Interview (\$

Tech. Invs (3)

Western B

Report Formst:

Long Sum / LE.E. ca

Photos

Others

707/4.

SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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.

	ACCIDENT STATEMENT	
Date Of Report	05/08/2020 13:07	
Date Of Accident	05/08/2020 08:30	
Exact Location Of Accident	10 FISHERY PORT ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

DETAILS OF OWN VEHICL

Vehicle Registration Number SMR8098S

Insured/Policyholder

Name Of Registered Owner ALPINE CAR RENTAL PTE LTD

Co Reg No 1XXXXX483E
Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-65113023

Vehicle Particulars

Manufacturer BMW

Model 216D-1.5 D GRAN TOURER (A)

Exact Purpose for which vehicle was being used at

time of accident

GRAB 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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5112296399

Cover Note Number

Driver

Name of Driver

NRIC No

SXXXX079F

Date Of Birth

Occupation

OutDoor

Date Of Driving Pass

LIM CHENG HUI

SXXXX079F

OUTDOR

09/11/1990

Driving Experience 29 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91154110

Fax Number

Contact Number

EMail Address NOEMAIL

Address

844 WOODLAND AVE 4 #10-600

Postcode

730844

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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 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)

3

Passenger 1

NAME: : GRAB PASSENGER 1

: FEMALE

Passenger 2

GENDER: NAME:

: GRAB PASSENGER 2

GENDER: : MALE

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

REFER TO REPORT ATTACHED - I STOP TO DROP PASSENGER , HE REVERSE AND HIT ME

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

YP103G

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Vehicle Category

GOODS VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

INPORTANT 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
- 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 of 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)

Lunderstand, 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 :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (if) 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.
- (c) 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:

Reporting Centre Personnel's Signature Name

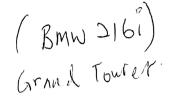
NRIC/FIN No.

:	Fishery Port Rd: SMR 80985)
ESCRIBE C	CIRCUMSTANCES OF THE ACCIDENT
F	MAS travelling along Pisheng Port Rd. AT NO 10 Fisheng Port Rd I drop the paragers, AT that poin of time care (3) VAN NP 10364, Reverseont from the factory I have at him continually, but he just eastere & hist onto my font Left had side, my vehile smr For damage on their bornet & feeds. We exchange Part & I am filling claim against his intermed.
CURATION OF THE PROPERTY OF TH	

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature Name: MRIC/FIN No





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 (MAIAYSIA)

Certificate Number: 5112296399-000380

: SMR8098S

1. Index mark and Registration Number of Vehicle

. MEACHIO

Chassis Number

: WBA6V120105P77446 : ALPINE CAR RENTAL PTE LTD

Cover: drivo PREMIUM

Name of Policyholder
 Effective Date of Insurance

: ALPINE CAR RL

4 Expiry Date of Insurance

: 21 Jan 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 or Hirer's business.

This Policy does not cover

EVCESS (SECTION 1)

- (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.

EXCESS (SECTION 1)	: S\$1,400
EXCESS (SECTION 2)	: \$\$1,400
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK 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

: ALPINE FINANCIAL PTE. LTD. (00000615424)

Date of Issue

: 01 Sep 2019 22:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 09 Nov 1990

REPUBLIC OF SINGAPORE DRIVING LICENCE

IM CHENG HUI

Sith Date: 31 Aug 1970 Sease Date: 12 Mar 2003

NP 428A

Blood Group Date of essue 0+ 09-06-1992 NAICN S7030079F 0375237

ART BLK 844 WOODJANDS AVENUE 4 #10 - 600 SINGAPORE 730844 NITIC NO: \$7030079F Date: 03-05-2

Date: 03-05-2000 No: 3724383



