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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.
- 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.

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	ACCIDENT STATEMENT
Date Of Report	13/04/2020 12:40
Date Of Accident	08/04/2020 21:40
Exact Location Of Accident	CANTONMENT ROAD TOWARDS OUTRAM ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU9814R
Insured/Policyholder	
Name Of Registered Owner	FREDLINK CAR RENTAL PTE, LTD.
Co Reg No	2XXXXX472G
Email Address	TANSOONKIATT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91556731
Alternative Phone No	OFFICE-91556731
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5107378482-01
Cover Note Number	
Driver	
Name of Driver	TAN SOON KIAT
NRIC No	SXXXX778C
Date Of Birth	11/02/1993
Occupation	INDOOR
Date Of Driving Pass	04/05/2013
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91556731
Fax Number	

OFFICE-91556731

TANSOONKIATT@GMAIL.COM

Address

23 JALAN SALANG

Postcode

769508

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

SIDE SWIPE

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

NO

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

GBF4684U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

YE KANGWANG

NRIC/Passport Number

SXXXX469B

Contact Number

97578869

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 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 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.

201400472G m

Policyholder's Signature

Date & Time:

1314/25

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person

NRIC/FIN No.:

Marne:



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DECLARATION

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

201400472 Policyholde Date & Time

Driver's Signature

(If driver is not the policyholder)

13/4/2023 11:35 am

Date & Time:

Reporting Centre Personnel's Signature Hors

Name: NRIC/FIN No.:

- Allachment	List
Attachment	Valvaded Sv-Date
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242	NAC, BOALT HEARH, NICKPUL WATERNAL ASSESSMENT CONTRESERVICE S (BLACT MERRAL) ON 13 AU 2020 15:13
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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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107378482-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle

: SGU9814R

Chassis Number

: RN61018763

2. Name of Policyholder

3. Effective Date of Insurance

: FREDLINK CAR RENTAL PTE, LTD.

: 13 Feb 2020

4. Expiry Date of Insurance

: 12 Feb 2021

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

- (b) Any other person who is driving an 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)	: 5\$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

: INSURE LINK PTE LTD (00000614836)

Date of Issue

: 13 Feb 2020 19:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

ACCIDENT STATEMENT

ACCIDENT	DATE: (08 / 04 / 2	OD/MM/Y	YYY), TIME:(2	1 - 40	THH-KAKA).
	CANTONMENT	The second second second	STRAW ROA		Titi ii Pianaii
	AILS OF VEHICLE				
· alv	EHICLE NUMBER:	SEU 9814R		2	
	SURANCE COMPANY	NAME OF THE PARTY			
cIP	OLICY NUMBER:	50727			
		JIM 1 2	-		
estim.	OLICY TYPE: (COMPRE AKE & MODEL: 11DA	ATHER PICTURES			
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21 24/11/27	HER CONDITION: (CI	FAR / PAINING //	OTHERS		
DIRUAL	J SURFACE: (DRY) / W	FT / OTHERS	1		
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7. GIREPU	RTED TO POUCE (YES	/NO) -	*		1
IF YES,	PLEASE STATE WHICH	POLICE STATION:			
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while the property of the	HICLE NUMBER: GBF	40019	_MODEL:		¥1
reluding driver) b) DRI	VER'S NAME: Y	E KANGWANG			
2 THIRD BY	C/FIN/PASSPORT:	826464693	CONTACT:	97578	869
	ICLE NUMBER:			and the state of the state of	
el Den	ER'S NAME:		_MODEL:		7/4
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