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 25/07/2024 17:21 (SGT) Reported by **Actual Driver** Date of Accident 25/07/2024 16:10 (SGT) Exact Location of Accident Singapore Additional Location Information North Bridge Road entering 464 Crawford Lane Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Nissan

Vehicle Registration Number **GBL4123R**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HUI WEI NONYA DUMPLINGS AND CAKES Company Reg No 53416160W Email Address sharontong1@hotmail.com Mobile Phone No (Phone) +65-92375853 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model NV350 CARAVAN DX 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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 1998

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D24MCV000132

DRIVER

Name of Driver Yeo Teck Chye NRIC No S1709972H Date Of Birth 01/05/1965 Occupation Outdoor

Driving Pass Date 16/04/2021 Driving experience 3 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-92375853 Alt. Phone Number Email Address sharontong1@hotmail.com Address 288 Yishun Avenue 6 #10-54 S760288 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Director Does Driver Own Other Vehicles? No Vehicle Registration Number 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 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 Refer to 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 SHB6333U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Taxi

Tan Suan Thang

(Phone) +65-97843181

Vehicle Category

Name of Driver

Contact Number

| Address | | | |
|----------------------------------|----------|------|--------------|
| Address complement | | | |
| Postcode | | | <u>-</u> |
| Insurance Company Name | | | <u>-</u> |
| Nature Of Damage | | | |
| Details of property damaged in a | accident | | <u>-</u> |
| No. Of Passenger (Including Dri | ver) | | - |

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrapresentation 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 companies.
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 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.
- 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 ("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 relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my daims 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.

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1700hrs 25/7/2024

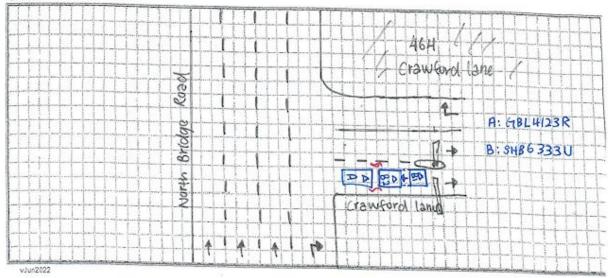
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



| | | 1104 | elling | along | NOH | n Bridge | Road | entening | 464 |
|-------|---------|-------|---------|---------|--------|-----------|----------|-----------|-----------|
| Craw | uford | lone | on | 15/07 | 12024 | at 8b | out 4.0 | 8рт. Му | (ar |
| Mas | Station | nary | Waltin | ng for | the vi | Phicle in | front to | enter th | e gantry. |
| Sudd | enly | the | vehicle | infrant | revi | ersed a | ind coll | ided onto | the |
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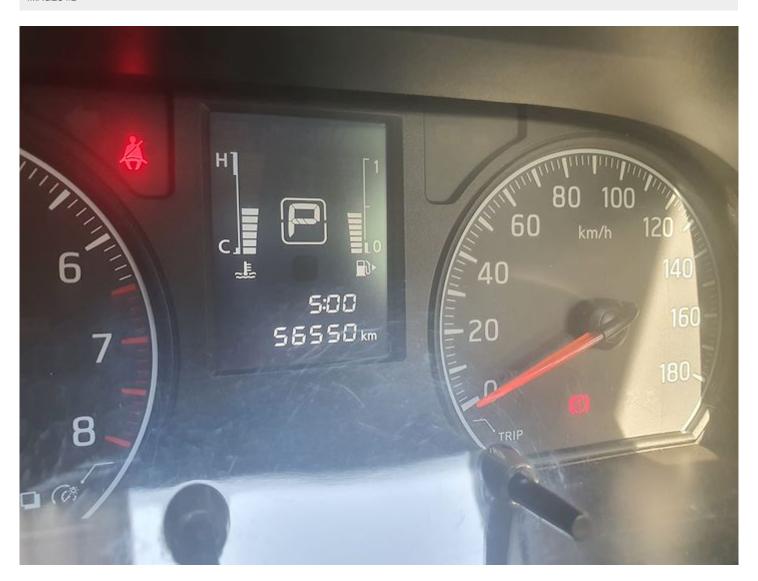
I/We declare the foregoing particulars are true in every respect.

