

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 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. 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	12/05/2020 09:30
Date Of Accident	10/05/2020 18:10
Exact Location Of Accident	BEDOK MARKET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3286C
Insured/Policyholder	
Name Of Registered Owner	ALPINE CAR RENTAL PTE LTD
Co Reg No	1XXXXX483E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65113023

Vehicle Particulars

Manufacturer	OPEL
Model	CROSSLAND-1.2 (A)
Exact Purpose for which vehicle was being used at time of accident	RENTAL 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	5112296399
Cover Note Number	

Driver

Name of Driver	ABDUL GHANI BIN JANTAN
NRIC No	SXXXX864E
Date Of Birth	25/09/1964
Occupation	INDOOR
Date Of Driving Pass	31/03/2000
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81682043
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	562 CHOA CHU KANG ST 52 #05-192
Postcode	680562
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 - HEAD TO REAR
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 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)	4
Passenger 1	NAME: : DZULKITH GENDER: : FEMALE
Passenger 2	NAME: : QUAID GENDER: : FEMALE
Passenger 3	NAME: : ADAM 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 PLAN ATTACHED AND VIDEO

Attachment(s)

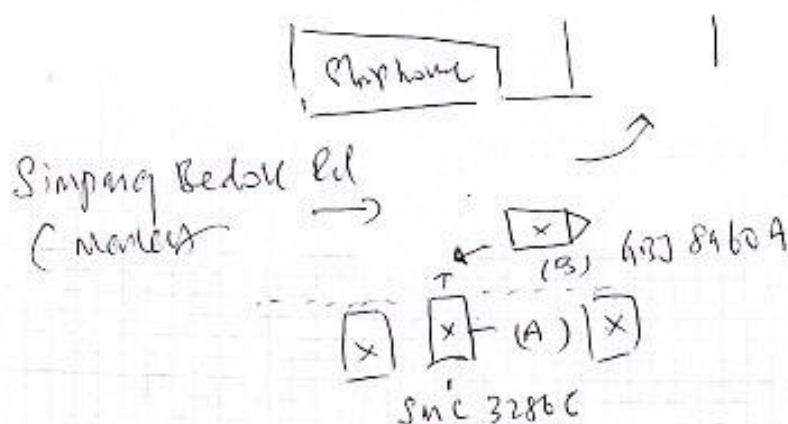
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ8960A
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NAZIR
NRIC/Passport Number	SXXXX298D
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting at Bedok market on Sunday the 10/5/20 and the vehicle (van/car) was reversing towards me and barged into the car. I have honned several times to indicate to him that my car was behind but he continued to reverse his van/car. The driver of the van, Mr. Mohd Nazir Shah Bin Abdul, of IC# S7510298D. His van/car number plate GBJ 8960A. The accident happened at 6:10 pm.

DECLARATION

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

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.:

Sketch Plan #2

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. A false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Roadside 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 lodging 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 (c) 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 Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1980
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1958 (MALAYSIA)

Certificate Number: S112295299-000214

Cover: - (Main PREMISE)

1. Make mark and Registration Number of Vehicle: **SMD3280C**
 Chassis Number: **WB07H5E090169845**
2. Name of Policyholder: **Alpine Finance Ltd (PTE LTD)**
3. Effective Date of Insurance: **01 Sep 2019**
4. Expiry Date of Insurance: **31 Aug 2020**
5. Person or Class(es) of Person(s) 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 license or in 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 disqualification or regulation in that behalf from driving the motor vehicle.

6. Limitations as to Usage:

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hire'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 contained inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 188) and Section 9 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	= S\$1,400
EXCESS (SECTION 2)	= S\$1,400
WINDSCREEN EXCESS	= S\$100
ADDITIONAL EXCESS	= N/A
UNNAMED DRIVER EXCESS	= PLEASE RECH OVERLEAF
REPAIR AT OWNERS PREFERRED WORKSHOP	= YES
INSURE WITH CODE	= 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	= UNITED OVERSEAS BANK LIMITED
SUM INSURED	= MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(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 188) and Part IV of the Road Transport Act, 1987 (Malaysia))

Agency: - ALPINE FINANCIAL PTE. LTD. (00005615434)

Date of Issue: - 01 Sep 2019 22:29 hrs.

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

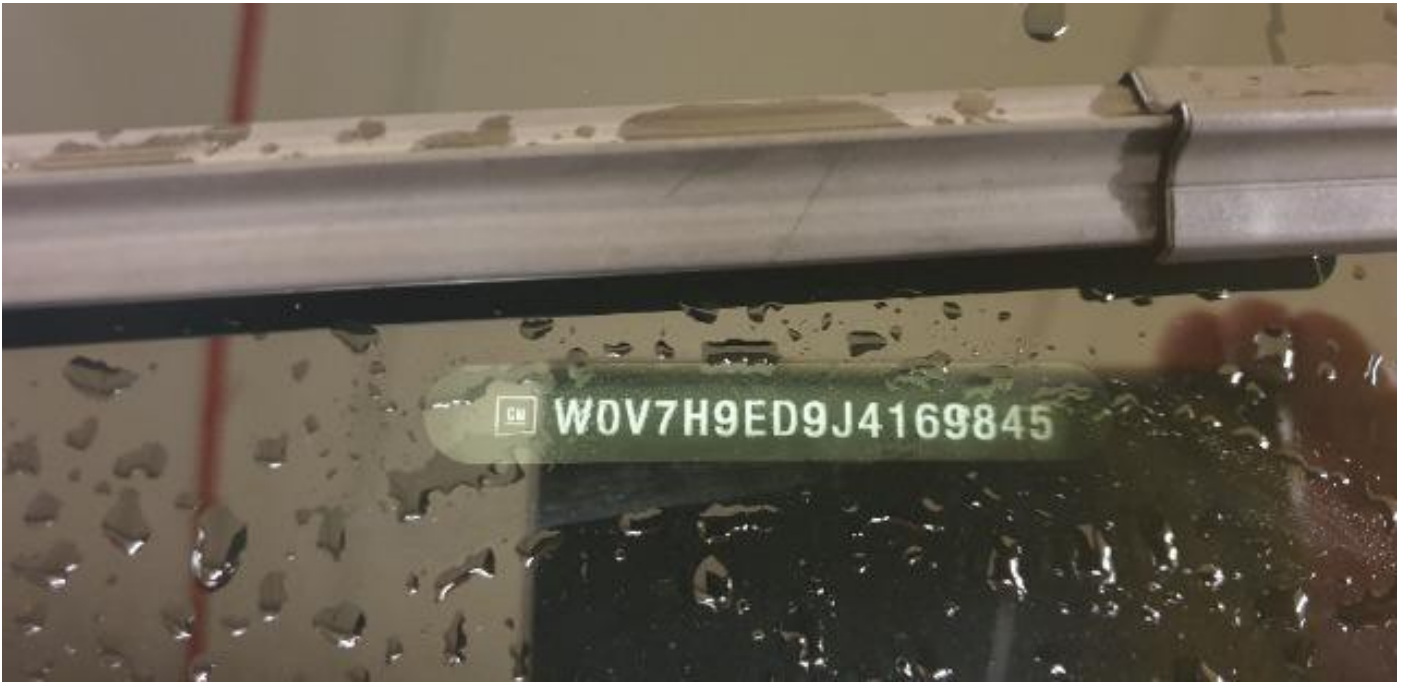
Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

