SA18228A0003 / Abwin Service Pte Ltd ENTRY DATE & TIME: 10/08/2022 16:13 (SGT) SUBMITTED BY: Gerine Cheng VERSION: 1 (10/08/2022 16:13 (SGT))

# **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 Actual 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 10/08/2022 16:13 (SGT) Reported by Driver Date of Accident 10/08/2022 09:00 (SGT) Exact Location of Accident 18 Newton Rd, Singapore 307989 Additional Location Information **NEWTON 18 CONDO CARPARK** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJR5499Z INSURED/POLICYHOLDER

Kia

Is company? Yes Name Of Registered Owner APPLE CAR RENTAL & LEASING PTE LTD Company Reg No 2XXXXX343H Email Address TECKLEU@GMAIL.COM Mobile Phone No (Phone) +65-88214292

Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model Forte Variant Exact purpose for which vehicle was being used at time of Private use

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1600

### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5110145755-03

### DRIVER

Name of Driver LEU TECK SOON NRIC No SXXXX009J Date Of Birth 28/10/1967 Occupation Indoor

Date Of Driving Pass 05/10/1992 Driving experience 29 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-88214292 Alt. Phone Number Email Address TECKLEU@GMAIL.COM Address 245 SIMEI STREET 5 Address complement 04-48 Postcode 520245 Is the driver the policyholder? If No, Relationship of the Driver with the Insured OWNER OF THE COMPANY Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SMV2288D Insurance Company of Other Vehicle Owned by Driver Direct Asia Insurance (Singapore) Pte Ltd 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMG5756D Vehicle Manufacturer Vehicle Model

Private car

## Accident report SA18228A0003

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

## 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 Actual Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6 This report will be forwarded by the insurers to 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 ("GtA") may/are permitted to collect, use, disclass and/or process my personal data/personal information sot 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/line 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 agent

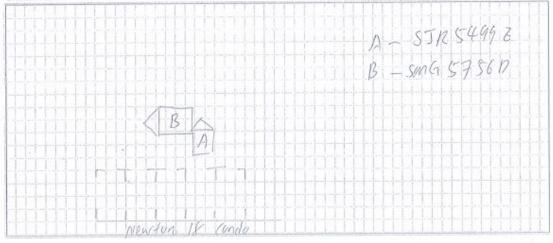
(including their process law firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

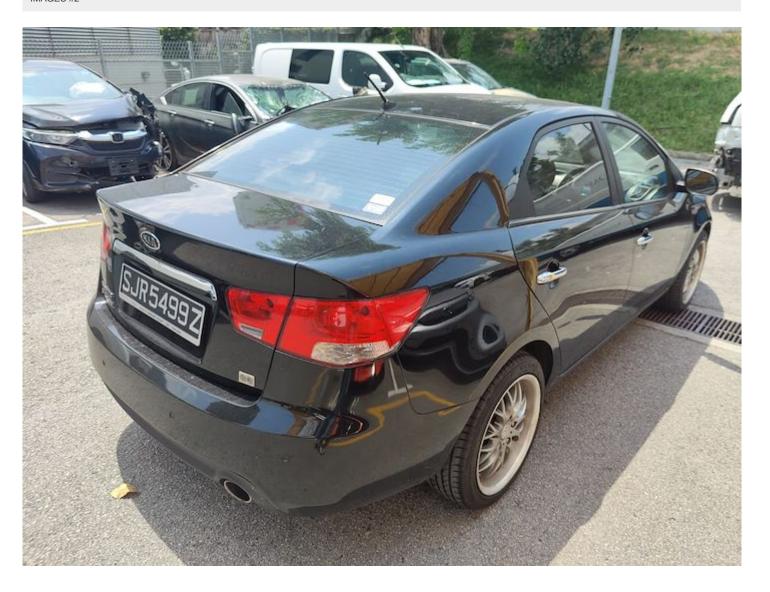
### Sketch Plan



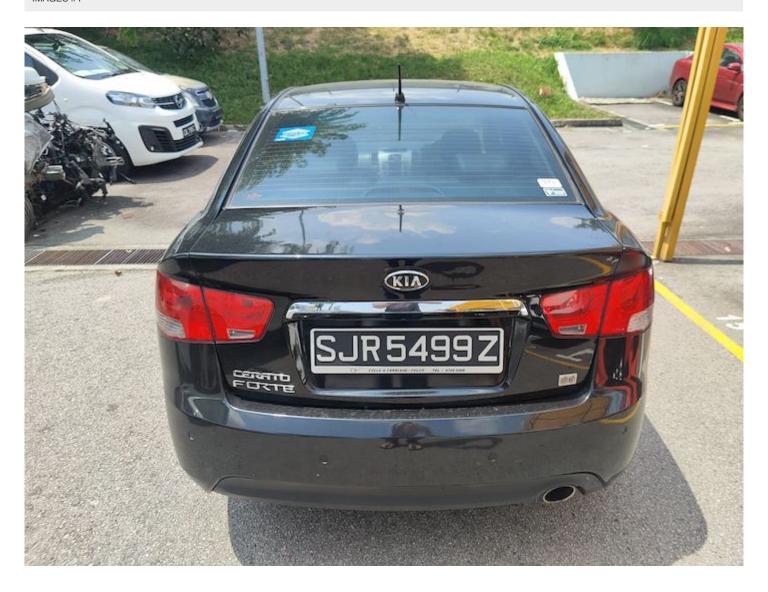
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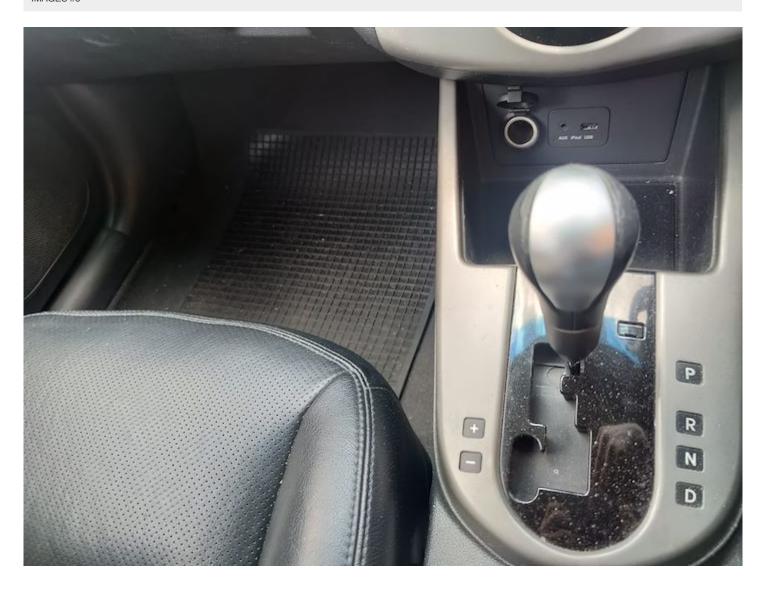
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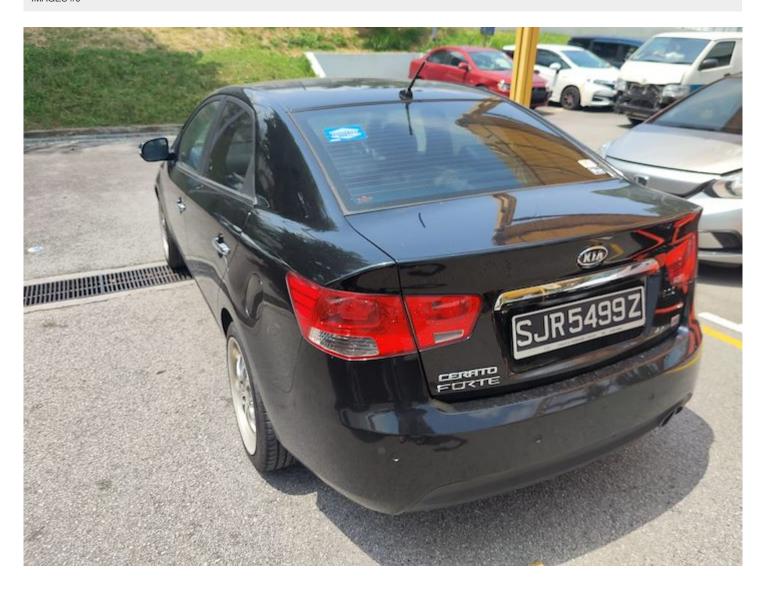






















### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1950 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

### Certificate Number: 5110145755-03

Cover : Third Party : SJR5499Z

1. Index mark and Registration Number of Vehicle Chassis Number

2. Name of Policyholder

: KNAFH221395086838

3. Effective Date of Insurance

: APPLE CAR RENTAL & LEASING PTE LTD : 29 Jun 2022

4. Expiry Date of Insurance

: 28 Jun 2023

5. Persons or Classes of Persons entitled to drivell

(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.

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

: N/A	
: \$\$1,500	
: N/A	
: NO	
: N/A	
: NO	
: N/A	
: N/A	
: N/A	
; N/A	
; N/A	
	: \$\$1,500 : N/A : NO : N/A : NO : N/A : N/A : N/A : 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)

: ASSURE PTE. LTD. (00000572842)

Date of Issue

: 06 Jun 2022 15:50 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive