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Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:			
TP Particulars: Veh No: 50	N43134	INC(-	
Owner / Driver: (Tel:				
	Period: ()	Cover Type: (·		
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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 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.
- 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.

Selection of the Control of the Cont	ACCIDENT STATEMENT		
Date Of Report	21/08/2020 11:57		
Date Of Accident	19/08/2020 18:40		
Exact Location Of Accident	JLN BANAGIA		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKJ9622M		
Insured/Policyholder			
Name Of Registered Owner	SUFFIAN BIN ABDUL RAHMAN		
NRIC No	SXXXX715E		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96733297		
Alternative Phone No	OFFICE-96733297		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	CAMRY 2.0 AUTO ABS AIRBAG		
Exact Purpose for which vehicle was being used time of accident	PRIVATE USE		
Are you claiming under your own insurance policy for repair to your vehicle?	NO 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	5103797641-01		
Cover Note Number			
Driver			
Name of Driver	SUFFIAN BIN ABDUL RAHMAN		
NRIC No	SXXXX715E		
Date Of Birth	14/02/1962		
Occupation	INDOOR		
Date Of Driving Pass	13/11/1999		
Driving Experience	20 YEARS AND 9 MONTHS		
Gender	MALE		
Mobile Number	(LOCAL) +65-96733297		
Fax Number			
Contact Number	OFFICE-96733297		
EMail Address	NOEMAIL		

BLK 314 UBI AVENUE 1 Address #02-425 Postcode 400314 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 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 Was any body injured in the Accident? 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) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 5 Passenger 1 NAME: GENDER: : FEMALE Passenger 2 NAME: GENDER: : FEMALE Passenger 3 NAME: GENDER: : MALE Passenger 4 NAME: . . 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 STATEMENT. 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**

SLN4313H

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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 <u>truthful</u> and <u>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.
- 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)

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:
 - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

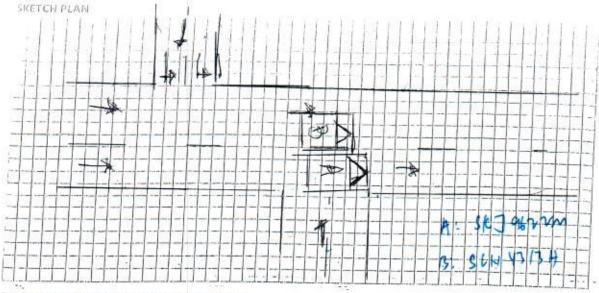
Reporting Centre Personnel's

ignature

Name:

NRIC/FIN No.:

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

Twe declare the foregoing particulars are true in every reflect.

Policyholdey's Signature

Date & Time:

Driver's Signature

(II driver is not the policyholder)

Date & Time:

Reporting Centre Personnel' Si

Name:

NRIC/FIN No.:

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Date of Accident	19/09/2020 1940
Accident Place	Accident Time: (24-FIR-Format)
Vehicle Reg. No. (Car Plate	
Vehicle Make/Model	COTYOTA CAMPY.
Insurance Company	: NTUC Policy No.
Owner or Company Name /IC	2 122 1 2 1 4 2 2
Owner or Company Contact 1	No. : 4673 3297 Owner's Hp Company Tel
DRIVER'S Name / IC No.	S1534715R.
DRIVER'S Date Of Birth	: 14(01/1752 DRIVER'S License Pass Date
Relationship of Owner & Driv	
DRIVER'S Address	: 31K 31K UBI AVE 1 #02-\$15 3403K
DRIVER'S Contact No / Alt N	To. :1)2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	E ADMIN @ MYCHR . 369 .
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Includi	ng Driver): 05 03 XMACE.
Was there any video Captured Exact purpose for which vehicle	by car camera: YES \ () e was being used at the time of accident: Private use \ Work purpose
<u>Ot</u>	her Party Driver's Particular (if any)
Vehicle Reg. No: SW.	Vchicle Reg. No:
Vehicle Make Wodel:	
Name Driver	Name Driver:
IC No. Driver:	
Driver's Contact & Add:	*,1



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)

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

Certificate Number: 5103797641-01

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKJ9622M

Chassis Number

: MR053BK4107033676

2. Name of Policyholder

: SUFFIAN BIN ABDUL RAHMAN

3. Effective Date of Insurance

: 15 Sep 2019

4. Expiry Date of Insurance

: 14 Sep 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) : \$\$600 EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$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 : SUFFIAN BIN ABDUL RAHMAN

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)

Agency

: LIM KIAN HWEE ALVIN (00000602355)

Date of Issue

: 10 Sep 2019 15:10 hrs

: 10 Sep 2019 15:11 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive