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TP Particulars Veh Nor M	G VIIIK IN	IC(,)/Non-INC()
Owner / Driver: (1 1901	Tel:	.)
Policy No: () Per	lod: () Cover Type: (.).
Confirmed by 1 (· Dates,	Timer	
Insured/Driver Liability: (%) [1	Note-Est Status (WO): N	: 0-20%; P: 21-79%.	?: 80-100W)
Year of Registration: () V	Varranty: YES ()/NO	()	
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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.

aforesaid.	to 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	15/09/2020 10:30
Date Of Accident	15/09/2020 06:50
Exact Location Of Accident	PIE TOWARDS TUAS AFTER PAYA LEBAR EXIT LANE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ4627T
Insured/Policyholder	
Name Of Registered Owner	MOHAMED RIZAL BIN MOHAMED RASHID
NRIC No	SXXXX223C
Email Address	SICARIOMONTERO@GMAIL.COM
	A STATE OF THE STA

Mobile Phone No. (LOCAL) +65-83320324 Alternative Phone No. OTHERS-83320324

Vehicle Particulars

Manufacturer TOYOTA Model PICNIC

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken Vehicle Category

THIRD PARTY PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO.

Policy Number 5087321734-03

Cover Note Number

Driver

Name of Driver MOHAMED RIZAL BIN MOHAMED RASHID

NRIC No. SXXXX223C Date Of Birth 02/02/1988 Occupation OUTDOOR Date Of Driving Pass 29/12/2011

Driving Experience 8 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83320324

Fax Number

Contact Number OTHERS-83320324

EMail Address SICARIOMONTERO@GMAIL.COM Address

BLK 162 MEI LING STREET

#04-367

Postcode

140162

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

4

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

The second of

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

....

ambulance?

NO

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)

1

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 PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMG4461K

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN MENG YEOW

NRIC/Passport Number

SXXXX029H

Contact Number

98636331

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.
- 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 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)

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:
 - (i) 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.
- 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: 15

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/09/2020

Name:

Reporting Centre P

NRIC/FIN No.:

SKETCH PLAN	PIR TUCHAROS	JuA9	BIF PAYA LABOUR	£717	LONA	1
	46271		B			
B) SMG	4461 K					

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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			uzhicke				nit.	my_	negr	vehicle	?. Ph	oto o	drive

DECLARATION

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

Policyholder's Signature Date & Time: 15/09/2020

ORS 7

Driver's Signature

(If driver is not the policyholder)
Date & Time: 15/09/2020

6957

ACCIDENT STATEMENT

,	(DD)	/MM/YYYY), TIME:(6: 52 (HH:MM)
LOCATION:_F	PIE towards Tunts after	Payer lebar em	+ Ique (
	OF VEHICLE	4627	18
	CLE NUMBER: \$ 590		W 18
	ANCE COMPANY: NTUC		**
	Y NUMBER: 50873217		
dJPOLIC	CY TYPE: COMPREHENSIVE	THIRD PARTY / THÍRD P	ARTY FIRE &THEFT)
	& MODEL: TOYOTA PI		
f)TYPE:(S	SALOON / COUPE /MPV /VA	N/LORRY/MOTORC	CYCLE / OTHERS)
g)VEHIC	LE CATEGORY: (PRIVATE / CO	DMMERCIAL / MOTOR	CYCLE) .
h)PURPC	DSE OF USING AT ACCIDENT 1	NME:	
I) ARE YO	OU CLAIMING UNDER YOUP C	OWN INSURANCE (YES,	(NO)
IF NO, F	PLEASE STATE (THIRD PARTY C	LAIM / REPORTING OF	NLY)
	/ POLICY HOLDER	AND COMMENT PROGRAMMENT OF	
	MOHAMED RIZAL BIN		
	IN/PASSPORT: S880 3		8332 0324
c)ADDRE	SS: BIK 162, MEI LING	STREET	
* * * * * * * * * * * * * * * * * * * *			
- CONTIN	IUE TO 3.d IF DRIVER ALSO PO	DLICY HOLDER	120
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Including driver) DINAME:			ALE / FEMALE)
()	IN/PASSPORT:	CONTACT	·
c)ADDRE	33:		<u> </u>
*d)DATE (OF BIRTH: (02 / 02/ 198	& I(DD/MM/YYYY)	
	ATION: (INDOOR AQUIDOO		
FIDATE O		DEC ZOII	
	VER AN EMPLOYEE OF THE		NY? (VES (NO)
IF NO, RE	LATIONSHIP OF THE DRIV	ER WITH INSURED:	Malur
5. a)WEATHE	R CONDITION: (CLEAR / RAI	NING / OTHERS	3.470000
b)ROAD S	URFACE: DRY / WET / OTHER	RS	
6. WAS ANYB	ODY INJURED (YES / NO)	(3)	***
7. a)REPORTE	TO POUCE (YES / NO)	¥.	
	EASE STATE WHICH POUCES	TATION:	**
8. THIRD PART		NAME OF TAXABLE PARTY.	
	LE NUMBER: SMG 4461		JAGNUEH VA
idualing driver) b) DRIVE	R'S NAME TON MENG YE	oul	TATE OF THE PARTY
	TN/PASSPORT: 5 1388 029	HCONTACT:	9863 6331
() NRIC/I			
9. THIRD PART	YVEHICLE	31	
9. THIRD PART	Y VEHICLE LE NUMBER:	MODEL:	
9. THIRD PART 10 of pessanger of DRIVER	Y VEHICLE LE NUMBER: R'S NAME:		
9. THIRD PART 10 of passanger of DRIVER	Y VEHICLE LE NUMBER:	MODEL:CONTACT;	

email = sicariomontero @ gmail.com

Claim Handling

Pakey No.:	1800/73/21/24-01		Verticle Year.	660/H27T		GST Regis	tration No.		
Ciertificale No.									
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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: 5087321734-03

Cover : Third Party, Fire & Theft

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder 3. Effective Date of Insurance

4. Expiry Date of Insurance

: SGO4627T

: JTEGH23B300023218 : MOHAMED RIZAL BIN MOHAMED

: 17 Jan 2020

: 16 Jan 2021

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) : N/A **EXCESS (SECTION 2)** : N/A ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO PRIMARY DRIVER : MOHAMED RIZAL BIN MOHAMED RASHID NAMED DRIVER (1) : N/A

NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : PRIME STREET CAPITAL 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

: SININS AGENCY PTE. LTD. (00000615123)

Date of Issue

; 12 Dec 2019 12:04 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive