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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 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.

	ACCIDENT STATEMENT
Date Of Report	22/07/2020 17:04
Date Of Accident	21/07/2020 22:40
Exact Location Of Accident	TURN LEFT FROM TANJONG PAGAR TOWARDS NEIL ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK4580D
Insured/Policyholder	
Name Of Registered Owner	A MANOJ KUMAR
NRIC No	SXXXX425Z
Email Address	MANOJKUMAR_94@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90284729
Alternative Phone No	OTHERS-90284729
Vehicle Particulars	
Manufacturer	BMW
Model	3201
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109052445
Cover Note Number	
Driver	
Name of Driver	A MANOJ KUMAR
NRIC No	SXXXX425Z
Date Of Birth	01/01/1994
Occupation	INDOOR
Date Of Driving Pass	14/11/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90284729
Fax Number	

OTHERS-90284729

MANOJKUMAR_94@HOTMAIL.COM

BLK 684A JURONG WEST STREET 64 Address

#12-101

Postcode 641684

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 - 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 NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: ROSHINI ASOKAN

GENDER:

: FEMALE

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 AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons;

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB8005D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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

- 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.
- 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.
- 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.
- 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:
 - (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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatu

NRIC/FIN No.:

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A= 5mt4580D B= 5HB8005D

Turning left from Tonjong Pagar Road to Neil Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

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.:

On 21.07.20 at about 22:40 hours, while I was turning left from Tanjong Pagar Road to Neil Road. I slow down and stop for the pedestrians to cross. Suddenly, I heard a loud bang from behind. When I alighted and realized it was vehicle (B) who hit my rear portion of my vehicle (A). I wish to state that I have one passenger inside the vehicle.

Vehicle (A): SMK 4580D MAN

Vehicle (B): SHB 8005D

Jul 2010 2000

Date of Accident	: 21/07/20 Accident Time: 22-40 (24-HR-Format)
Accident Place	Turning left from Tanjong Pager Road to
Vehicle, No. (Car Plate No.)	: SMK4580) Make/Model: BMW 320; Neil Rove
Insurace Company	NTUC Policy No: 5109052445
Owner or Company Name /IC No.	: A Manoj Kumer (594004252)
Owner or Company Contact No.	9028 4729 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: A Manoj Kumar (SS+CO425Z)
DRIVER'S Date Of Birth	01 01 1994 DRIVER'S License Pass Date 14/11 2012
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Owl
DRIVER'S Address	: BIK EBY A Durony West Street 64, # 12-101
DRIVER'S Contact No./ Alt No.	:1) 5(6+168+) 2) 9028 4729
DRIVER'S Occupation	(INDOOR LOUTDOOR (e.g. working inside or outside office)
Email Address	: Manoj Kumar _94@hotmail.com
Weather & Road Surface	CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party\ Claim Own Insurance
Number of Passengers (Including Dr	
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state): —N	being used at the time of accident. Private use Wash assessed
Other Pa	arty Driver's Particular (if any)
Vehicle, No: 548 8005	D
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact;
* NEW - Passenger's name & Posse-yer = Ashim	11

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Photos 2020-7-22

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NAC_BURIT_HERAH_BODDIG NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 22 Jul 2020 17:28	Photos		Normal	Photos 2022-7-22
NAC_BUAIT_HERAH_BIDGPHI NATIONAL ASSESSMENT CENTRE SERVICE S (BIRGT MERAH)) on 22 Jul 2020 17:28	NRIC/ briving Lauries	Ÿ	Normal	NR3C/ Driving License 2020-7-22
NAC_BURIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 22 Jul 2020 17:28	MKIC/ Driving License	¥	Normal	NRSS/ Driving (Jeanne 2020-7-22
NAC_BLACT_HERAM_RIDGON NATIONAL ASSESSMENT CENTRE SERVICE S (BUNT MERAM)) on 22 Jul 2020 17:28	SAS		Processor	545 2025-7-22

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Source



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: 5109052445

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMK4580D

Chassis Number

: WBAPG56000NM25958

2. Name of Policyholder

± A MANOJ KUMAR

3. Effective Date of Insurance

: 24 Apr 2019

4. Expiry Date of Insurance

: 28 Nov 2020

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) : 55600 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 : A MANOJ KUMAR

NAMED DRIVER (1) : N/A NAMED DRIVER (2) : N/A 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)

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 24 Apr 2019 10:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

GENERAL INSURANCE

RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 - 17:00 UEN: SGSS50020G / GST Reg. No.: N400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

			ADDEN	IDUM			
4)	PARTICULARSOF	PERSON MAKINGT	HEAMENDME	NTS:			
		MNA42006		Vehicle Registr	ration No:	MK 4K80D	1
	Name(as shownin NRI	OF MAMOS K	cumbe	NRIC/EINI/Dage	part No :	SXXX Yet	-7
	(*Vehicle Driver/\	/ehicleOwner) (*)	Please delete as	appropriate			16_
	Address	-				Floorway	
	Contact (Tel)			Mobile No.:_	90284	Singapore(
	Email Address	1					
	Date of Accident	- 20/20/20		Time of Accide	nt:	22:46	
	Place of Accident	: TURN LAFT	Florn 7G	POGROR TOWOR	POS NAM	L Romo	
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E	Policyholder / Driver Pate:	's Signature		Name: NRIC/FINNO.:	ntre Pergoni	mel's Signature	

Date: