTORS
82 LORONG H TELOK KURAU
X SINGAPORE 43 60 40 ROC NO: 533886.55W
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 .:

Accident Reporting Draft

VEHICLE NO: SDS2227C

MODEL: HONDA STREAM

DATE OF ACCIDENT	1/3/2020
TIME OF ACCIDENT	1255 HRS AM/PM
LOCATION OF ACCIDENT	T1 ARRIVAL DOOR 11
EXACT PURPOSE USE DURING ACCIDENT	
NAME OF OWNER	JMH MOTORS
CONTACT NO.	96747495
NRIC	53388635W
CLAIM TYPE	OD AHIRD PARTY REPORTING ONLY 3P
INSURANCE CO.	ntuc ntuc
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
POLICY NO.	COMPREHENSIVE HIRD PARTY FIRE & THEFT
POLICY NO.	
NAME OF DRIVER	AS ABOVE / IF NO: ABDUL ALIM S/O MOHAMED HANIFAH
NRIC	S7322609J ANY PASSENGER: 1
DATE OF BIRTH	M) UNKNOWED
OCCUPATION	OUTDOOR / INDOOR
DATE OF DRIVING PASS	
GENDER	MALE / FEMALE
CONTACT NO.	96747495 OFFICE: HOME:
ADDRESS	82 LORONG H TELOK KURAU S(426098)
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.
RELATIONSHIP	EMPLOYEE/ IF NO:
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR
ROAD SURFACE	ORY / WET/ OTHER: DRY
ANY INJURIES	NO / IF YES: DRIVER
CONTACT NO.	
POLICE REPORT	NO / IF YES:
VIDEO RECORDING	NO / YES
VEHICLE B NO.	SLN156T ANY PASSENGER:
NAME	
CONTACT NO.	
VEHICLE C NO.	ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	
MOBILE NO.	Dudou
CONTACT PERSON	Ryder Auto Pte Ltd
FAX NO.	
	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277



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)

Cover : Third Party Certificate Number: 5108127845

1. Index mark and Registration Number of Vehicle

: SDS2227C

Chassis Number

: JHMRN684085205827

2. Name of Policyholder

: JMH MOTORS

3. Effective Date of Insurance

: 12 Mar 2019

4. Expiry Date of Insurance

: 11 Mar 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.

1.120 march		
EXCESS (SECTION 1)	: N/A	
EXCESS (SECTION 2)	: \$\$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

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue

: 12 Mar 2019 14:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

									Genera	alClaim
						• Chang	e Languag	e · Chan	ge Password	· Log Out
olio	y Query									
icy N	0.	510812	7845		Date	of Accident	1	01/03/2020 1	2:55	
hicle I	No.(For Motor)	SDS22	27C		Certif	icate Number	[
				1	Search					
lect	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
0	5108127845		JMH MOTORS	53388635W	GPC	Third Party	SDS2227C	SDS2227C	12/03/2019	11/03/2020
	licy Ni hicle I	ANTE SERVICE SERVICE	hicle No. (For Motor) SDS22: lect Policy No. Certificate Number	licy No. [5108127845] hicle No. (For Motor) SDS2227C lect Policy No. Certificate Policyholder Number Name	licy No. S108127845 hicle No.(For Motor) SDS2227C lect Policy No. Certificate Policyholder Policyholder Number Name NRIC	licy No. \$108127845 Date hicle No. (For Motor) \$D\$2227C Certificate Policyholder Name NRIC Product	Policy Query licy No. \$108127845 Date of Accident hicle No.(For Motor) \$D\$2227C Certificate Number Search lect Policy No. Certificate Policyholder Policyholder Name NRIC Product Cover Type	Policy Query licy No. \$108127845 Date of Accident [Accident Search] Search Search Search Search Search Search Search Search Date of Accident [Accident Search] Search Search Search Name NRIC Product Cover Type Vehicle No.	Policy Query Icy No. S108127845 Date of Accident (01/03/2020 1 Incle No.(For Motor) SDS2227C Certificate Number Search Search Idect Policy No. Certificate Policyholder Policyholder Product Cover Type Vehicle No. Object	Policy Query Policy No. S108127845 Date of Accident 01/03/2020 12:55 Date of Accident Number Search Search Policy No. Certificate Policyholder Name NRIC Product Cover Type No. Object Date

▶ Insure	d Object: SDS2227C						
Unit No.	01-12	Rela Num	ted Policy ber	5116352763			
Address 4			ess Type	Singapore address		Post Code	426098
Address 1	82 LORONG H TELOK	CURAU Addr	ess 2	SINGAPORE 42609	98	Address 3	
→ Policyl	nolder Mailing Address	Avanta de la sectiona	C-01			SHOW OR COUNTY	
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	SININS AGENCY PTE, LTD.	Agent Tel.	69503050		GST Flag	Y	
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500		Name and American	Young	g/Inexperience Driver Excess
Additional Excess	0	OS Premium	0				
Third Party Excess	1500	damage Excess	0		Windscreen Excess	0	
Excess Type	Per Accident	All Claims Excess Own					
Policy issue Date	12/03/2019	Effective Date	12/03/201	9 00:00	Expiry Date	11/03/2020 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	82 LORONG H TELOK KURAU	SINGAPORE 42	6098				
Certificate No.							
Policy No.	5108127845	Policyholder Name	эмн мото	DRS	Policyholder NRIC	53388635W	

NCy No.			CONTRACTOR OF THE PARTY OF THE	Control Control Control Control	
	5108127845	Vehicle No.	S052227C	GST Registration No.	
rtificate No.					
Scyholder Name	JMH MOTORS			Policyholder NRIC	53388635W
oduct Code	PRIVATE CAR INSURANCE	Cover Type	Third Party	Loading	0
ntact No.(Mobile)	96747495	Contact No.(Office)	0	Contact No.(Home)	0
nell Address		Special Remark		eCode	W V
×	® No ○ Yes	TCA	® No ○Yes	«Code Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	02/03/2020 18:08	Academ Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
ate of Accident	01/03/2020	Time of Accident hhomm	12:55	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	T1 ARRIVAL DOOR 11				
Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	0.00		
		2000 N 1722 N 100	. 500.00		
D Standard Excess	0.00	TP Standard Excess	1,500.00	Driver is Covered?	
ED OD Excess	500.00	YIED TP Excess		Universit Covered?	
dditional Excess	0				
otal OD Excess Applicable	500.00	Total TP Excess Applicable			
♥ Benefits					
GST Registered Informa			COV BANGOTON DAY		
ST Registered	No		GST Registration Date GST Status Verified	Yes	
ST Registration No.			And the second of the second of	0.7750	
edification History					
Policyholder Halling Ad	dress				
ddress 1	82 LORONG H TELOK KURAU	Address 2	SINGAPORE 426098	Address 3	
ddress 4		Address Type	Singapore address	Post Code	426098
init No.	01-12	Related Policy Number	5116352763		
S Of Driver Info					
river Name	Unnamed Driver	Driver Type	Unnamed Driver		
nnamed driver Name	ABDUL ALIM S/O MOHAMED HA	Driver NR3C	SXXXX6093	Driver DOB	06/07/1973
egister Date of Driver License	06/07/1992	Driver Age	46	Driving Experience	27
Centact No.(Mobile)	96747495	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BUK 130	Address 2	SUKIT MERAH VIEW	Address 3	BUKIT MERAH VIEW
pidress 4	SINGAPORE 150130	Apdress Type	Singapore address	Post Code	150130
int No.	08-348				
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
Registered car?	Citada				
eclaration					
sreathalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
breathalyser or Blood Test	0 mg	Any injury?	® yes ○ No		
pedaration breathalyser or Blood Test Reading?	0 mg	Any injury?	® Yes ○ No		
treathalyser or Blood Test teading?	0 mg	Any Ingury?	® yes ○ No		
reathalyser or Blood Test leading? lodification History	0 mg	Any Ingury?	® Yes ○ No		
reathalyser or Blood Test leading? lodification History	0 mg	Any Injury?	® Yes ○ No		
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treathalyser or Blood Test teading? todification History Claim 001 New	0 mg	Insured Name	JMN MOTORS	Insured NRIC Contact No.(Office)	53388635W
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