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.

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 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 29/04/2021 17:33 (SGT) Date of Accident 29/04/2021 13:10 (SGT) Exact Location of Accident Marina Boulevard, Singapore Additional Location Information TWDS SHEARES AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1600

Vehicle Registration Number SJR1628U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN WEI YIN WILLIAM NRIC No. S1638702I Email Address williamtai33@gmail.com Mobile Phone No (Phone) +65-88626621 Alternative Phone No +65-88626621

VEHICLE PARTICULARS

Manufacturer

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

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5097347964-02 Cover Note Number

DRIVER

CC

Name of Driver TAN WEI YIN WILLIAM NRIC No. S1638702I

Date Of Birth Occupation Date Of Driving Pass	21/01/1964 Outdoor 06/04/1983
Driving experience	38 YEARS
Gender	Male
Mobile Number	(Phone) +65-88626621
Alt. Phone Number	+65-88626621
Email Address	williamtai33@gmail.com
Address	BLK 470C UPPER SERANGOON CRESCENT #08-346
Address complement	-
Postcode	533470
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	- No
Vehicle Registration Number of Other Vehicle Owned by Driver	NO
verified regionation realist verified by briver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head on 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	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)	2
Has the driver been approached by unknown person(s)	-
soliciting/offering accident claims assistance?	No
PASSENGER 1	
Name	UNKNOWN
Gender	Male
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	
	ON 29/04/2021 AT 1310HRS. I WAS AT THE CENTER LANE. WHE 1 GOING STRAIGHT AND HIT ONTO FRONT LEFT PORTION AN
ATTACHMENT(S)	
Are assident photos available for attachment?	Vac
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
Was there any audio recorded?	res No
	110
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vahiola Pagistration Number	0M047077
Vehicle Registration Number Vehicle Manufacturer	
TOTAL TRANSPORTER	-

Vehicle Variant

Vehicle Model

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MELVIN
Contact Number	(Phone) +65-96933696
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

HUA MENO

sheares Ave SKETCH PLAN - FOO A= SJR1628 U B= SMQ 47877 3 5 Maring Boulevard DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I driving along Maring Boulevard twds Sheares Ave on 29.64.2021 @ 1310 hours. I was at the centre lane. When I turning to Sheares Ave Vehicle B come from Lane I going straight and hit onto front left portion and front door 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 the 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: 5097347964-02

1. Index mark and Registration Number of Vehicle : SJR1628U

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.

Cover : Comprehensive

: KMHDU41BR9U771264

: TAI WEI YIN WILLIAM

11 Jun 2020

: 10 Jun 2021

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

(b) Use for the carriage of passengers or goods in connection with the Policyholder's or Hirer's business.

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 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.

EXCESS (ALL CLAMMS)

WINDSCREEN EXCESS : \$\$100

INSURE WITH COE HIRE PURCHASE COMPANY

SUM INSURED

\$\$2,000

: YES

: N/A

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

: AON SINGAPORE PTE LTD (00000691150)

Date of Issue

: 08 Jun 2020 12:52 hrs

Reprint

: 08 Jun 2020 12:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive