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IP Particulars: Veh No: 5	JF 1991H.	, INC ()/Non-INC()		
Owner / Driver: (21		Tol:)	
Policy No: () Per	iod: (-)	Cover Type: ()	
Confirmed by ; (Date:	Tlme:)	7
Insured/Driver Liability: (%) [N	lote-Est. Stalus (W	O): N: 0-20)%; P: 21-79%. P: 80	0-100%]	25
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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.
- 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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	07/09/2020 09:22
Date Of Accident	05/09/2020 11:00
Exact Location Of Accident	KPE TWDS ECP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR4943P
Insured/Policyholder	
Name Of Registered Owner	JESSIE SHANTINI DAVIDSON
NRIC No	SXXXX207I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94894639
Alternative Phone No	OFFICE-94894639
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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 5118742158

Cover Note Number

Driver

Name of Driver JOSH SUHERWAN JASMANI

 NRIC No
 SXXXX838D

 Date Of Birth
 20/04/1980

 Occupation
 OUTDOOR

 Date Of Driving Pass
 06/02/2003

Driving Experience 17 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82695509

Fax Number

Contact Number

EMail Address SUHERWAN14@GMAIL.COM

Address BLK 133 LORONG AH SOO #02-434

Postcode 530133

Was driver an employee of the Insured's Company NO

SPOUSE 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 RAINING Road Surface WET

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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

2

NO

YES

NO

3

: UNKNOWN

GENDER: : FEMALE

Passenger 2

NAME:

: UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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

Vehicle Registration Number

SJF1991H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN GEK CHOO ANGELA

NRIC/Passport Number

SXXXX378J

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 <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.
- 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:
 - 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.

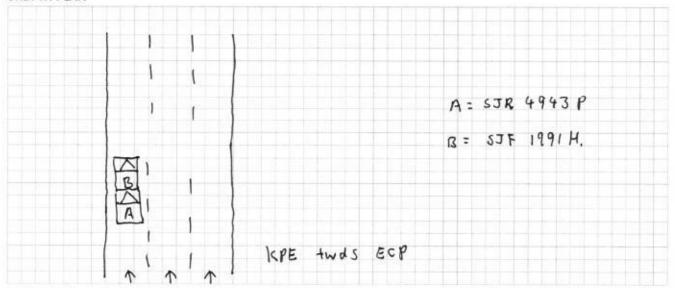
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

-10		
Refer	to Statement	

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.:

Accident Statement

On 05th of Sep 2020, at around 1100hrs, I was driving my vehicle (SJR4943P) along KPE towards ECP. The traffic was congested and slow due to heavy rain. Suddenly a vehicle (SJF1991H) in front of me emergency brake, I have no enough time to react. I am making a claim against third party.

Name: Josh Suherwan Jasmani

NRIC: S8011838D



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: 5118742158

Index mark and Registration Number of Vehicle : SJR4943P

Chassis Number

Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

4. Expiry Date of Insurance

Persons or Classes of Persons entitled to drive#
 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.

: 22 Aug 2020

: 21 Aug 2021

Cover : drivo CLASSIC

: JESSIE SHANTINI DAVIDSON

: MR053HY9305117463

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 : JESSIE SHANTINI DAVIDSON
NAMED DRIVER (1) : JOSH SUHERWAN JASMANI
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : MONEYMAX LEASING 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 : TONG HIN IN Date of Issue : 21 Aug 2020

: TONG HIN INSURANCE AGENCY PTE, LTD. (00000614661) : 21 Aug 2020 11:54 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

ACCIDENT STATEMENT

ACCIDENT I	DATE: 5 / 9 / 200)(D	D/MM/YYYYI TIME! II	. 00 1001
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(Induding driver) alnam	5.		E / FEMALE) 82695509.
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No of passanger d) VEHI	CLE NUMBER: ER'S NAME: /FIN/PASSPORT:	MODEL	
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fax =

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