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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 <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.
- 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.
- 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.

Market Street Street Street Street	ACCIDENT STATEMENT			
Date Of Report	08/09/2020 14:37			
Date Of Accident	07/09/2020 16:00			
Exact Location Of Accident	PIE TUAS JURONG TOWN HALL EXIT & BT BATOK RD JUNC			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	YN5214Y			
Insured/Policyholder				
Name Of Registered Owner	HAUS & HACKING			
Co Reg No	5XXXX513J			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-86467210			
Vehicle Particulars				
Manufacturer	MITSUBISHI			
Model	\$2			
Exact Purpose for which vehicle was being used at time of accident	t COMMERCIAL			
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	COMMERCIAL VEHICLE			
Insurance Company				
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	5111265596-01			
Cover Note Number				

Driver

 Name of Driver
 ARUL MANI MANI

 NRIC No
 GXXXX810M

 Date Of Birth
 10/05/1978

 Occupation
 OUTDOOR

 Date Of Driving Pass
 22/08/2013

Driving Experience 7 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86467210

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 443B #05-361 FERNVALE ROAD FERNVALE VISTA

Postcode

792443

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

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) involved in the accident

2

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? I have been approached by unknown person(s) YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: ISLAM

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJE4133D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ARUL MANI MANI

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? YN5214Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

NO

ambulance? Address

Postcode

DETAILS OF INJURED PERSON 2

Name ISLAM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YN5214Y

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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- 2) This Form must be completely by the Policyholder and/ or the Authorised Driver.
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- 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 as 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.
- By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring delivery of the same as well as on the external cover of envelopes/ mail packages; and/ or
 - Complying with applicable law in administering, processing, handling and/ or dealing with my claims.
 (Collectively the "Purposes")
 - all insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyers/ law firms, may/ are permitted to collect, use or disclose and/ or process my Personal Information for one or more of the above Purposes;
 - 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 lawyer/ 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 purposed stated, or;

For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature Date & Time:

201836015R

Driver's Signature (If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/ FIN No:

Vehicle A : YN 5214 Y Vahicle B : SJE 4133 D

SKETCH PLAN

BUKH Batale Road

PRE (TUBS)
EXIT 31

On 7+h	September 2020	at about	1600/45	exas an travelling on
My vehicle	H (YN 32144)	at PIE (1	UPS) EXIT SI	turining right into
Buleit Ba	tok Road After	the lights	turned green	I moved off,
suddenly,	vehicle B (SJE	4133 D) hit	me on the	rear right.
1 22 25 2				
	12-11			

DECLARATION

I/ We declare the foregoing particulars are true in every respect.

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

Name:

NRIC/ 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 (MALAYSIA)

Certificate Number : 5111265596-01 Cover : Comprehensive

Index mark and Registration Number of Vehicle : YN5214Y

Chassis Number : FEB21EA00477

2. Name of Policyholder : HAUS & HACKING

3. Effective Date of Insurance : 19 Jul 2020 4. Expiry Date of Insurance : 18 Jul 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.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- # 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\$600 EXCESS (SECTION 2) : N/A

WINDSCREEN EXCESS : S\$100
INSURE WITH COE : YES

HIRE PURCHASE COMPANY : ABWIN 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 : ABWIN PTE LTD (00000614234)

Date of Issue : 25 Jun 2020 22:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive