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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.

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 aforesaid.

The latest the second second second second	ACCIDENT STATEMENT
Date Of Report	17/07/2020 14:18
	17/07/2020 09:45
Exact Location Of Accident	ALONG GEYLANG ROAD
Country/State of Loss	SINGAPORE
DI CONTROLLO DE CONTROL DE CONTRO	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV8697C
Insured/Policyholder	
Name Of Registered Owner	CLD CONSTRUCTION PTE LTD
Co Reg No	2XXXX639W
Email Address	RUSSEL@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-92704471
Alternative Phone No	OFFICE-92704471
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087845800-03
Cover Note Number	
Driver	

RUSSEL@LIVE.COM.SG

Driver	
Name of Driver	RAHMAN SAIFUR
Passport No/FIN	GXXXX106Q
Date Of Birth	01/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2016
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92704471

Fax Number

EMail Address

OTHERS-92704471 Contact Number

Address

31 WOODLANDS CLOSE #05-12 WOODLANDS HORIZON

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

Was any body injured in the Accident?

NO

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) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

GBH5540J

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

RAJAN THANKARAJ

NRIC/Passport Number

GXXXX141M

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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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 <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>.
- 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.
- 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date & Time:

Policyholder

SKETCH PLAN	Avong	anylong	Rena		
		1	PARKING		
		1	100		
		[P]			
A) STY8697C			3		
B) GBH S540.	5	I P			
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDE	ENT			
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DECLARATION					
I/We declare the foregoing p	articulars are true in	every respect.			î .
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Political September 1	Driver's 5			porting Centre Personnel	's Signature
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× 0/	Date & II	me.	NA	MATIN NO.	(NO.1)

ACCIDENT STATEMENT

ACC	IDENT DATE: 17,07,20	120) (DD/MM/YYY), TIME:(9	· 45am (HH:MM)
LOC	ATION: Geylang	Road	Si Complete Silver
3	DETAILS OF VEHICLE DIVEHICLE NUMBER: DINSURANCE COMPANY: CIPOLICY NUMBER:	SJV 8697C	
	D) MAKE & MODEL: 1) TYPE: (SALOON / COUPE / 9) VEHICLE CATEGORY: (PRI 1) ARE YOU CLAIMING UNDE	MPV / VAN / LORRY / MOTORO VATE / COMMEDICIAL / MOTOR CCIDENT TIME: WOLK (18) R YOUR OWN :: ISURANCE (YES	CYCLE / OTHERS) CYCLE)
2.	A)NAME: CLD CON b)NRIC/FIN/PASSPORT: c)ADDRESS: 31 woods	ST RUCTION PTE LING CONTACTOR AND STRUCTURE CONTACTOR AND STRUCTURE HOS-) IALE / FEMALE) I: 97 20 K V 21
HNO of passangar (Including driver) ()	CONTINUE TO 3.d IF DRIVE DRIVER GINAME: SALFUR bINRIC/FIN/PASSPORT: CIADDRESS: 31 WOOD	R ALSO POLICY HOLDER	
	FIDER OF DRIVING PASS WAS DRIVER AN EMPLOYE IF NO, RELATIONSHIP OF	E OF THE INSURED'S COMPARED:	NY? (YE\$ 7'NO)
6. 7.	DIROAD SURFACE: DR / WI WAS ANYBODY INJURED (YES U)REPORTED TO POLICE (YES IF YES, PLEASE STATE WHICH	EAR / RAINING / OTHERS ET / OTHERS (NO)	
the of passanger ()	third party vehicle a) Vehicle number: b) Driver's Name: c) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE	G TOSIYIM CONTACT	YOTA PYNA
the of passenger Including driver)	d) VEHICLE NUMBER:	MODEL:CONTACT:	

email = Russel@live coon.sg. VIDEO ahkoonmoton1960pl@hotmail.com



Certificate of Insurance

MOTOR VEHICLES (THED PARTY RISKS AND COMPENSATION)	ACT (CHAPTER 180)
WIGHOR VEHICLES (THERD PARTY RISKS AND COMPENSATION)	RUIES 1060
ROAD TRANSPORT ACT, 1987 (MALAYSIA)	NOEES, 1960
MOTOR VEHICLES (THIPD DARTY DIGUE) BULLET	

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5087845800-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SJV8697C

Chassis Number

: JHMFD362085213525

2. Name of Policyholder

: CLD CONSTRUCTION PTE LTD

Effective Date of Insurance

: 11 Feb 2018

4. Expiry Date of Insurance

: 10 Feb 2019

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 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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : 5\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER

NAMED DRIVER (1)

: DINO MARK MOHAN

NAMED DRIVER (2)

: N/A : N/A

HIRE PURCHASE COMPANY

TOKYO CENTURY LEASING (S) PTE LTD

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

AY ALLIANCE FINANCIAL ADVISERS PTE LTD (00000581200)

Date of Issue

: 07 Feb 2018 10:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive