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## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 18/07/2020 17:17

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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.

- 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.

storesaid.	
	ACCIDENT STATEMENT
Date Of Report	18/07/2020 16:57
Date Of Accident	11/07/2020 19:30
Exact Location Of Accident	IN FRONT OF WHITESANDS MALL OPPOSITE PASIR RIS MRT
Country/State of Loss	SINGAPORE
DI DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA9647C
Insured/Policyholder	
Name Of Registered Owner	SABIRIN BIN MARLIAN
NRIC No	SXXXX609F
Email Address	E1SYAZWANI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98575569
Alternative Phone No	OTHERS-82004294
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	PICKING UP FAMILY MEMBERS
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	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078608120-04
Cover Note Number	
Driver	
Name of Driver	SITI SYAZWANI BINTE SABIRIN
NRIC No	SXXXX612Z
Date Of Birth	18/01/1986
Occupation	INDOOR
Date Of Driving Pass	11/05/2007
Driving Experience	13 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98575569

OTHERS-82004294

E1SYAZWANI@GMAIL.COM

Address

BLK 254 TAMPINES STREET 21

#03-474

Postcode

521254

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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)

2

involved in the accident

NO

Was any body injured in the Accident?

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)

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?

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMG6752A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

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.
- 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.

Policyholder's Signature

Date & Time:

Driver's Signature

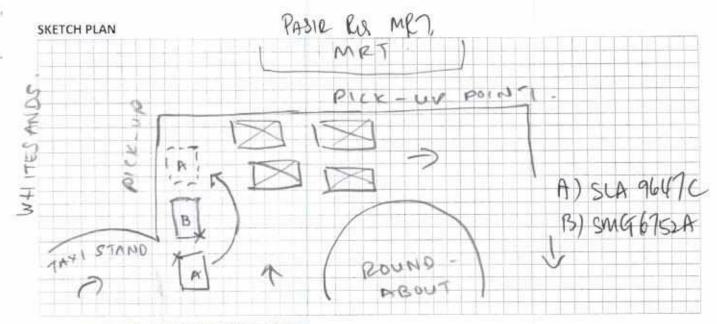
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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				DINTO HIS	
BA	CK RIGHT	BUMPER	(BX)		
_					

### 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:

NEIF/EIN No -

# ACCIDENT STATEMENT

ACC	DENT DA	ATE: 11 / 07	1 20 10	D/MM/	YYYY), TIM	E: 19:	30 )(HH	(MM:	177
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	ajveH	ICLE NUMBER:_	SLA 9	647	C				
	b)INSL	RANCE COMP.	ANY: A	Tuc	INCOV	NE			114
			507						
	d)POL	ICY TYPE: (COM	PREHENSIVE	/ THIRD	PARTY / T	HIRD PARTY	FIRE &TH	EFT)	
		E & MODEL:					V-102-0-0011	INCOME!	
	f) TYPE:	(SALOON / CO	UPE / MPV /	AN/ LO	DRRY / MC	DTORCYCLE	OTHER	.5]	
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Inducting alriver	b) DRIV	/ER'S NAME;	0.						
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1 KAKI BUKIT AVE 6 #02-06 AUTOBAY@KAKI BUKIT SINGAPORE 417883 TEL: 67477636, 67473005 FAX: 67485071 Email: kangcar@singnet.com.sg Co. Reg. No. 201300201N GST Reg. No. 201300201N

Our ref : KCR0720209647NTUC

16 July 2020

MR SABIRIN BIN MARLIAN 1 ELIAS GREEN #08-03 SINGAPORE 519959

Dear Sir/Madam,

Accident Involving SMG6752A and SLA9647C on 11.07.2020 along Whitesands Pasir Ris.

We refer to the above accident and repair for the owner of motor vehicle SMG6752A.

As a result of the above accident, which was caused by your negligent driving and /or management of your motor vehicle SLA9647C, owned by you at the material time. Our client's said motor-vehicle, SMG6752A was damaged.

Please note that all accidents should be reported to the insurance companies within 24 hours or by the next working day.

If you have not reported the accident to your insurance company, please do so immediately.

Yours faithfully, Kang Car Repairers Pte Ltd

Authorized Signature

Accident MT/1097055								
billing No.								
CirtoReate No.	SCHOOL SEC.	with the Ten		0.0000000000000000000000000000000000000		GSTA	squittration No.	
Policyholder Name	SABIRIN BIN MARLIAN							
Product Code	PORTE SHE MOSSING	Provide Time				Policyn	order NRIC	10.41
Contact No.(Mobile)	NA.	Cover Type	2.5	threat CLASSIC		Loadin	9	
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Attachment L	List					
Attachment	Upit	wded By/Clate	Cetegory	7	Urgenicy	Description
18	NAC_RAVA_URI_800001( NAC)12	INAL ASSESSMENT CENTRE SERVICES) u u 2020 17:21	Protos		Normal	Printer 2020-7-18
39	NAC_PAYA_UB1_800601( MATTC 18.)	MAI, ASSESSMENT CENTRE SERVICES; a a 2020 17:21	Photos		Normal	Photos 2020-7-18
44	NAC_FWYA_UBI_BGOGGI( NWT);	NAL ASSESSMENT CENTRE SERVICES) a a 2008 17:21	Photos		Normal	Photos: 2020-7-10
C	NAC_PAYA_UBI_BOOKIII( NATIO 18 J	NAL ASSESSMENT CENTRE SERVICES) o d 2020 17: 21	Photos		Normal	Photos 2026-7-38
	NAC PAYA URI BROKEN NATION IN IN	NAL ASSESSMENT CENTRE SERVICES) = 1 2028 17:21	Photos		Normal	Protos 2020-7-18
	PAYA_UBI_800801( PATIC 18-34	NAL ASSESSMENT CEATRE SERVICES) II 1 2020-17-21	Photos		Normal	Photos 2020-7-18
4	NAC_PAKA_UBC_800601( NATIO 18 Ju	NAL ASSESSMENT CENTRE SERVICES) D 1 2020 17:21	Phone		Normal	Phonos-2020-7-10
13	NAC_PAYA_URI_BOOKET( NATIO LE 30	NAL ASSESSMENT CENTRE SERVICES) o 1 2070 17 21	Posts		Normal	Phuluy 2020-7-68
	WAC RAYA JUBI #000037 NATIO UR JU	IAL ASSESSMENT CENTRE SERVICES) e 2020 17:20	Protes		Normal	Photos 2520-7-18
9	NAC_PAYA_UBJ_BOOKEI( NATION LH Ju	NAL ASSESSMENT CENTRE SERVICES   a 2020 17:20	Profile		Normal	Photos 2020-7-58
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10	NAC_PAYA_UBI_RODGE1( NATION 15 Jul	AL ASSESSMENT CENTRE SERVICES) p 2020: 17:20	SAS		Normal	SAS 2020-7-18
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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: 5078608120-04

Cover : drivo CLASSIC

Index mark and Registration Number of Vehicle

: 5LA9647C

Chassis Number 2. Name of Policyholder

: RUI-1110992

: SABIRIN BIN MARLIAN

3. Effective Date of Insurance

: 23 Mar 2020

4. Expiry Date of Insurance

: 22 Mar 2021

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

: PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : SABIRIN BIN MARLIAN NAMED DRIVER (1) : SITI SYAZWANI BINTE SABIRIN NAMED DRIVER (2) : IWAN KASWANI BIN SURANI

HIRE PURCHASE COMPANY

: 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

: MUSTAPHA MOHD YUSOF (00000518864)

Date of Issue

: 16 Mar 2020 15:34 hrs

Reprint

: 16 Mar 2020 15:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive