# **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 09/12/2024 17:51 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 08/12/2024 15:40 (SGT) Exact Location of Accident Singapore Additional Location Information TPE BETWEEN PUNGGOL AND LOR HALUS Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Mazda

Vehicle Registration Number SMV1921R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CLARENCE TEO CHUAN JIE NRIC No S9047820F Email Address CANCELOR80@GMAIL.COM Mobile Phone No (Phone) +65-82019331 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model 2 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Private car Transmission Auto CC 1496 Vehicle Fuel 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 D23MPC0006296-01

DRIVER

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	CLARENCE TEO CHUAN JIE S9047820F 10/12/1990 Indoor 21/03/2014 3 Valid 10 YEARS AND 9 MONTHS Male (Phone) +65-82019331 - CANCELOR80@GMAIL.COM 953C TAMPINES ST 96 #09-183 - 523953 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 6 No - Yes 2 No
Name Gender	MIAO ZI YAN Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN AND STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SMC1969D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	NG WAH LIANG
Contact Number	(Phone) +65-97676996
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

Vehicle Registration Number	SNL5510H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 3**

Vehicle Registration Number	SNE2594Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 4**

Vehicle Registration Number	SLL6822A
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	NA / Unknown
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 5

Vehicle Registration Number	SKZ5017C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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
- 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
- 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho 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
- (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
- (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.

09/12/24 Policyholder's Signature / Date & Time

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

Makessed by Reporting Centre Personnel

Sketch Plan

SMV 192112 SNLSSIDH SLL6822A SNEZ5944

# Describe Circumstances of the Accident

A COIDEN	T OCCURED AT 1540 HRS ON SUNDAY 08 PEC 2024,
MUONG	THE BETWEEN PUNGGOL ROAD AND LORONG HALMS.
VEHICU	ES INVOLVED IN ORDER ARE : (1) SKZ \$017C, (2) SNE 2594Y
,	822A (4) SNL 5510H (5) SMC 19690 AND CL) SMV 1921
	TO THE TIME OF ACCIDENT I WAS DRIVING ON LANE
AS THERE	WAS A VARNING OF LANE 1 CLOSURE AHEAD I
PROCEED	ED TO CHANGE TO LANE 2.
AFTER C	OMPLETENG THE LANE CHANGE, A VEHICLE OVER TOOK
IAC AN	1000
his on	LANE 3 AND IVEERED SCIGHTLY INTO MY LANE
	HE VEHICLE AHEAD (SMC 1969D) VEERED LEFT.
- NO 10	CLE IN LANES STEERED AWAY AND NEXT SMC19690
FLASHED	ITS BRAKE LIGHT AND COLLIDED WITH SNLTSTOH.
-	COLLOED WITH SNLTSIOH.
L THEN	ATTEMPTED TO ENGAGE EMERGENCY BRAKES AND
0.1.2	AND STATE OF THE S
HAZARO	LIGHTS BUT WAS UNABLE TO REACH A COMPLETE
( 700 11 -	The same of the sa
JI'V DEI	OKE COLCISION.
AFTER 7	HE COLLIFICATION TO BE SEEN TO THE SEEN
The state of	HE COLLISION, NOBODY WAS INJURIED AND DID NOT
	INTOKAL A
	MEDICAL ATTENTION AND A TRAFFIC POLICE ASSISTED
N GETTI	N.C. MY CAR STATE
	NG MY CAR BACK ON MY JOURNEY.

# Declaration

We declare the foregoing particulars are true in every respect,

Discription Signature 12

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel







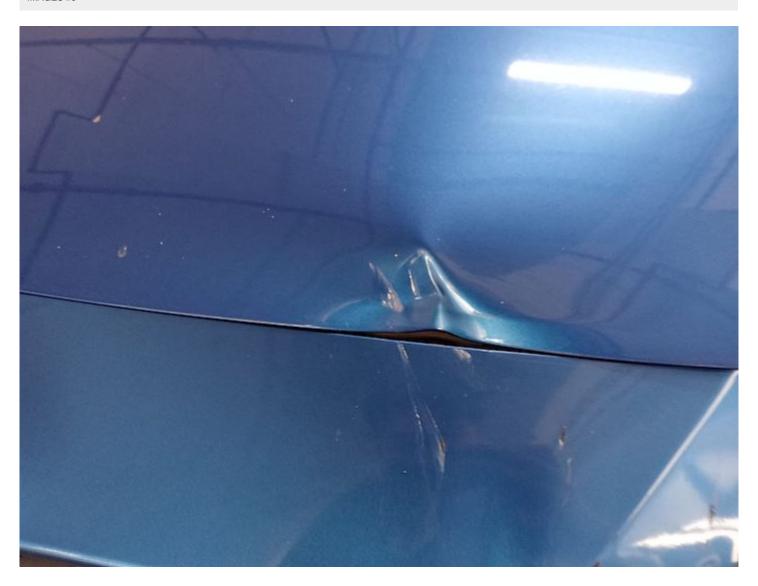


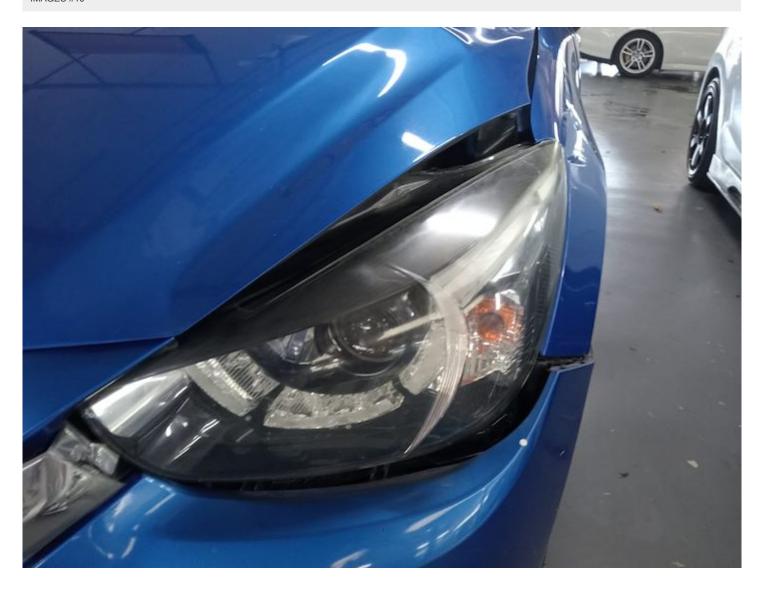




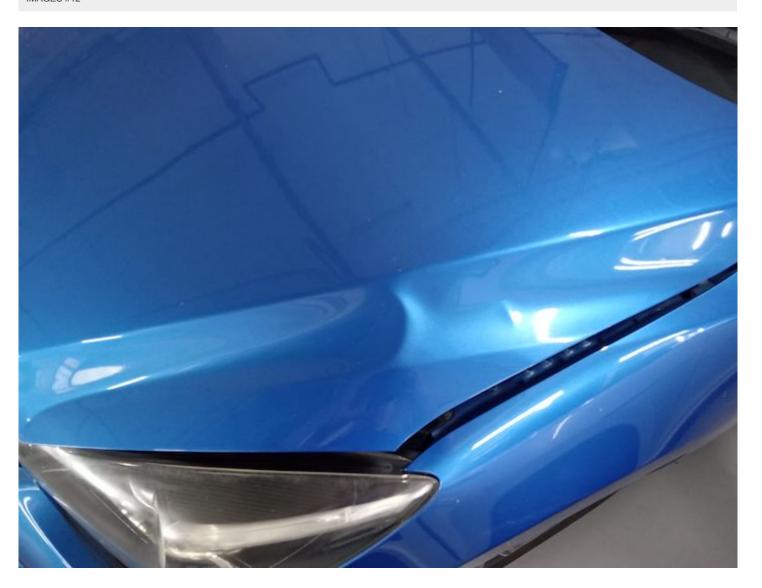




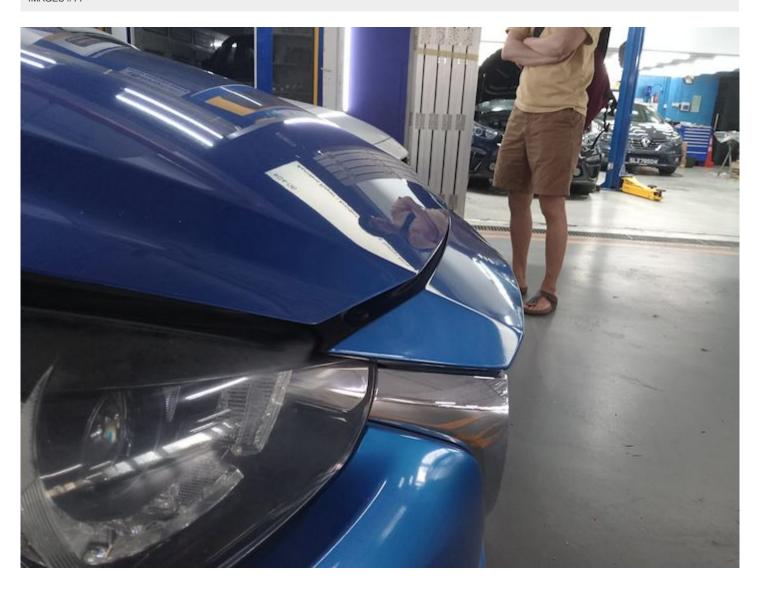




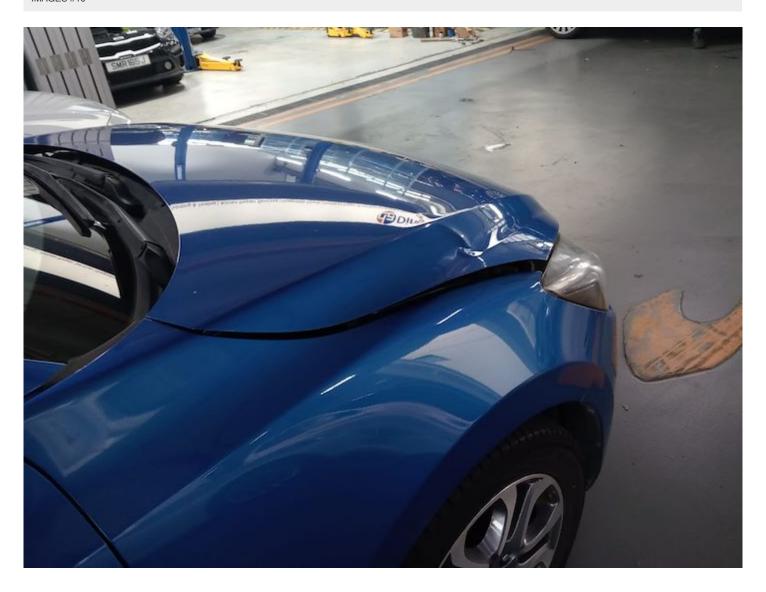








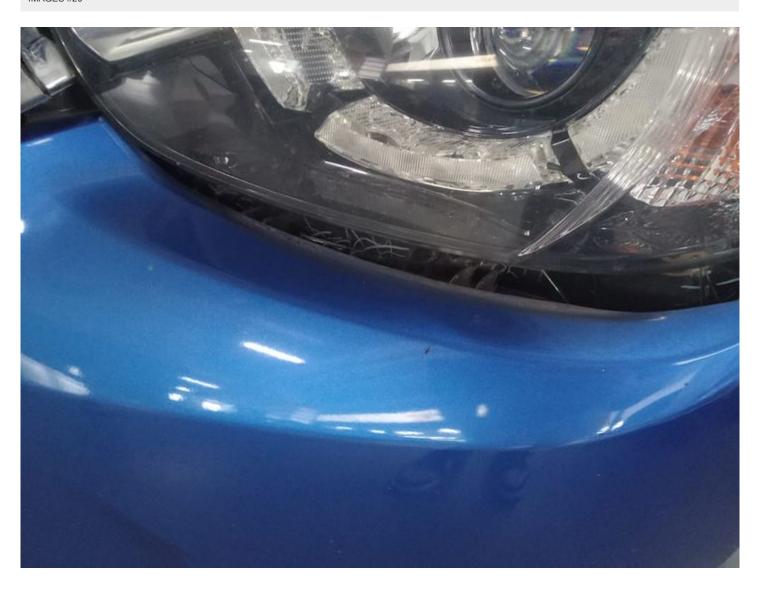


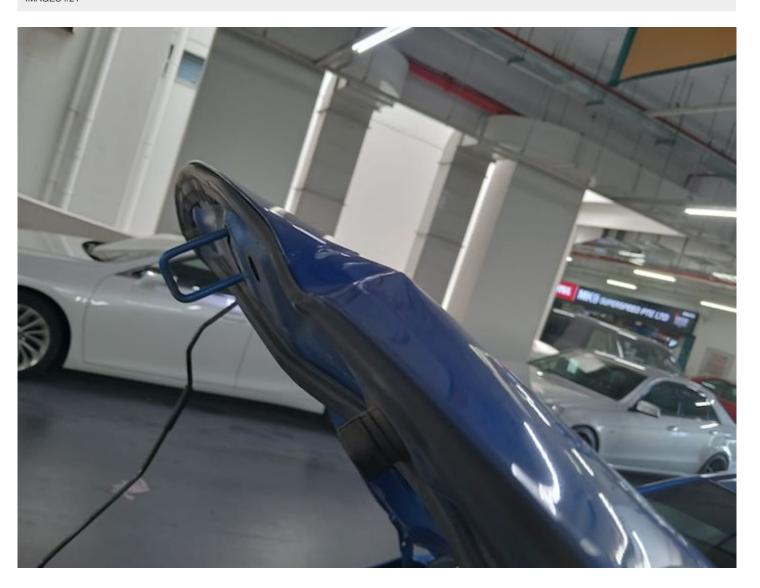




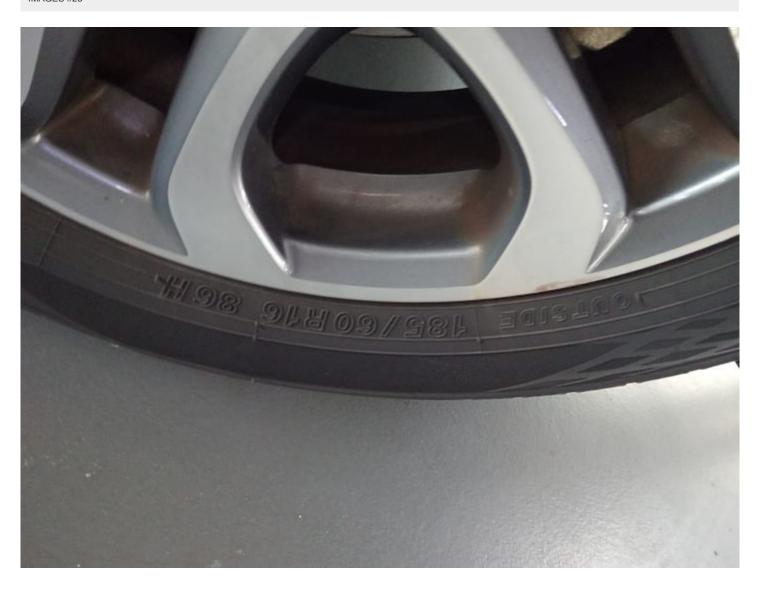


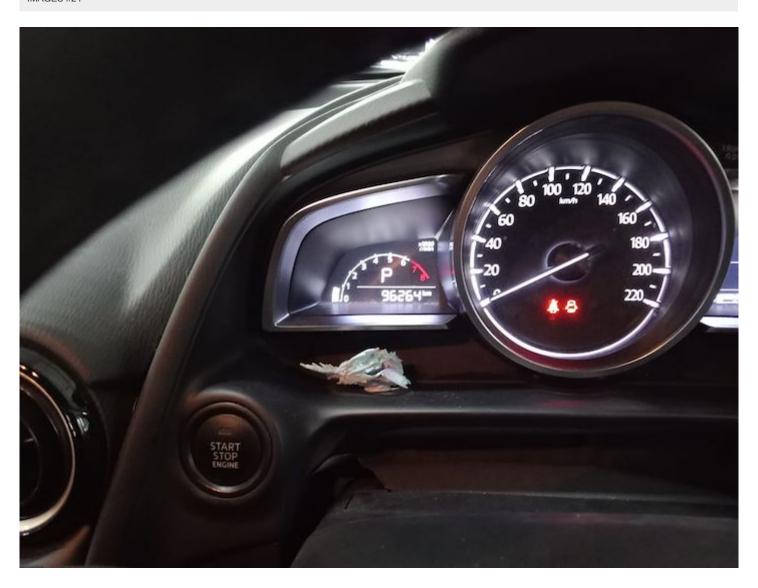






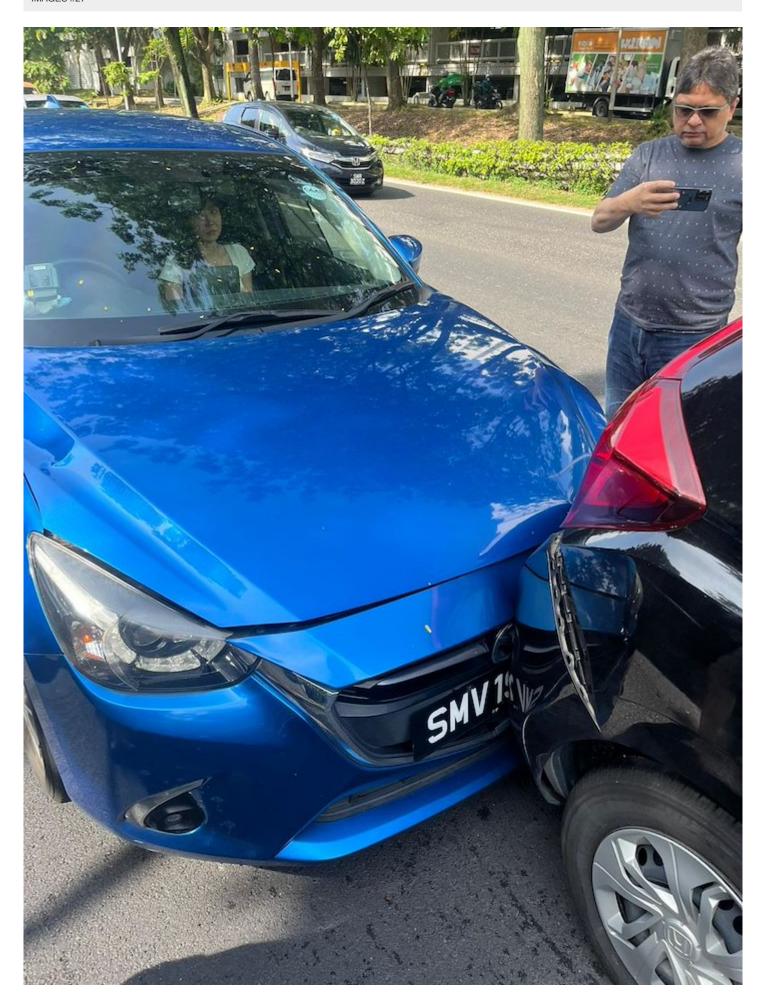














#### INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711 Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 Website www.iii.com.sg

### 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, 1967 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

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

### CERTIFICATE NO.: D23MPC0006296\_01

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle

Chassis No.

: SMV1921R : JM6DJ2HAA01300642

2. Name of Policyholder

: CLARENCE TEO CHUAN JIE

3 Effective date of Insurance

: 18 Sep 2024

4. Expiry date of Insurance

: 17 Sep 2025

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her

partner.

(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.

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

### The Policy does not cover

a) Use for hire or reward.

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

c) Use for the carriage of goods other than samples in connection with any trade or business.
 d) 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.

Insured and Named Drivers Excess Section I: SGD 600.00

Unnamed Drivers Excess Section 1: SGD 1,100.00

Windscreen Excess: SGD 100.00

AUTHORISED WORKSHOP PLAN:

WARRANTED THAT ALL ACCIDENT REPAIRS INCLUDING WINDSCREEN REPAIR OR REPLACEMENT MUST BE CARRIED OUT AT INDIA INTERNATIONAL INSURANCE PTE LTD AUTHORISED WORKSHOPS ONLY.

Hire Purchase Company

: HL Bank

FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I 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 : A000050/Sunmex Enterprise

Date of Issue : 20/08/2024 15:15:53 MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd



NgiaTeckMeng/20/08/2024 15:15:53

Page I of I

08/12/2024 15:54:25