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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly 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.
- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	01/06/2020 18:14
Date Of Accident	30/05/2020 15:15
Exact Location Of Accident	BUFFALO ROAD AND RACE COURSE ROAD JUNCTION
Country/State of Loss	SINGAPORE
INCLUDE A PROPERTY OF THE PROP	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF5264Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMED ASAN S/O MEERA SAHIB
	SXXXX233J
Email Address	MSSULAIMAN88@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-83456383
Alternative Phone No	OTHERS-B3456383
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	GOING MARKET
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	PRIVATE CAR
Insurance Company	Committee of the commit
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098520181-01
Cover Note Number	
Driver	
Name of Driver	MUHAMED ASAN S/O MEERA SAHIB

Driver	
Name of Driver	MUHAMED ASAN S/O MEERA SAHIB
NRIC No	SXXXX233J
Date Of Birth	26/06/1939
Occupation	INDOOR
Date Of Driving Pass	02/09/1961
Driving Experience	58 YEARS AND 8 MONTHS
Gender	MALE
	# CCALL CE 024E6393

(LOCAL) +65-83456383 Mobile Number

Fax Number OTHERS-83456383 Contact Number

MSSULAIMAN88@HOTMAIL.COM EMail Address

Address

BLK 15 TELOK BLANGAH CRESCENT

#02-236

Postcode

090015

1 0010000

SHAND DEVILE

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

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?

ostacan

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

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

SJB7005G

Vehicle Make/Model/Colour

TOYOTA VIOS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

VISHNU VEERAN

NRIC/Passport Number

SXXXX336Z

Contact Number

84992800

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.
- 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 t
 - (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 Signature Date & Time:

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

Date & Time:

Seporting Centre Name

NRIC/FIN No.:

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along buffalo Rd To wards Race Course Rd, As I approach the junction there were long que of Taxi on my light and left, when I slowly move out towards race course Road the car STY Toos. Suddenly was infront, and I knocked onto it.	on 30-05-2020 at 1515 hts, I was driving
TAXI on my right and left, when I slowly move out towards race course road the car SJY 7005. Suddenly was infront, and I knocked onto it.	
TAXI on my right and left, when I slowly move out towards race course road the car SJY 7005. Suddenly was infront, and I knocked onto it.	I approach the Junction there were long que of
out towards race course road the car SJY 7005. Suddenly was infront, and I knocked onto it.	Taxi on my right and left, when I slowly move
suddenly was infront, and I knocked onto it.	

DECLARATION

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

Policyholder's Signature
Date & Time: 0 0 200

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

Reporting Centre Personnel's Signatule

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDEN	NT DATE: 30,05, 5000	(DD/MM/YYYY), TIME:(15/5 (HH:MM)	1
	N: BUFFALO R'd 0			
• d 6 d)	POLICY TYPE: (COMPREHENS)	NCOME 8520181-0 SIVE/THIRD PARTY/THIR		
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A)(d	NAME: MULAMED AS NRIC/FIN/PASSPORT: 503 ADDRESS: BLK 15 - 0	77233J CONT 2-236, TELOK	MALE FEMALES ACT: 2345638 Brangah	3
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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: 5098520181-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJF5264Y

Chassis Number

: KMHDU41BR8U510778

2. Name of Policyholder

3. Effective Date of Insurance

: MUHAMED ASAN S/O MEERA SAHIB

: 31 May 2020

4. Expiry Date of Insurance

: 30 May 2021

5. Persons or Classes of Persons entitled to drived

(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 business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) 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) : 5\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A

LINNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE THIND EXCESS WAIVER. TIMO

PRIMARY DRIVER : MUHAMED ASAN S/O MEERASHIB

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY t N/A

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

: DQ INSURE (00000572952)

Date of Issue

: 08 Apr 2020 15:23 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive