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SN0821390003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 09/03/2021 12:31 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (09/03/2021 12:31 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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
- 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

09/03/2021 12:31 (SGT) Date of Submission 08/03/2021 16:20 (SGT) Date of Accident PIE, Singapore **Exact Location of Accident** Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SJR7843A Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? OTHMAN BIN OMAR Name Of Registered Owner SXXXX859D NRIC No erwan_ehsan@hotmail.com **Email Address** (Phone) +65-98765834 Mobile Phone No (Office) +65-67568151 Alternative Phone No

VEHICLE PARTICULARS

Mitsubishi Manufacturer Lancer Model Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Private car Vehicle Category

INSURANCE COMPANY

NTUC Name of Insurance Company Comprehensive Type of Coverage Fleet Policy 5101287099-02 Policy Number Cover Note Number

DRIVER

ERWAN BIN OMAR Name of Driver SXXXX007I NRIC No

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	04/02/2014 7 YEARS AND 1 MONTH Male (Phone) +65-96895079 - erwan_ehsan@hotmail.com BLK 821 YISHUN STREET 81 #02-636 - 760821 No Other No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 3
PASSENGER 1	
Name Gender	LYDIANAH BTE OTHMAN Female
PASSENGER 2 Name Gender	MISNAH Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	No
DETAILS OF OTH	ER VEHICLE PROPERTY 1
Vehicle Registration Number	SJJ9764Z Honda

Honda

Vehicle Manufacturer

Vehicle Colour	-
Vehicle Category	F
Name of Driver	(
NRIC No	S
Contact Number	(
Address	-
Address complement	-
Postcode	-
Insurance Company Name	1
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Private car CHEONG LOO LING SXXXX759I (Phone) +65-84186656

SKETCH PLAN

Veh A: SJR 7843A Veh B: \$31 97642

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.
- (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 purposes stated, or

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(ii) for complying with requirements under any regulations, laws or court orders.

** I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL ÇHÉCK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Veh A: SJR 7843 A		MIT S I
Veh B: \$719764Z		
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ESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	
While i travelling alon	ong PIE Vehicle in front of me slow down to	complete Stop.
i bollowed. However	Tehicle B behind me could not stop in time	and collided
to my Vehicle.	THE THE	Contact.
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ECLARATION		
	culars are true in every respect.	
We declare the foregoing particu	culars are true in every respect.	/ /
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	culars are true in every respect. Gram 8.3.21 1735 Hzs Driver's Signature Reporting Centre Person	OS JOS / Pel's Signature

SKETCH PLAN

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report 08 03 2021 *Time of Accident: 1620 HRS PIE Changi *Accident Location: Eng Cap: 1499 1.5 MIVEC Vehicle Details *Vehicle Number: SJR 7843 A * Make & Model: Mitsubishi Lancer Ex GLX AT Insured / Policyholder Othman Bin Oman *NRIC: _____ \$1205859.D *Owner Name: *Address: BIK &21 Yishun St 81 *Email: enwar - ehsan @ hotmail.com 98764834 *Occupation: PUB Technician (Indoor/Outdoor) * Tel (H)/Other: 67568151 Driver (1) same as above *NRIC: S8 (2600 7 I *Address: BK 821 YISHUL St 81 \$02-636 *Date of Birth: 06.09.1981 *Driving Pass Date: 04.02.2014 *HP: 96895079 *Email: evwon _ ehsen @ hotmail.com *Gender: Male) Fernale_ *Occupation: 1echnician (Indoor/Outdoor) * Tel/H/Other: 67568151 *Driver an employee: Yes /(No)*If no, what is relationship with the policyholder: Son - in - law Passengers Details Passengers Details
* P/Name: Lydianah Bte Othnai (Mate/Female) * P/Name: (Male/Female) * P/Name: Mishah Bte Mawi (Male/Female) * P/Name: (Male/Female) Insurance Company NTUC *Coverage: C / TPFT / TPO * Policy No: _____ *Insurer: Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No .: SJJ 9764Z Vehicle No.: ____ Make & Model: Honda Make & Model: Vehicle Category: Vehicle Category: Name of Driver: Cheong Loo Ling Name of Driver: _____ NRIC : 58029759 I NRIC : : 84186656 No. of Passengers (Including Driver): No. of Passengers (Including Driver): For Official Use Only *Claiming against Own Ins.: Yes / No (If No, Reporting Only / To Claims) General Information of the accident *Type of accident: Head-Bear / Side swipe / others: *Weather conditions: @@ar / Raining / others: ______ *Any video cam: Yes / No *Road Surface: Ory / Wet / others: _____ *Witness: Yes / 💯 (Name: _____ _____ NRIC :_____ HP:____ *Accident reported to police: Yes / NO *Summon against whom: *Injured party: Yes / No *No. of passengers (include driver): -I/Name: ______*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No -I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

Claim Handling Accident MT/1123677

Policy No.	5101287099-02	Vehicle No.	SJR7843A		GST Registration No.	
Certificate No.						
Policyholder Name	OTHMAN BIN OMAR			F	Policyholder NRIC	S12
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASS	ic i	Loading	0
Contact No.(Mobile)	98765834	Contact No.(Office)		(Contact No.(Home)	
Email Address		Special Remark			eCode	No
KFK	No Yes	TCA	No Yes	s .	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	1	Private Hire	No
				The second secon		
Report Date	09/03/2021 12:31	Accident Report Within 24 hrs	Yes		Accident Type	Colli
Date of Accident	08/03/2021	Time of Accident hh:mm	16:20	0	Country of Accident	Sing
Reporting Centre		Orange Force			ICM No.	
Accident Location	PIE CHANGI					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess		100.00		
a Thirties and the second				2.22		
OD Standard Excess	600.00	TP Standard Excess		0.00	Driver is Covered?	Cove
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is covered?	Corr
Additional Excess	0			0.00		
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00		
	ation			Consistentian Data		
GST Registered	No			Registration Date	Yes	
GST Registration No.			031	Status vermas		
Modification History						
		Address 2	YISHUN ST	TREET 81	Address 3	SIN
Address 1	BLK 821 #02-636	Address Type	Singapore a		Post Code	760
Address 4		Related Policy Number	510128709			
Unit No.	02-636	Related Policy Number	51012070.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
→ OI Driver Info → OI		Driver Type	Named Driv	ver		
Driver Name	Erwan Bin Ehsan	Driver NRIC	S8126007		Driver DOB	06/1
Unnamed driver Name		Driver Age	39		Driving Experience	8
Register Date of Driver License		Contact No.(Office)			Contact No.(Home)	
Contact No.(Mobile)	96895079	Address 2			Address 3	
Address 1		Address Type	Foreign ad	dress	Post Code	
Address 4		7,00,000 1/P2	5:			
Unit No. Does he own a Singapore		Driver Vehicle No.	SJR7843A		Driver Insurer Company	NTL
Registered car?	Yes @ No	Driver verifice No.	331170131			
Declaration			O Mars 19	Na		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes	NO		
Modification History						
and the second						
Claim 001 New						
Claim Tuna *	OD-MX 🗸	Insured Name	OTHMAN	BIN OMAR	Insured NRIC	S12
Claim Type *	98765834	Contact No.(Home)	6753558	3	Contact No.(Office)	626
Contact No.(Mobile) Email Address	[37,5355,	OI Vehicle Number	SJR7843	A	TP Vehicle Number	SJJ
	SJR7843A / SJJ9764Z ON 8 Mar 2021				Name of Preferred Workshop	
Claim Description Preferred Workshop Contact	333707377 33377772 311 0 1121 2322	Insured Liability *	Not at F	ault 🗸		
No.		Preferered Repair Option		d Workshop, Name unknown	GIA report	Re
Require Finalisation	Yes	Claim Close Date	ricieire		Date Received	09
Date Registered	09/03/2021 12:36	Claim Close Date				
Report Taken By	ROSLI WAHAB					
Print AK letter						

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ident No. t Doc. Received	MT/1123677 ® Yes ○ No		Claim No. Upload Date		001 09/03/2021 12:37				
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Display in New Window Scan and uploading



Certificate of Insurance

: SJR7843A

: 14 Jul 2020

: 13 Jul 2021

Cover : drivo CLASSIC

: JMYSRCY2A9U004457

: OTHMAN BIN OMAR

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: 5101287099-02

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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.

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 : S\$100 ADDITIONAL EXCESS : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO **INSURE WITH COE** : NO NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO

PRIMARY DRIVER : RUSHDAN BIN OMAR NAMED DRIVER (1) : ERWAN BIN EHSAN

NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY : N/A

SUM INSURED : MARKET VALUE OF INSURED VEHICLE LESS RESIDUAL COE/PARF VALUE 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)

: INSUREMYCAR.COM.SG (00000615275) Date of Issue : 26 Jun 2020 10:58 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive