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| Owner / Driver: (| ded. (| ,) | Cover Typ | c: (|) | The second second |
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| | Warranty: YES (|)/NO(|) | | | |
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly 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.

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 27/03/2021 16:45 (SGT) Date of Accident 26/03/2021 21:30 (SGT) Exact Location of Accident Sims Way, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW4087Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NURUL ATHIRAH BINTE JA'AFAR NRIC No. SXXXX173A Email Address jbinabdulrahim@gmail.com Mobile Phone No (Phone) +65-89182684 Alternative Phone No +65-89182684

VEHICLE PARTICULARS

Manufacturer Nissan Model Qashqai Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1167

INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number 5120233253 Cover Note Number

DRIVER

JA'AFAR BIN ABDUL RAHIM Name of Driver NRIC No SXXXX888I

Date Of Birth 27/07/1959 Occupation Indoor Date Of Driving Pass 17/08/1994 Driving experience 26 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-89182684 Alt. Phone Number Email Address jbinabdulrahim@gmail.com Address BLK 137 YISHUN RING ROAD #03-142 Address complement Postcode 760137 Is the driver the policyholder? If No, Relationship of the Driver with the Insured Parent 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 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?

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?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SJF3212K

 Vehicle Manufacturer
 Volkswagen

 Vehicle Model
 Jetta

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver

 Contact Number

 Address

 Address complement



| Postcode | 122 |
|---|-----|
| Insurance Company Name | - 8 |
| Nature Of Damage | |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number | SMM7206E |
|--|-------------|
| Vehicle Manufacturer | Toyota |
| Vehicle Model | Noah |
| Vehicle Variant | Noan |
| Vehicle Colour | =: |
| Vehicle Category | |
| Name of Driver | Private car |
| Si agazanta da | ₹3; |
| Contact Number | 7 2 |
| Address | - |
| Address complement | 2 |
| Postcode | _ |
| Insurance Company Name | 20 |
| Nature Of Damage | |
| Details of property damaged in accident | |
| No Of Processes (Including Driver) | |
| 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 Formmust be completed 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 facts 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 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time Time

Sketch Plan

Vehicle M.: smw 40872
Vehicle B: SJF32/2K
Vehicle C: Smm 7206 E

Sms way

Describe Circumstances of the Accident OM THE AND TIME TRAVELLING WAS STR MIGHT. GUT OF n SUDDEM FELT AM IMPACT THE LEAR. FROM L LENT DOWN HIT MM Other VEHICLE Tr OMO mf. T LAAT INVOLVED 114 A 3- CAT CHAIN COLLITTUH.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

& Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre

Personnel

| Date of Accident | 26/3/202 Accident Time: 21 30 (24-HR-FORMAT) |
|--|---|
| Accident Place | Sims Way |
| Vehicle Reg. No (Car plate No.) | : SMW 4087Z Vehicle Make/Model: Nissan Qashqui |
| Insurance Company | : NTVC Policy No. |
| Name of Registered Owner | : Company / Individual NULUL ATHIRAH BIMTE JA AFAR. |
| ID of Registered Owner | : Co Reg No: SCIIS 1339 Owner's NRIC No: |
| | : Co Contact No: 8918 2684 Owner's Contact No: |
| DRIVER'S Name | JA AFAR BIN ABOUL RAHIM DRIVER'S NRIC NO: S13548881 |
| DRIVER'S Date of Birth | : 27/7/1959 DRIVER'S License Pass Date 17/8/1994 |
| Relationship bet. Owner & Driver | |
| DRIVER'S Address | :137 Yishun Ring Road #03-142 |
| DRIVER'S Contact No./ Alt No. | :1) 89182 684 2) |
| DRIVER'S Occupation | : INDOOR \OUTDOOR (eg. working inside or outside of an ofc) |
| Email Address | JBIHABOULPAHIME GHARLL-CAZ. |
| Weather & Road Surface | : CLEAR & DRY\RAINING & WEI \AFTER RAIN & WET |
| Reporting Type | Reporting Only Claim Other Party Claim Own Insurance |
| Number of Passengers (including I Was the accident reported to the po Was there any video Captured by o Exact purpose for which vehicle was | Driver): 1 no injury. |
| Othe | r Party Driver's Particulars (if any) |
| Vehicle Reg No: SJF 3212 K | Vehicle Reu No: SMM 7206E |
| Vehicle Make Model: Volks wage | n Jettu Vehicle Make Model: Toyoty Nouh |
| Name DRIVER: | |
| IC No. DRIVER: | |
| DRIVER'S Contact & add: | DRIVER'S Contact & add: |

CLAIMS EREWAND. Com. SC.

Claim Handling

| plicy No. | 5120233253 | Vehicle No. | SMW4087Z | GST Registration No. | |
|--|---|---|--|---|---|
| ertificate No. | | | | | |
| olicyholder Name | NURUL ATHIRAH BINTE JA'AFAR | | | Policyholder NRJC | S9115173A |
| oduct Code | PRIVATE CAR INSURANCE | Cover Type | drivo CLASSIC | Loading | 0 |
| intact No.(Mobile) | 89182684 | Contact No.(Office) | | Contact No.(Home) | |
| mail Address | | Special Remark | | eCode | No V |
| PK | a No Yes | TCA | No Yes | eCode Reason | |
| CD Protection | No | NCD Entitlement(%) | 0 | Private Hire | No |
| ✓ Accident Details | | | | | |
| eport Date | 27/03/2021 16:45 | Accident Report Within 24 hrs | Yes | Accident Type | Chain Collision |
| rate of Accident | 26/03/2021 | Time of Accident hh:mm | 21:30 | Country of Accident | Singapore |
| eporting Centre | 2010012022 | Orange Force | 24100 | ICM No. | 2.1000.000 |
| ccident Location | SIMS WAY | | | | |
| Total Excess Applicable | | | | | |
| | Per Accident | Windscreen Excess | 00,001 | | |
| Acces Type | TAL PRODUCTS | THOUSAND STATE STATES | 200,00 | | |
| D Standard Excess | 600.00 | TP Standard Excess | 0.00 | | |
| IED OD Excess | 0.00 | VIED TP Excess | 0.00 | Driver is Covered? | Covered |
| dditional Excess | 0 | | | | |
| otal OD Excess Applicable | 600.00 | Total TP Excess Applicable | 0.00 | | |
| ♥ Benefits | 000,00 | ACCOUNT AND DESCRIPTION | 0.000 | | |
| GST Registered Informa | tion: | | | | |
| | | | GST Registration Date | | |
| ST Registered ST Registration No. | No | | GST Status Verified | Yes | |
| odification History | | | | | |
| The state of the state of | | | | | |
| Policyholder Hailing Add | fress | | | | |
| ddress 1 | Maria Landon Company | Address 2 | BUST BATON WEST AVERAGE A | Address 3 | WEST SOLV & SUUTE ST |
| | BLK 461D #04-756 | | BUKIT BATOK WEST AVENUE 8 | | WEST ROCK @ BUKIT BATO |
| ddress 4 | SINGAPORE 654461 | Address Type | Singapore address | Post Code | 654461 |
| Init No. | 04-756 | Related Policy Number | 5120233253 | | |
| ⇒ OI Driver Info | | **** | 7420-000 | | |
| | JA'AFAR BIN ABDUL RAHIM | Oriver Type | Main Driver | Date of Both | ******* |
| Innamed driver Name | | Driver NRIC | 513548881 | Driver DOB | 27/07/1959 |
| egister Date of Driver License | | Driver Age | 61 | Driving Experience | 21 |
| ontact No.(Mobile) | 89182684 | Contact No.(Office) | | Contact No.(Home) | |
| | | | | | |
| ddress 1 | | Address 2 | | Address 3 | |
| uddress 4 | | Address Type | Foreign address | Address 3 Post Code | |
| | | | Foreign address | | |
| Address 4 | Yes is No | | Foreign address SMW4087Z | | NTUC |
| uddress 4 Unit No. Does he own a Singapore | Yes No | Address Type | | Post Code | NTUC |
| uddress 4 Init No. Joes he own a Singapore Legistered car? | ∩ Yes : No 0 mg | Address Type | | Post Code | NTUC |
| oddress 4 Unit No. Joes he own a Singapore Legistered car? eclaration reathalyser or Blood Test Leading? | Modern | Address Type Driver Vehicle No. | SMW4087Z | Post Code | NTUC |
| Address 4 Jinit No. Joes he own a Singapore legistered car? eclaration kreathalyser or Blood Test leading? | Modern | Address Type Driver Vehicle No. | SMW4087Z | Post Code | NTUC |
| ddress 4 nnt No. noes he own a Singapore egistered car? eclaration reathalyser or Blood Test eading? | Modern | Address Type Driver Vehicle No. | SMW4087Z | Post Code | NTUC |
| ddress 4 nit No. oes he own a Singapore egistered car? icclaration reathalyser or Blood Test eading? Claim 001 New | Modern | Address Type Driver Vehicle No. | SMW4087Z | Post Code | NTUC 59115173A |
| ddress 4 nit No. oes he own a Singapore egistered car? cclaration reathalyser or Blood Test eading? Claim 001 New | 0 mg | Address Type Driver Vehicle No. Any Injury? | SMW4087Z Yes III No | Post Code Driver Insurer Company Insured NRJC | |
| ddress 4 nit No. oes he own a Singapore egistered car? cclaration reathalyser or Blood Test eading? Claim 001 New laim Type * ontact No.(Mobile) | 0 mg | Address Type Driver Vehicle No. Any Injury? | SMW4087Z Yes III No | Post Code Driver Insurer Company | |
| ddress 4 nit No. oes he own a Singapore egistered car? eclaration reathalyser or Blood Test eading? Claim 001 New Salim Type * ontact No.(Mobile) mail Address | 0 mg OD-MX 98574080 | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) | SMW4087Z Yes III No NURUL ATHIRAH BINTE JA/AFAR | Post Code Driver Insurer Company Insured NRJC Contact No.(Office) | 59115173A |
| ddress 4 Init No. Ioes he own a Singapore egistered car? eclaration reathalyser or Blood Test eading? Claim 001 New Dalim Type = ontact No.(Mobile) mail Address Jaim Description | 0 mg | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number | SMW4087Z Yes III No NURUL ATHIRAH BINTE JA'AFAR SMW4087Z | Post Code Driver Insurer Company Insured NRJC Contact No.(Office) TP Vehicle Number | 59115173A |
| ddress 4 Init No. Ini | 0 mg OD-MX 98574080 SMW4087Z / SJF3212K ON 26 Mar 2021 | Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number | SMW4087Z Yes III No NURUL ATHIRAH BINTE JA'AFAR SMW4087Z Not at Fault | Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop | \$9115173A \$3F3212K |
| ddress 4 Init No. Ini | 0 mg OD-MX 98574080 | Address Type Driver Vehicle No. Any Injury? Insured Name Contact No.(Home) OI Vehicle Number | SMW4087Z Yes III No NURUL ATHIRAH BINTE JA'AFAR SMW4087Z | Post Code Driver Insurer Company Insured NRJC Contact No.(Office) TP Vehicle Number | 59115173A |
| ddress 4 Init No. Ioes he own a Singapore agistered car? eclaration reathalyser or Blood Test eading? Claim 001 New Jaim Type * Iontact No.(Mobile) mail Address Jaim Description referred Workshop Contact Io. equire Finalisation | 0 mg OD-MX 98574080 SMW4087Z / SJF3212K ON 26 Mar 2021 | Address Type Driver Vehicle No. Any injury? Insured Name Contact No.(Home) Of Vehicle Number | SMW4087Z Yes III No NURUL ATHIRAH BINTE JA'AFAR SMW4087Z Not at Fault | Post Code Driver Insurer Company Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop | \$9115173A \$3F3212K |
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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: 5120233253

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SMW4087Z

Chassis Number

: SJNFEAJ11U1707218

2. Name of Policyholder

: NURUL ATHIRAH BINTE JA'AFAR

3. Effective Date of Insurance

: 12 Dec 2020

4. Expiry Date of Insurance

: 11 Dec 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.

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
 : \$\$100

 ADDITIONAL EXCESS
 : N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

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

PRIMARY DRIVER : JA'AFAR BIN ABDUL RAHIM

NAMED DRIVER (1) : N/A
NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : TOKYO CENTURY LEASING (SINGAPORE) 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

: DICKSON INSURANCE AGENCY PTE. LTD. (00000573832)

Date of Issue

: 11 Dec 2020 18:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive