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TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp		
Professed Wksp / INC Assign Wksp / QW: (	-	Tol:	F	ax:
	Ü 62845	INC( )/Non-INC	( -).	
Owner / Driver: (		Tel:	٠.	)
Policy No: ( ) Pcri	od: (	) Cover Type: (		)
Confirmed by : (	Date			)
Insured/Driver Liability: ( %) [N	ote-Est. Status (WO):	N: 0-20%; P: 21-79%	6. P; 8d-1	00%]
Year of Registration: ( ' ) W	farranty: YES ( )/N	0( )		
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SN0921150003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 05/01/2021 10:34 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (05/01/2021 10:34 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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.
- 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

05/01/2021 10:34 (SGT) Date of Submission 04/01/2021 07:50 (SGT) Date of Accident Exact Location of Accident Sengkang Central, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number PC4853Z

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner JD LIMOUSINE SERVICES 5XXXX495L Company Reg No ..... DANIELSJH69@GMAIL.COM Email Address (Phone) +65-98326466 Mobile Phone No +65-98326466 Alternative Phone No .....

#### VEHICLE PARTICULARS

Toyota Manufacturer Hiace Model Variant ..... Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category .....

#### INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5110360556-01 Cover Note Number

#### DRIVER

SEAH TECK HEE JOHN Name of Driver SXXXX869F NRIC No 09/04/1970 Date Of Birth Outdoor Occupation

US 2015 A TOTAL AND A LANGUAGE SEATON FOR						
Date Of Driving Pass	14/07/1990					
Driving experience	30 YEARS AND 6 MONTHS					
Gender	Male					
Mobile Number	(Phone) +65-98326466					
Alt. Phone Number	•					
Email Address	DANIELSJH69@GMAIL.COM					
Address	BLK 123 RIVERVALE DR #14-117					
Address complement	(#)					
Postcode	540123					
Is the driver the policyholder?	No					
If No, Relationship of the Driver with the Insured	Other					
Does Driver Own Other Vehicles?	No					
Vehicle Registration Number of Other Vehicle Owned by Driver	1,0329					
	12					
Insurance Company of Other Vehicle Owned by Driver	(F)					
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 the accident?	No					
Number of vehicles involved in the accident	2					
Was anybody injured in the Accident?	No.					
Was any injured conveyed to hospital by ambulance?	-					
Was any other material or property damaged?	Yes					
Number of Passengers (Including Driver)	0					
Has the driver been approached by unknown person(s)	9					
soliciting/offering accident claims assistance?	No					
DETAILS OF POLICE ACTION						
Was the accident reported to the police?	No					
	No No					
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 OTHE	R VEHICLE PROPERTY 1					
Vehicle Registration Number	SKU6284S					
Vehicle Manufacturer	5					
Vehicle Model						
Vehicle Variant	•					
Vehicle Colour	δ <sub>N</sub>					
Vehicle Category	Private car					
Name of Driver	•					
Contact Number	5					

Address

Postcode

Address complement

Insurance Company Name

Nature Of Damage	-
Details of property damaged in accident	-
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 completely by the Policyholder and/ or the Authorised Driver.
- 3) Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material fact may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 7) 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;
    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 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;
    - ii. For complying with the requirements under any regulations, law or court orders.

Policyholder's Signature

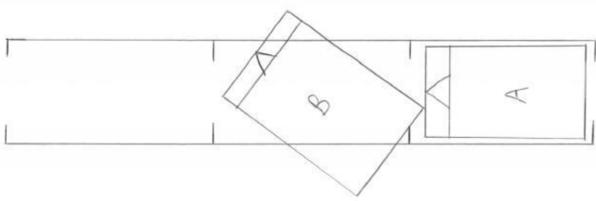
Date & Time:

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

NRIC/ FIN No:

Name:

Sengkana Central towards Hougang



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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 5110360556-01

Cover : Comprehensive : PC48537

Index mark and Registration Number of Vehicle

1 040332

Chassis Number

KDH2230028182

2. Name of Policyholder

JD LIMOUSINE SERVICES

3. Effective Date of Insurance

29 Jun 2020

4. Expiry Date of Insurance

29 Jun 2020

28 Jun 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 the carriage of passengers in connection with the Policyholder's business.
- (b) Limited to carry 14 passengers

## This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY

 EXCESS (SECTION I)
 : \$\$2,000

 EXCESS (SECTION II)
 : \$\$3,000

 WINDSCREEN EXCESS
 : \$\$500

 INSURE WITH COE
 : YES

HIRE PURCHASE COMPANY : THINK ONE CREDIT 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 B.A.S. IN

: B.A.S. INSURANCE AGENCY (00000573236)

Date of Issue : 25 Jun 2020 17:41 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**Chief Executive** 

Date of Accident	: 04/01/2021 Accident Time: 0750 (24-HR-Format)
Accident Place	: Sengkang Central towards Hougang Ave 6
Vehicle. No. (Car Plate No.)	: PC4853Z Make/Model: Toyota Hiace
Insurace Company	: NTUC Income Policy No: 5110360556-01
Owner or Company Name /IC No.	: Seah Teck Hee John / S7011869F
Owner or Company Contact No.	: 9832 6466 Owner's Hp Company Tel
DRIVER'S Name / IC No.	
DRIVER'S Date Of Birth	: 09/04/1970 DRIVER'S License Pass Date 14 Jul 1990 *
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	:_Block 123 Rivervale Drive \$14-117
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR (OUTDOOR (e.g. working inside or outside office)
Email Address	: danielsin 69 @ gmail. com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	river):
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: YES \NO s being used at the time of accident: Private use \ Work purpose
	arty Driver's Particular (if any)
Vehicle. No: SKU62845	Vehicle. No:
Vehicle Make\Model: \\\\ 155an \	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

\* NEW - Passenger's name & gender: