

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.

 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 18/10/2021 12:32 (SGT) Date of Accident 15/10/2021 16:12 (SGT) Exact Location of Accident Singapore Additional Location Information EU TONG SEN ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL5202P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MAGIQUESTIONS CONSULTING Company Reg No 5XXXX514K Email Address alvin@magiguestions.com Mobile Phone No (Phone) +65-93856029 Alternative Phone No +65-93856029

VEHICLE PARTICULARS

Manufacturer Model **EVERY JOIN TURBO 660 AUTO** Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission Auto CC 658

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5123693868 Cover Note Number 14/09/2021 TO 13/09/2022

DRIVER

Name of Driver TEO WEI HAN ALVIN NRIC No. SXXXX303J

Date Of Birth	29/03/1977
Occupation	Outdoor
Date Of Driving Pass	17/06/1996
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93856029
Alt. Phone Number	-
Email Address	alvin@magiquestions.com
Address	APT BLK 275A COMPASSVALE LINK #03-250 (S) 541275
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	•
insurance company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
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	IRENE
Gender	Female
	Tomale
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Ma
Was notice of intended Prosecution given?	No No
If yes, against whom?	No
ii yes, agailist wiloitt?	-
CIRCUMSTANCES OF ACCIDENT	
DEFED WITH ATTACHED	
REFER WITH ATTACHED.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO LARGE UNABLE TO UPLOAD
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
BETAILS OF OTHER	TEMPLETROPERTY I
Vehicle Registration Number	SMP7913G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	

Private car
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SKETCH PLAN

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- 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' 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.

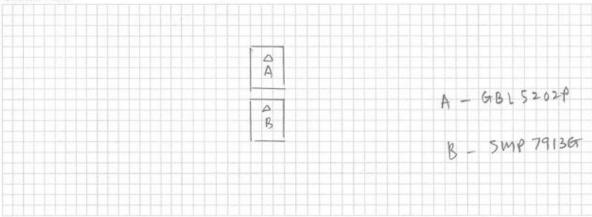
College Signature / Date &

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

1800+21

Witnessed by Reporting Centre Personnel

Sketch Plan



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

Policyholder's Signature / Date & Time

& Time

Witnessed by Reporting Centre





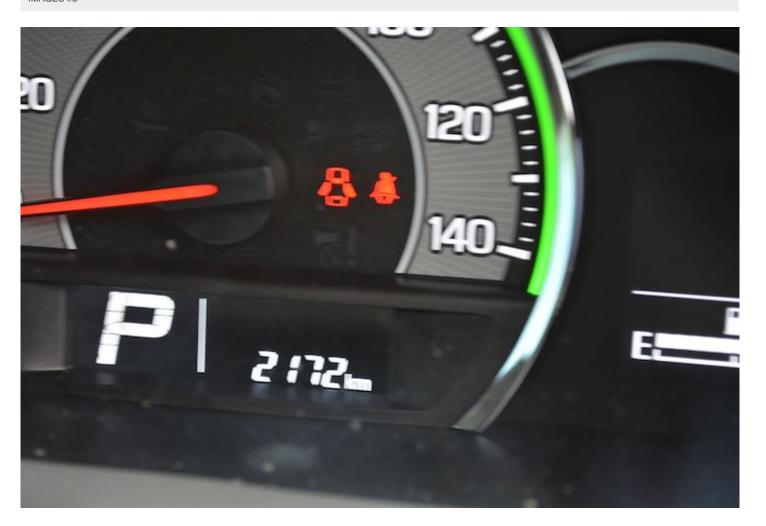










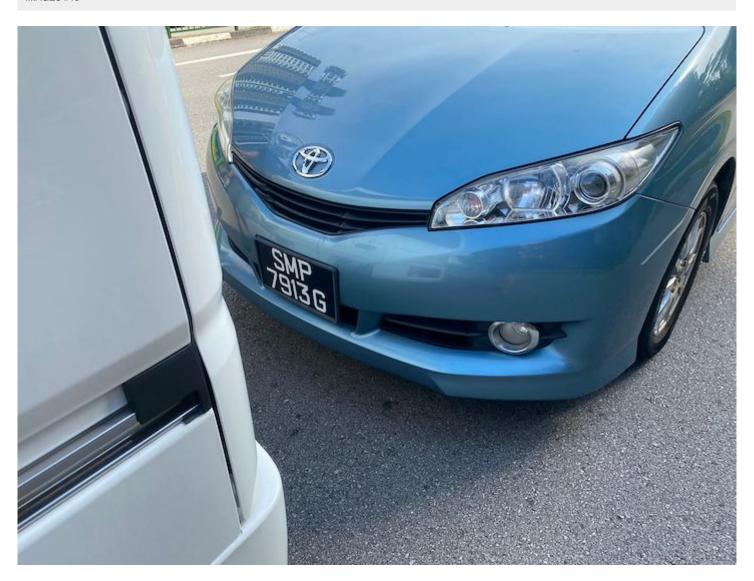














Certificate of Insurance

Cover : Comprehensive

MAGIQUESTIONS CONSULTING

GBL5202P

DA17V863435

14 Sep 2021

: 13 Sep 2022

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: 5123693868

Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

Effective Date of Insurance
 Evaluation 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.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) 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.

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

 EXCESS (SECTION 1)
 : \$\$600

 EXCESS (SECTION 2)
 : N/A

 WINDSCREEN EXCESS
 : \$\$100

 INSURE WITH COE
 : YES

HIRE PURCHASE COMPANY : THINK ONE CREDIT 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

: THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue : 14 Sep 2021 15:58 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive