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 First Submission 29/08/2024 15:32 (SGT) Reported by **Actual Driver** Date of Accident 29/08/2024 08:35 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG WOODLANDS ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volkswagen

Vehicle Registration Number SMG9152U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN LEE MUI NRIC No S7042107J Fmail Address LEONLIMRJ@YAHOO.COM Mobile Phone No (Phone) +65-98290741 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Golf Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1395 Vehicle Fuel Petrol First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D23MPC0000719_01

DRIVER

Type of Accident Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was any houred conveyed to hospital by ambulance? Vas any injured conveyed to hospital by ambulance? Yes Number of Passengers (Including Driver) 1	Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	LIM REN JIE LEON S9900268I 07/01/1999 Indoor 30/06/2017 3A Valid 7 YEARS AND 2 MONTHS Male (Phone) +65-82998542 LEONLIMRJ@YAHOO.COM 2E HONG SAN WALK #04-08 689051 No Child No
Weather Conditions Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) 11 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's phone number Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN. 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 THE VIDEO IS WITH THE WORKSHOP.	GENERAL INFORMATION OF THE ACCIDENT	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? 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? I ranslator's name 1 - Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN. 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 THE VIDEO IS WITH THE WORKSHOP.	Weather Conditions	Clear
Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance?	OTHER INFORMATION	
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Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident THE VIDEO IS WITH THE WORKSHOP.	ATTACHMENT(S)	
DETAILS OF OTHER VEHICLE PROPERTY 1	Was there any video captured by Car Camera?	Yes
	DETAILS OF OTHER	VEHICLE PROPERTY 1

SDW7717B

CACcident report SD0C248T0003

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model	-
Vahiala Variant	-
VIII 0 1	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

•		SNB9982E
		-
		-
Vehicle Variant		-
Vehicle Colour		-
Vehicle Category		Private car
Name of Driver		-
Contact Number		-
Address		-
Address complement		-
Postcode		-
Insurance Company Name		-
Nature Of Damage		_
•	n accident	_
No. Of Passenger (Including D	Oriver)	_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease 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 and 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 fiability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Traffic Police Department 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 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' lawyers/law firms, the Monetary Authority of Singapore and any refevant 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Dale & Time

Driver's Signature (If driver is not the policyholder) / Witnessed by Reporting Dentre Parsoenfel (Name as in Nric/ID card) *

Priver's Signature (If driver is not the policyholder) / Witnessed by Reporting Dentre Parsoenfel (Name as in Nric/ID card) *

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Priver's Signature (If driver is not the policyholder) / Witnessed by Reporting Dentre Parsoenfel (Na

Describe Circumstances of the Accident
On the stated date and time, I was driving straight on my
designated lane along the stated location. As the traffic was heavy,
the front vehicle slowed down and stopped, I followed suit. Soon
after my vehicle was stationary, I felt a huge impact coming from
my rear. The impact was so huge which caused my vehicle to propel
forwards and hit onto my front vehicle. I alighted from my vehicle
and realize that I was involved in a 3 car chain collision.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

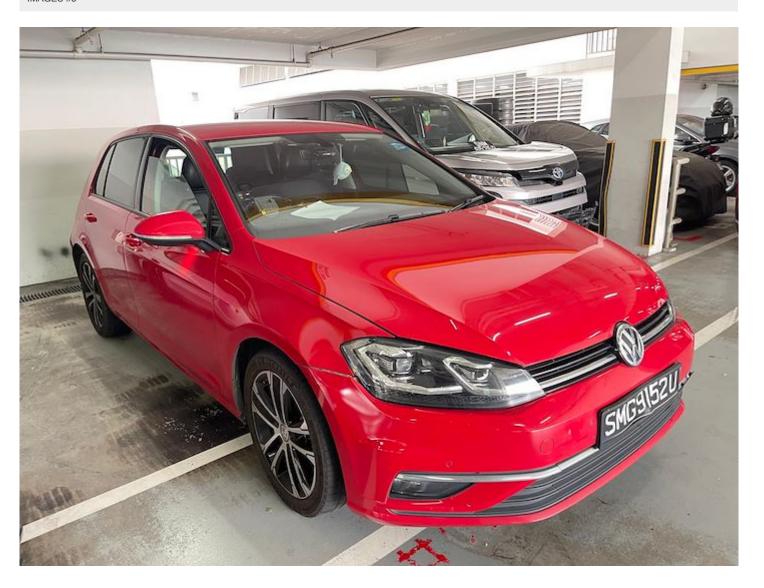
Driver's Signature (if driver is not the policyholder) / Date & Time

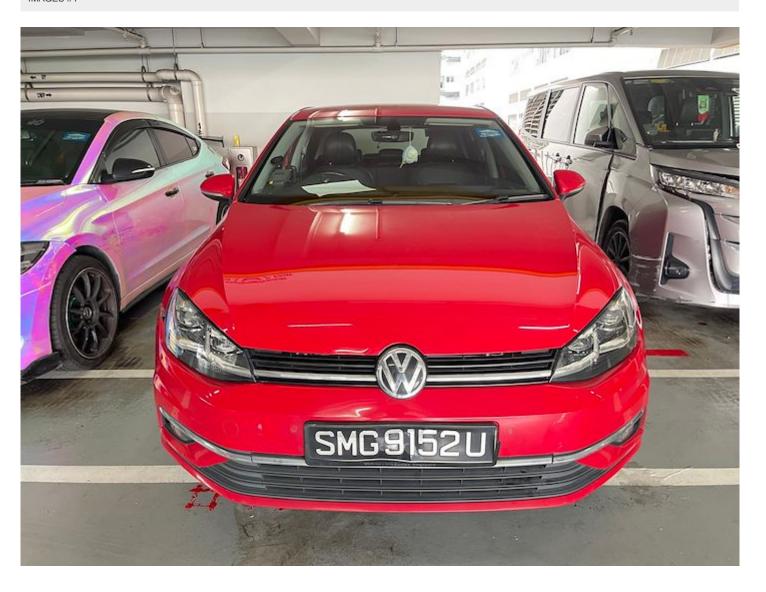
29/8/2024 10:24 am

Withersed by Reporting Centre Personnel

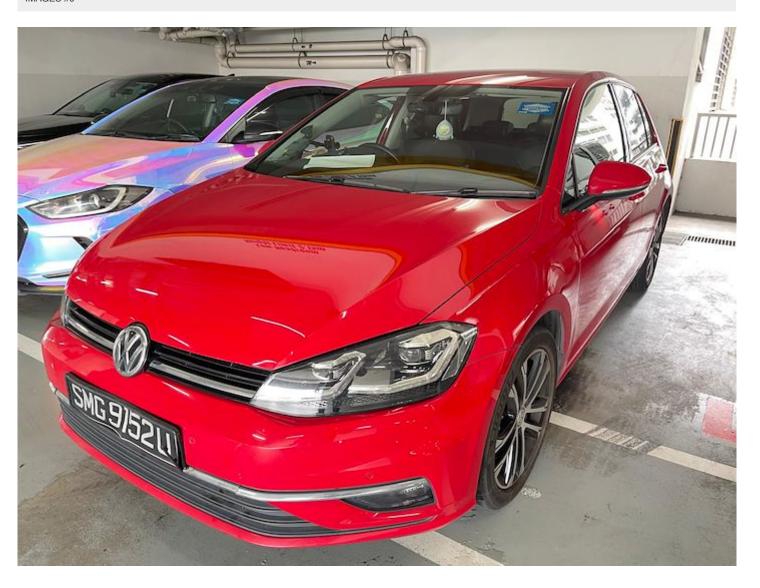




















INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k1 GST Reg. No. M2-0070006-X 6 Raffles Quay #22-00 Singapore 048580 Office [65] 63476100 Email insuretvili con.sg Website www.iii.com.sg

COVER: COMPREHENSIVE

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RILLS, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS RULES, 1999 MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D23MPC0000719_01

1. Index Mark and Registration Number of Vehicle

: SMG9152U

Chassis No

: WVWZZZAUZKW035490

2. Name of Policyholder

: TAN LEE MUI

3 Effective date of Insurance

: 04 Jan 2024

4. Expiry date of Insurance

: 03 Jan 2025

5. Persons or Classes of Persons entitled to drive*

Private Hire Usage: LIM YONG JIE SEAN only

For Social, Domestic & Leisure purposes only. 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.

Use for the carriage of passengers or goods in connection with the Policyholder's business. Use for social, domestic, pleasure purposes and business purposes of the policyholder.

The Policy does not cover

a) Use for racing, pace-making, reliability trial, or speed-testing.

b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

c) Use for any purpose in connection with the Motor Trade

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

Excess Section I : SGD2000.00 Excess Section II : SGD1500.00

Windscreen Excess: SGD100.00

Geographical Area:

Private Hire Use: within the Republic of Singapore only

For Social, Domestic & Leisure purposes only: within the Republic of Singapore and West Malaysia

Hire Purchase Company

: DBS Bank Ltd

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$\$2500/- ON SECTION I & II SEPARATELY WILL BE APPLICABLE.

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).

Agent/Broker : F000002/GENRIVER FINANCIAL PTE, LTD. Date of Issue : 20/12/2023 13:42:12

MZ406 - Hire Car (Hired Driving)

For India International Insurance Pte Ltd

migration07/20/12/2023 13:42:12

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20/12/2023 13:43:43