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.

- 4. The issue and acceptance of this is form by instrained 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 14/07/2021 13:32 (SGT) Date of Accident 13/07/2021 07:45 (SGT) Exact Location of Accident Anchorvale St, Singapore Additional Location Information **BLK 329 ANCHORVALE STREET MSCP** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

1591

Vehicle Registration Number SI D1254P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner JJB AUTO PTE LTD Company Reg No 2XXXXX503E **Email Address** wanmdmustaqim@gmail.com Mobile Phone No (Phone) +65-87820995 Alternative Phone No (Home) +65-87820995

VEHICLE PARTICULARS

Manufacturer

Model Elantra 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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5120526557 Cover Note Number

DRIVER

CC

Name of Driver WAN MUHAMMAD MUSTAQIM BIN WAN BORHAN NRIC No. SXXXX032E

Date Of Birth 28/11/1982 Occupation Outdoor Date Of Driving Pass 14/02/2006 Driving experience 15 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-87820995 Alt. Phone Number Email Address wanmdmustaqim@gmail.com Address **BLK 329A ANCHORVALE STREET** Address complement #08-513 Postcode 541329 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Eunos Neighbourhood Police Post Police Station Phone No (Phone) +65-18004439999 Alt. Police Station Phone No (Fax) +65-62444376 Police Station Address Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Nο Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLQ5533P Vehicle Manufacturer

Private car

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

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

MPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- . This Formmust be completed by the Policyholder and/or the Authorised Driver.
- . 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.
- 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/jaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature Pate &

Time

Sketch Plan

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

& Time

A - SLD1254P B - CLQ5533P

MIMS

Personnel

Witnessed by Reporting Centre



Describe Circumstances of the Accident

Please	Refer to	police	report
referen	Refer to	120210713/=	, KH30
\angle			
ation lare the foregoing particular	rs are true in every respect.		
(10 P) () () () () () () () () ()	n +		STE LTO WINNEY NA
der's Signature / Brote	Driver's Signature (If driver in		114















M E S S A G E FROM THE POLICE

Kindly lodge NP168 (Traffic Accident Report)
hy going to any Police Station reference to
E/20210713/0017 regarding your Car damages.
Thank You.
Trunk for

Sender: Traffic Police IO Yeo Ad Kai Hurt
Contact Number: 65476162
Police Station: Traffic Police
Date/Time: 18 7/2021 @ 025013



NP 104 (1/08)





T/20210713/2047

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999

1 of 3 Report No. T/20210713/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Station Diary No.: Vide Report No.: 13/07/2021 12:17

13/0//2	13/07/2021 12.17		F/20210/13/0017	9
Informa	nt's Partic	ulars		
WAN M	ORHAN	MUSTAQIM BIN	Address: APT BLK 329A ANCHORVA SINGAPORE 541329	LE STREET #08-513
	/ ID No.: O / S82410	32E	Contact No.: Home/Office:	Mobile: 87820995
Nationality: SINGAPORE CITIZEN		EN	Email:	
Sex: Age: Date of Birth: Male 38 28/11/1982			Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2021 07	Accident:	
Location: ANCHORVAL Weather: Clear	E STREET	Road Surface: Dry			d Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		0.000.000	fic Volume;
Type of Collisi Moving Vehicl	on: e Against - Parked V	ehicle			one conveyed by ulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SLD1254P	Car	HYUNDAI	Elentra	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20210713/2047

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver				1-11		000110000
Name	WAN MUHAMMAD MUSTAQIM BIN WAN BORHAN			ID No.		S8241032E
Related Vehicle	SLD1254P (Car)			Conta	ct No.	87820995
Hospital/Clinic	NIL			Class Drivin Licens Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Disc		harge	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

On 13 July 2021 at about 7.45am, I went to my white Hyundai Elentra (License Plate: SLD1254P) which was parked at Lot:298 located at the multi storey carpark of Blk 329 Anchorvale Street. I discovered a yellow colour Police Note on my car requesting me to lodge a Traffic Police Report with the reference number F/20210713/0017.

I discovered that the front license plate of my vehicle has scratches, the bonnet has scratches and has red paint transfer and one of the front grills at the front part of my car has been chipped off. There were no other damages to my vehicle.

I last park my vehicle at the said location on 12 July 2021 between 5pm-6pm with the front part of the car facing outwards. Everything was intact. There is no in-car camera in my vehicle. No one injured and I do not know what happened. The Traffic Police Officer in charge is IO Yeo Kai Huat (Tel: 65476162)





3 of 3 Report No. T/20210713/2047

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sr Staff Sgt MUHAMED SHAMIR S/O HAMID GHOUSE	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2021 12:17	
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:	

NP168





Certificate of Insurance

Cover : drivo CLASSII

KMH0841CMHU193496

UB AUTO PTE LTD

SLD1254P

15 Jan 2021

14 lan 2022

MOTOR VEHICLES ITHIRD 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: 5120526557

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 raws in regulation the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of convenience by insiste 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 harm a business.

This Policy does not cover

- (a) Use for lacing, pace-making, reliability trial or specd-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 headings

EXCESS (SECTION 1)	5\$2,000		
EXCESS (SECTION 2)	\$\$1.500		
WINDSCREEN EXCESS	S\$100		
ADDITIONAL EXCESS	N/A		
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAD		
REPAIR AT OWNER'S PREFERRED WORKSHOP	NO.		
INSURE WITH COE	YES		
NCD PROTECTION	NO		
TRANSPORT ALLOWANCE	NO.		
EXCESS WAIVER	NO.		
PRIMARY DRIVER	N/A		
NAMED DRIVER (1)	N/A		
NAMED DRIVER (2)	N/A		
HIRE PURCHASE COMPANY	PASSIONATE CARS PRIVATE CONTINUES		
SUM INSURED	MARKET VALUE OF INSURED VEHICLE A TIME OF LOS		

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the deal Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act 1987 (Malays

Agency.

ASSURE (SINGAPORE) PTE. LTD. (00000615327)

Date of Issue

14 Jan 2021 10:25 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive