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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.
- 3. Information provided must be as <u>truthful and accurate</u> 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.
- 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.

MANAGEMENT AND	ACCIDENT STATEMENT
Date Of Report	25/06/2020 14:45
Date Of Accident	19/06/2020 08:00
Exact Location Of Accident	PIE TWDS BKE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME2421A
Insured/Policyholder	
Name Of Registered Owner	SHL MOTOR PTE. LTD.
Co Reg No	2XXXXX814M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62826184
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109792828-01
Cover Note Number	
Driver	
Name of Driver	MOHAMED SULAIMAN BIN ERMAN
NRIC No	SXXXX320F
Date Of Birth	01/12/1962
Occupation	OUTDOOR
Date Of Driving Pass	17/11/1982
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94485285
Fax Number	

NOEMAIL

Address BLK 235 BUKIT PANJANG RING RD #08-31

Postcode 670235

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 COLLIDED INTO PROPERTY

Weather Conditions DRIZZLING
Road Surface WET

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?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20200619/2065

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 DIVIDER

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category GOVERNMENT

Name of Driver

NRIC/Passport Number

Contact Number

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

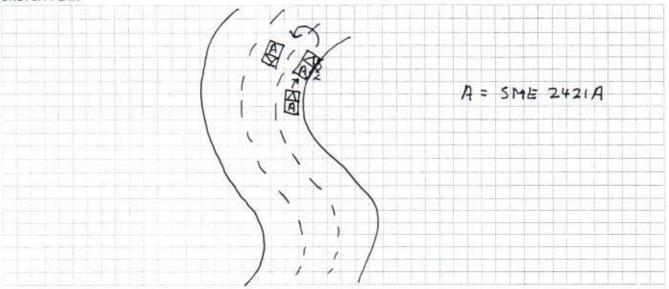
I understand, acknowledge, agree and consent that:

- (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:
  - 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

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:

NRIC/FIN No.:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	40	Police	Report	7120200619/2065
				ć.

DECLARATION

I/We decay 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.:

# ACCIDENT STATEMENT

roc	CATION: PIE + HWOS BKE	
	1. DETAILS OF VEHICLE	× ×
	a) VEHICLE NUMBER: SME 24	121 A
	b)INSURANCE COMPANY: INC	
	c)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE &THEFT)
	e) MAKE & MODEL: Hond a Stre	eaun
	f)TYPE:(SALOON / COUPE / MPV /V AN / L	
	g) VEHICLE CATEGORY: (PRIVATE / COMM	
	h) PURPOSE OF USING AT ACCIDENT TIME:	Grab
	I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	1 / REPORTING ONLY)
2	. INSURED / POLICY HOLDER	
	A)NAME: SHL motor Pte	
	b)NRIC/FIN/PASSPORT:	CONTACT: 62826180
	cJADDRESS:	
	* CONTINUE TO A JEST DENIED LINE DOLLAR	
110 of 3	* CONTINUE TO 3.d IF DRIVER ALSO POLICE DRIVER	
No of passenges	DRIVER	Erm an.
Including driver	b) NRIC/FIN/PASSPORT:	
(2)	c)ADDRESS:	CONTACT: 94485285
1	C/ADDINESS.	
	. *d) DATE OF BIRTH: (/	DD/MM/YYYYI :
17	e/OCCUPATION: (INDOOR / OUTDOOR)	55////////
	f) YEARS OF DRIVING EXPRERIENCE:	<u> </u>
4.	WAS DRIVER AN EMPLOYEE OF THE INS	
	IF NO, RELATIONSHIP OF THE DRIVER \	
5.	a) WEATHER CONDITION: (CLEAR / RAINING	G/OTHERS drizzling
	b)ROAD SURFACE: (DRY / WET / OTHERS	
	WAS ANYBODY INJURED (YES / NO)	9
7.	a) REPORTED TO POLICE (YES / NO)	C102 (200) (200)
9	IF YES, PLEASE STATE WHICH POLICE STATE	ON: Bukit Paniang M
8.	THIRD PARTY VEHICLE	
o of passenger	a) VEHICLE NUMBER: Divider.	MODEL:
"ducting driver)	b) DRIVER'S NAME:	
	c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	CONTACT:
( )	THIRD PARTY VEHICLE	
		19 (18 (18 (18 (18 (18 (18 (18 (18 (18 (18
lo el passanger	d) VEHICLE NUMBER:	MODEL:
lo el passanger	d) VEHICLE NUMBER:	F 14
lo el passanger	d) VEHICLE NUMBER:	MODEL:

email =

Pax =

VIDEO - NO.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 1 of 3 Report No. T/20200619/2065

# REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 19/06/2020 17:22		Vide Report No.:	Station Diary No.: 59	
Informa	nt's Partic	ulars			
	Informant: ED SULAII	MAN BIN ERMAN	Address: APT BLK 235 BUKIT PAN	JANG RING ROAD #08-31	
ID Type / ID No.: NRIC NO / S1534320F			SINGAPORE 670235  Contact No.:  Home/Office: Mobile: 94485285		
National SINGAP	ity: ORE CITIZ	ĽEN	Email:		
Sex: Male	Age: 57	Date of Birth: 01/12/1962	Type of Informant:		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Private Hire Driver			Driving Licence Information Class: 2B,3	Date of Expiry:	

Type of Accident:	Non-Injury Government Prope	Drink Drive No	Accident		Type of Location Bend	
PAN ISLAND	Traveling Toward Road EXPRESSWAY EXPRESSWAY	12				
Weather:		Road Surface Wet	e:	Ros	Road Speed Limit:	
Traffic Flow:		Traffic Contro	Traffic Control:		Traffic Volume:	
Type of Collis	ion:	New York		Any	one conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SME2421A	Car	HONDA	STREAM 1.8L A	Blue	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:
Bukit Panjang N.P.C

1 Segar Road #01.05 SINGARORE

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

2 of 3 Report No. T/20200619/2065

Driver						
Name	MOHAMED SULAIMAN BIN ERMAN		ID No		S1534320F	
Related Vehicle	SME2421A (Car)		Contact No.		94485285	
Hospital/Clinic	NIL			Class Drivin Licend Expire	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL Date Dis		Date Dis	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

# Brief Details.

On 19th June 2020, at about 0800hrs, I was driving my passenger along PIE towards BKE direction. While negotiating the left bend heading towards BKE, while on the extreme right lane, my vehicle suddenly skidded and spun around. Thereafter, I drove off to continue my journey. The vehicle grazed the railing and caused minor damages to my vehicle, The front right side on the vehicles suffers minor damage. I am not sure if there is any damages to the railing.





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 3 of 3 Report No. T/20200619/2065

CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sr Staff Sgt MOHAMMAD SUFIAN BIN WAHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/06/2020 17:22
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No. 65476436	Classification Of Case:
Authentication Stamp	



#### 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: 5109792828-01-000030

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

: SME2421A : JHMRN68408S204631

: 23 May 2020

: 22 May 2021

: SHL MOTOR PTE. LTD.

Cover : Third Party

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.

N/A EXCESS (SECTION 1) : \$\$1,500 EXCESS (SECTION 2) - N/A ADDITIONAL EXCESS UNNAMED DRIVER EXCESS : N/A - NO REPAIR AT OWNER'S PREFERRED WORKSHOP : N/A INSURE WITH COF : NO NCD PROTECTION : N/A PRIMARY DRIVER : N/A NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A SUM INSURED

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

: ONE STOP INSURANCE AGENCY (00000571115)

Date of Issue

: 18 May 2020 13:55 hrs

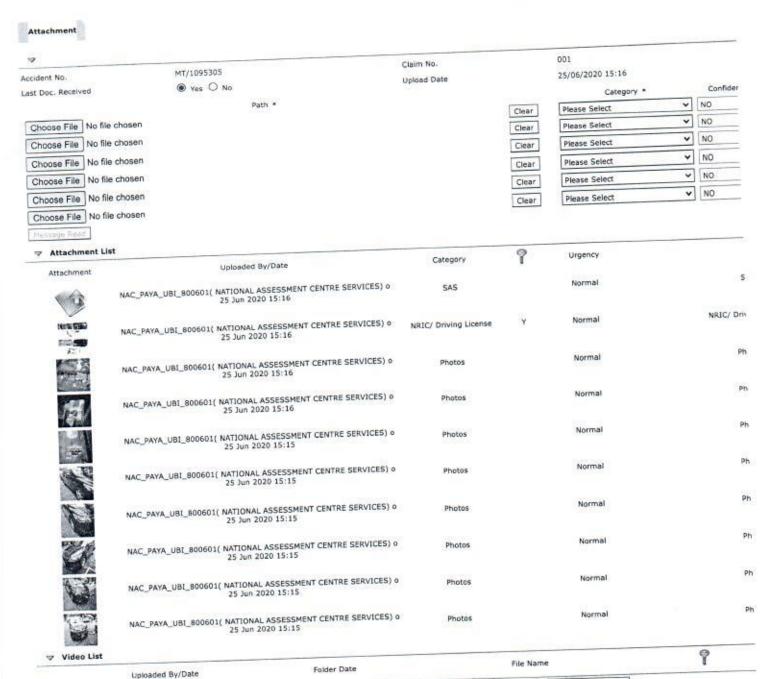
For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

# Claim Handling

ccident MT/1095305				
Policy No.	5109792828-01	Vehicle No.	SME2421A	GST Registration
Certificate No.	5109792828-01-000030			
Policyholder Name	SHL MOTOR PTE. LTD.			Policyholder NI
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	62826184	Contact No.(Office)		Contact No.(He
Email Address		Special Remark		eCode
KFK	■ No Yes	TCA	No Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire
Accident Details				
Report Date	25/06/2020 15:12	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	19/06/2020	Time of Accident hh:mm	08:00	Country of Acc
Reporting Centre		Orange Force		ICM No.
Accident Location	PIE TWDS BKE			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,50	00.00
VIED OD Excess	0.00	YIED TP Excess		0.00 Driver is Cover
Additional Excess	0			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,50	00.00
▼ Benefits				
	ion			
GST Registered	No		GST Registration (	Date
GST Registration No.			GST Status Verifie	ed Yes
Modification History				
Policyholder Mailing Add	ress			
Address 1	51 UBI AVENUE 1	Address 2	#01-09 PAYA UBI INDUST	RIAL Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	01-09	Related Policy Number	5109793423-01	
♥ OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	\$250,000 \$20.
Unnamed driver Name	MOHAMED SULAIMAN BIN ERM.	Driver NRIC	SXXXX320F	Driver DOB
Register Date of Driver License	17/11/1982	Driver Age	57	Driving Experi
Contact No.(Mobile)	94485285	Contact No.(Office)		
Address 1	BLK 235 #08-31	Address 2	BUKIT PANJANG RING RO	Post Code
Address 4		Address Type	Singapore address	7031 0000
Unit No.	08-31			B 4000 F-1 1000
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes Mo	
Modification History				
Claim 001 New				
			lon.	-MX Insured SI
Claim Type *				Name Contact
Contact No.(Mobile)				No. (Home)
			_	01
				Vehicle S
Email Address				Number
Email Address  Claim Description			SM	Number E2421A / DIVIDER ON 19 Jun 2020
	Lineared Liability		SM	968000
Claim Description  Preferred Workshop Gontlet No.   Vac	Preservo	nily at Fault GIA		E2421A / DIVIDER ON 19 Jun 2020
Claim Description  Preferred Workshop Gontiet No. Finalisation  Yes	Preference Preference	CIA	ed 🔻	E2421A / DIVIDER ON 19 Jun 2020  Claim Close Close
Claim Description  Preferred Workshop Contest No. Finalisation Date Registered	Prefereed  Repair  Preferred Worksh	GIA Pengin	ed 🔻	E2421A / DIVIDER ON 19 Jun 2020  Claim Close Date
Claim Description  Preferred Workshop Gontiet No. Finalisation  Yes	Prefereed  Repair  Preferred Worksh	GIA Pengin	ed 🔻	E2421A / DIVIDER ON 19 Jun 2020  Claim Close Close

Save Submit



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