

Date of Accident : 26/09/21 Accident Time: 4 50AM (24-HR-FORMAT)
Accident Place : WCEGA PLAZA 3rd Floor
Vehicle Reg. No (Car plate No.) : SKH 9641 T Vehicle Make/Model: BMW 316
Insurance Company : NTUC Policy No. 5115340134 -01
Name of Registered Owner : Company / Individual UNITED MOTORING PTE LTD
ID of Registered Owner : Co Reg No: 201634759H Owner's NRIC No: _____
: Co Contact No: 1 Owner's Contact No: 9325 8888
DRIVER'S Name : _____ DRIVER'S NRIC No: _____
DRIVER'S Date of Birth : _____ DRIVER'S License Pass Date _____
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: 1
DRIVER'S Address : _____
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including Driver): 0 Name & Gender; _____
Was the accident reported to the police? YES \ NO
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any injuries, if yes (name of the injured person) _____

Other Party Driver's Particulars (if any)

| | |
|---------------------------------|----------------------------------|
| Vehicle Reg No: <u>SMV 868T</u> | Vehicle Reg No: <u>SKJ 5093R</u> |
| Vehicle Make/Model: _____ | Vehicle Make/Model: _____ |
| Name DRIVER: _____ | Name DRIVER: _____ |
| IC No. DRIVER: _____ | IC No. DRIVER: _____ |
| DRIVER'S Contact & add: _____ | DRIVER'S Contact & add: _____ |

IMPORTANT NOTICE

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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 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)**

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

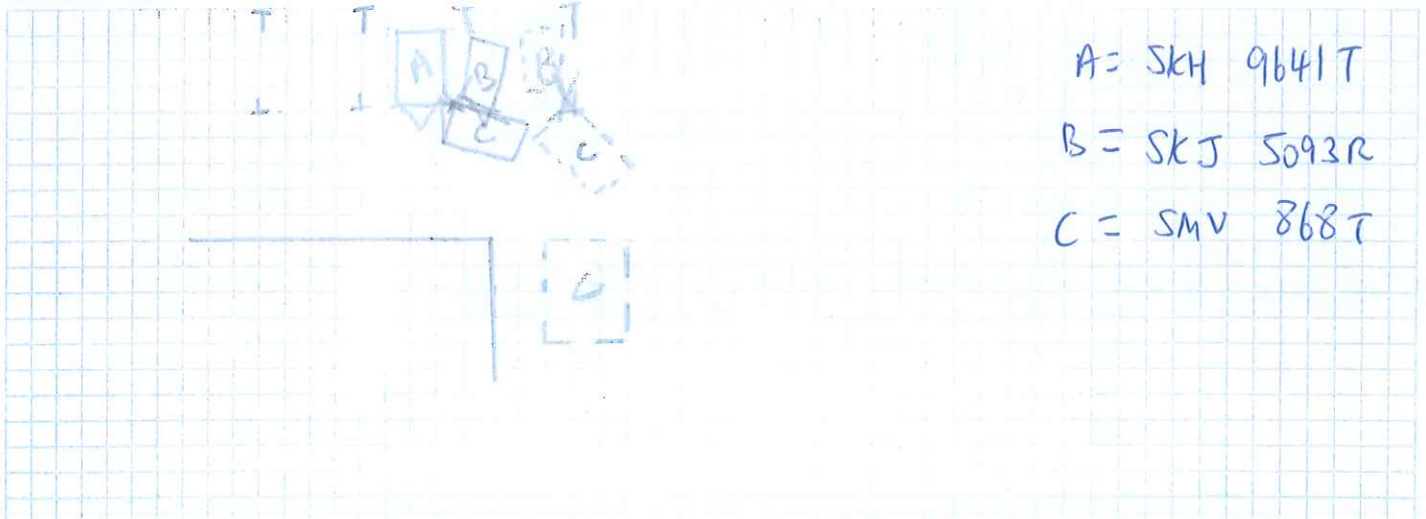
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.



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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE STATED TIME & DATE, MY CAR WAS PARKED AT
MY SEASON PARKING LOT. I CAME BACK TO FIND DAMAGE ON
MY VEHICLES.

Declaration

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

Witnessed by Reporting Centre Personnel

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 : 5115340134-01

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **N/A**
Any Motor Vehicle the property of the Policyholder or in their custody or control. All steam-driven vehicles are excluded.
2. Name of Policyholder : UNITED MOTORING PTE. LTD.
3. Effective Date of Insurance : 09 Jan 2021
4. Expiry Date of Insurance : 08 Jan 2022
5. Persons or Classes of Persons entitled to drive*
Refer to List Attached
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 only for Motor Trade purposes.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use solely for 'Breakdown' purposes is not deemed to be use for hire or reward.

* 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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

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|--------------------------------------|--------------------------|
| POLICY TYPE | : MOTOR-TRADE INSURANCE |
| TYPE OF TRADE/BUSINESS | : CAR DEALERS |
| TOTAL NUMBER OF AUTHORISED DRIVER(S) | : 10 |
| DETAILS OF AUTHORISED DRIVER(S) | : REFER TO LIST ATTACHED |
| EXCESS (SECTION I) | : N/A |
| EXCESS (SECTION II) | : S\$1,500 |
| 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 : QUOTIGO PTE. LTD. (00000573831)

Date of Issue : 24 Nov 2020 12:55 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive