

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 3. Information provided most be as ituation and accurate as possible. Any willing instepresentation of witholding of material acts may allow instri-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.

- 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 paries.

 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

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Date of Submission	08/11/2021 16:23 (SGT)
Date of Accident	07/11/2021 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PIE TOWARDS CHANGI ON LANE 2 BEFORE EUNOS
	EXIT.
Country/State of Loss	Singapore
	*

Additional Location Information	ALONG PIE TOWARDS CHANGI ON LANE 2 BEFORE EUNOS
Country/State of Loss	EXIT. Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SMC1545T
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes CL LEASING PTE LTD 201321410 W 20132 410W Jiafeng@clleasing.com.sg (Phone) +65-87209000 +65-87209000
Manufacturer Model 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? Vehicle Category Transmission CC	Toyota Vios - Private use No - Claiming third party Commercial vehicle Auto 1500

INSURANCE COMPANY

,	11
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	5111566598-02
Cover Note Number	-

DRIVER

MUHAMMAD IRFAN BIN ZAINAL AZMI Name of Driver



NRIC No	S9710349F
Date Of Birth	27/03/1997
Occupation	
	Indoor
Date Of Driving Pass	05/11/2020
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-94592455
Alt. Phone Number	_
Email Address	Jiafeng@clleasing.com
Address	BLK 497C TAMPINES STREET45 #02-54
	BLK 497C TAMPINES STREET45 #02-54
Address complement	-
Postcode	522479
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	
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Insurance Company of Other Vehicle Owned by Driver	
modulation company of other vollidio owned by briver	·
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Head to Rear
Weather Conditions	
	Clear
Road Surface	Dry
OTHER INFORMATION	
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
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Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Solioning and many	
DETAILS OF POLICE ACTION	
	No.
Was the accident reported to the police?	No No
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
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Contact Number Address	(Phone) +65-94517096
Address complement	-
Postcode Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident No. Of Passenger (Including Driver)	2
PASSENGER 1	
Name	UNKNOWN Female
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SKETCH PLAN

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
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u> and <u>accurate as possible</u> and <u>repudiate policy liability.</u>
- 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.
- 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) 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, har dling 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 5 to Date & Time:

Driver's Signature (if driver is not the policyholder)
Date & Time: \(\chi \left(224) \)

enin.

Reporting Centre Personnel's Signature

Name: NITH

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	Point of A. SMC 1. Respect B. SMA 12
DESCRIBE CIRCUMSTANCES	ES OF THE ACCIDENT
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retur from Sinc	- 1545T along lane = of PIE founds Changi t. I realized that the relieves what of me was
applying the bro	akes. Upon solly that I managed to step on the cor snalogou which was school me,
There were	time and hit the rear of my car.
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E STATE OF THE STA	
DECLARATION	culars are true in every respect.



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: 5111566598-02-000023 Cover: drivo PREMIUM

1. Index mark and Registration Number of Vehicle : SMC1545T

Chassis Number : MR2B23F3101133519 2. Name of Policyholder : CL LEASING PTE LTD 3. Effective Date of Insurance : 18 Sep 2021

4. Expiry Date of Insurance : 17 Sep 2022

- 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 disqual fied 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, 1487 (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) : S\$1,500 **EXCESS (SECTION 2)** : \$\$2,500 WINDSCREEN EXCESS : S\$100 ADDITIONAL EXCESS : N/A REPAIR AT OWNER'S PREFERRED WORKSHOP : YES 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

: DBS BANK LTD HIRE PURCHASE COMPANY

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)

: CHUAN LEE ENTERPRISES PTE. LTD. (00000572826)

Date of Issue

: 29 Aug 2021 23:30 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive