

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 08/07/2021 19:29 (SGT)
Date of Accident 06/07/2021 15:03 (SGT)
Exact Location of Accident 380 Clementi Ave 5, Singapore 120380
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL687M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ALPINE CAR RENTAL PTE LTD
Company Reg No 1XXXXXX83E
Email Address x543210h@gmail.com
Mobile Phone No (Phone) +65-88181638
Alternative Phone No (Home) +65-88181638

VEHICLE PARTICULARS

Manufacturer Chevrolet
Model Orlando
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 1362

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5112300530-01
Cover Note Number -

DRIVER

Name of Driver MAJESTIC SARAH DUNLAP
Passport No/FIN GXXXX976W

Date Of Birth	19/02/1972
Occupation	Indoor
Date Of Driving Pass	25/02/2014
Driving experience	7 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97812804
Alt. Phone Number	-
Email Address	sarah.majestic@gmail.com
Address	83 WEST COAST GROVE
Address complement	-
Postcode	127880
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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 vehicle 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	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4046B
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LER BENG HUAT
NRIC No	SXXXX037E
Contact Number	(Phone) +65-96272538
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

1. REPORT INTRODUCTION

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


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.: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attachment police report D/2021 0706 / 7032

I wish to stated, vehicle B SHD 4046B is moving off from stationary position & collided to my vehicle A.

DECLARATION

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


Policyholder's Signature
Date & Time:


Driver's Signature
I driver is not the policyholder)
Date & Time:


Reporting Centre Person's Signature
Name:
NRIC/ID No.:





















SINGAPORE
POLICE FORCE



D/20210706/7032

1 of 2

POLICE REPORT (NP299)

Report No. D/20210706/7032

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 06/07/2021 17:04	Vide Report No.	Station Diary No.
Name Of Informant MAJESTIC SARAH DUNLAP	Address	
ID Type / ID No. FIN NO / G5400976W	Contact No. Home/Office:	Mobile: 97812804
Nationality AMERICAN	Email Address SARAH.MAJESTIC@GMAIL.COM	
Occupation Management executive	Sex Female	Age 49
Institution/School Name	Date of Birth 19/02/1972	Race Caucasian
Date/Time Of Incident 06/07/2021 14:20 - 06/07/2021 14:25	Location Of Incident 380 CLEMENTI AVENUE 5 SINGAPORE 120380	

Brief details.

The taxi (SHD4046B) was idle on the street waiting for a pick up. I (SLL687M) was try to go around him and accidentally swiped the corner of his car. MR. Ler Beng Huat and I got out of the car took pictures and exchanged information. At the time of the incident he was the only one in the taxi. My daughter and I were in my car.

Subjects Involved	
Suspect	
Person Name	Majestic Sarah Dunlap
Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Not applicable	Date/Time: 06/07/2021 17:04
Signature Of Interpreter:	Classification Of Case:
Not applicable	
Officer In-Charge Of Case:	

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20210706/7032

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210706/7032

Gender	Female	Race	American
Language	English	Address	83 West Coast Grove SINGAPORE 127880
Mobile No	97812804		
Victim			
Person Name	Ler Beng Huat		
ID Type	NRIC NO	ID No	S1461037E
Gender	Male	Race	Chinese
Language	English	Occupation	Taxi driver
Address	345 Clementi Avenue 5 #04-78 SINGAPORE 120345		Mobile No 96272538
Person Name MAJESTIC SARAH DUNLAP			
ID Type	FIN NO	ID No	G5400976W
Gender	Female	Age	49
Race	Caucasian	Language	English
Occupation	Management executive	Mobile No	97812804
Is Informant A	Yes		
Victim?			
Person Name MAJESTIC SARAH DUNLAP (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

06/07/2021 17:04

Classification Of Case:



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: 5112300530-01-000088

Cover : Third Party

1. Index mark and Registration Number of Vehicle : SL1687M
 Chassis Number : KL1YA7589HK609535
2. Name of Policyholder : ALPINE CAR RENTAL PTE LTD
3. Effective Date of Insurance : 01 Sep 2020
4. Expiry Date of Insurance : 31 Aug 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 or Hirer's business.

This Policy does not cover

 - (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) 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)	:	
EXCESS (SECTION 2)	:	
ADDITIONAL EXCESS	:	
UNNAMED DRIVER EXCESS	:	N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	:	NO
INSURE WITH COE	:	N/A
NCD PROTECTION	:	NO
PRIMARY DRIVER	:	N/A
NAMED DRIVER (1)	:	N/A
NAMED DRIVER (2)	:	N/A
HIRE PURCHASE COMPANY	:	N/A
SUM INSURED	:	N/A

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 : ALPINE FINANCIAL PTE. LTD. (00000615424)
 Date of Issue : 08 Sep 2020 16:34 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive