

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 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. 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.

ACCIDENT STATEMENT

| | |
|---------------------------------|-----------------------------|
| Date of Submission | 05/01/2021 10:34 (SGT) |
| Date of Accident | 04/01/2021 07:50 (SGT) |
| 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? | Yes |
| Name Of Registered Owner | JD LIMOUSINE SERVICES |
| Company Reg No | 5XXXX495L |
| Email Address | DANIELSJH69@GMAIL.COM |
| Mobile Phone No | (Phone) +65-98326466 |
| Alternative Phone No | +65-98326466 |

VEHICLE PARTICULARS

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

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5110360556-01 |
| Cover Note Number | - |

DRIVER

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

| | |
|--|------------------------------|
| 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 | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

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) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|----|
| Was the accident reported to the police? | 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 OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | SKU6284S |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |

| | |
|---|---|
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN

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- 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:
 - i. 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
 - 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 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:
 - 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:

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

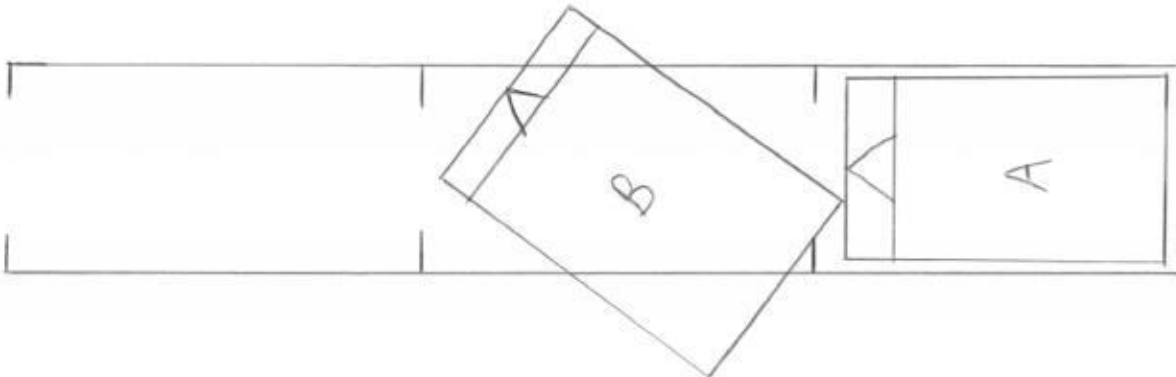


Reporting Centre Personnel's Signature
Name:
NRIC/ FIN No:

Veh A: PC4853Z
Veh B: SKV62845

SKETCH PLAN

← Sengkang Central towards Hougang Ave 6



On 04/01/2021 @ around 0750 hrs, My vehicle was parked along Sengkang Central. After which I was notified that vehicle B has hit the front of my vehicle.

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

1. Index mark and Registration Number of Vehicle : PC4853Z
Chassis Number : KDH2230028182
2. Name of Policyholder : JD LIMOUSINE SERVICES
3. Effective Date of Insurance : 29 Jun 2020
4. Expiry Date of Insurance : 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) | : S\$2,000 |
| EXCESS (SECTION II) | : S\$3,000 |
| WINDSCREEN EXCESS | : S\$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. 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
Insurance 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 : danielsjh69@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 Driver): 00
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

| | |
|--|------------------------------|
| Vehicle. No: <u>SKU6284S</u> | Vehicle. No: _____ |
| Vehicle Make/Model: <u>Nissan Sylphy</u> | Vehicle Make/Model: _____ |
| Name Driver: _____ | Name Driver: _____ |
| IC No. Driver/Contact: _____ | IC No. Driver/Contact: _____ |

* **NEW - Passenger's name & gender:**