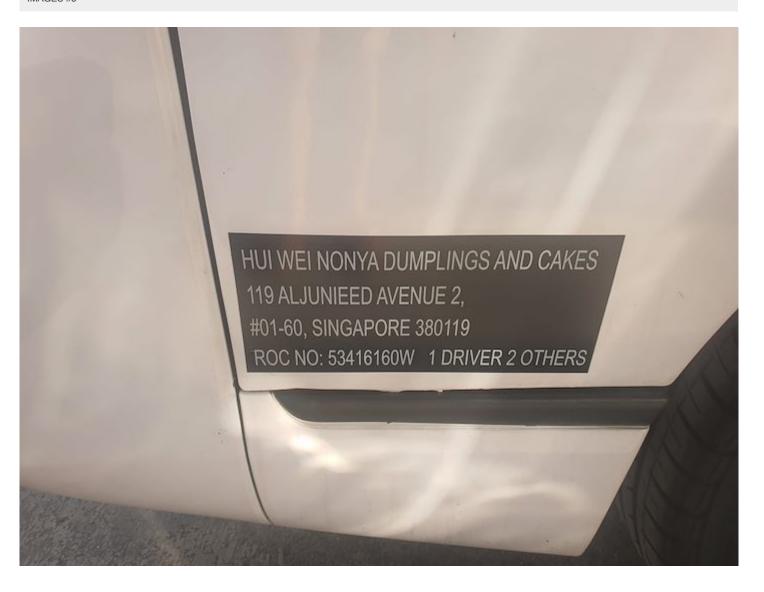


Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

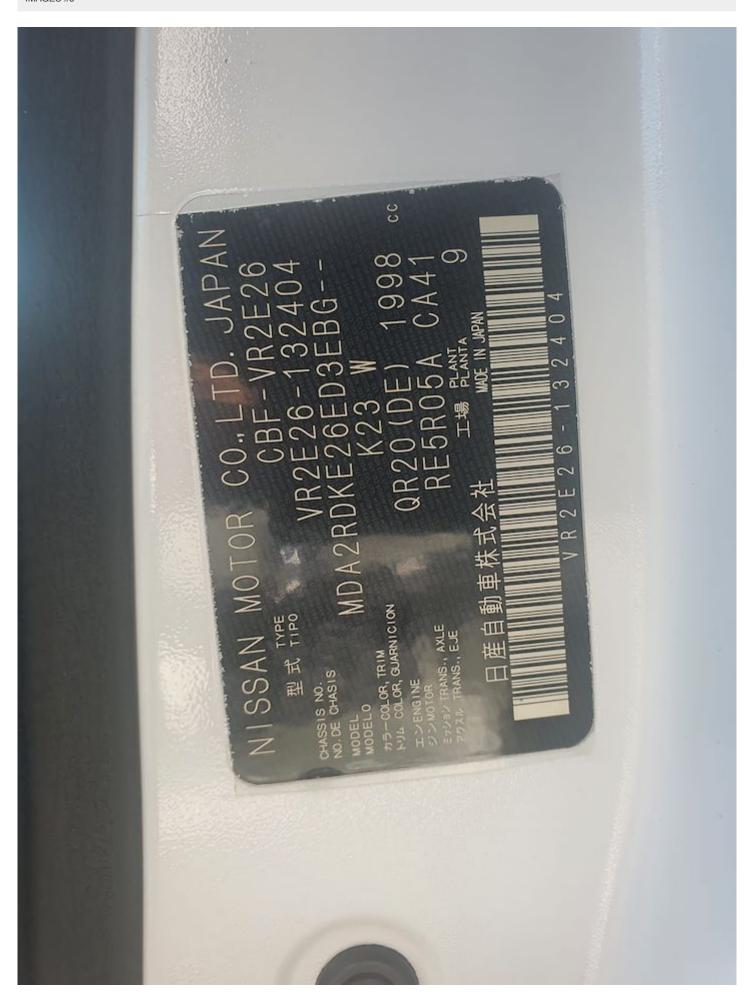
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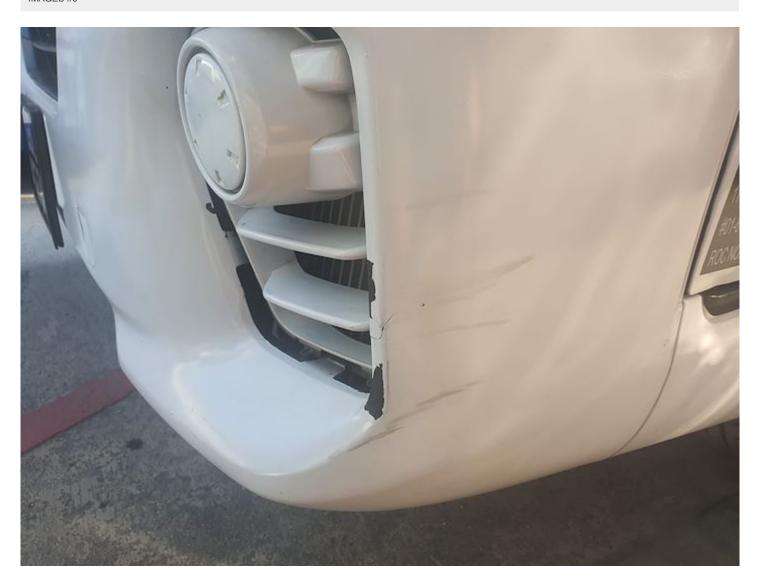


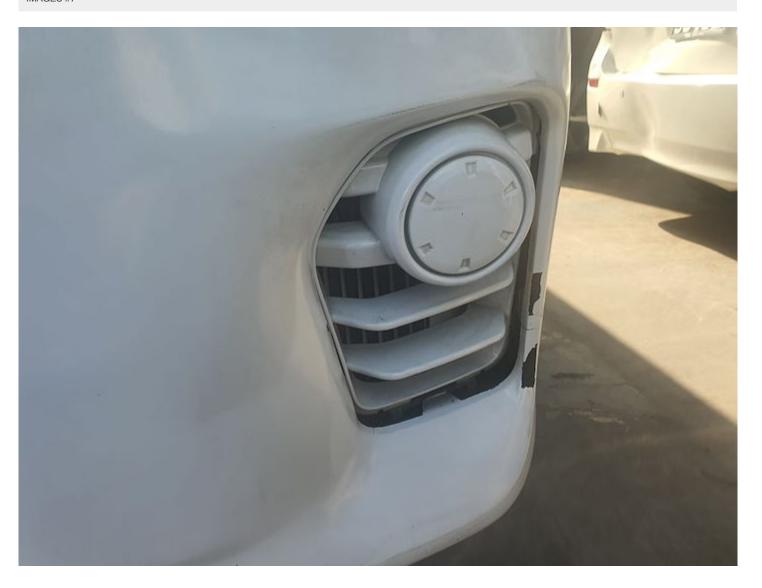


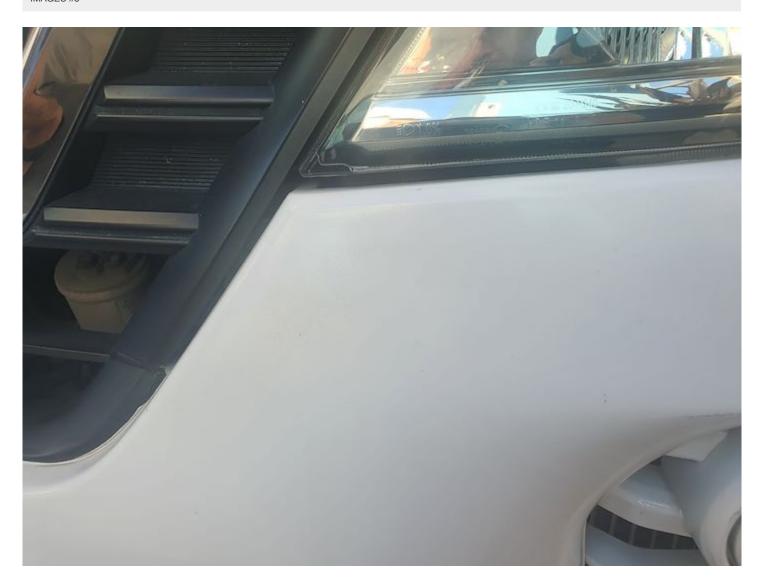


























INDIA INTERNATIONAL INSURANCE PTE LTD

COVER: Comprehensive

Co. Reg. No. 196703792k | GST Beg. No. M2-9078006-X 6 Radder Quay #22 00 Singspore 048550 Office (65) 63476100 Entell Insure Officionning Website www.mccmag

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISES AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (CHIED-PARTY RISES AND COMPENSATION) RELES, 1970 BOAD TRANSPORT ACT. 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISES) RICLES, 1939 (MALAYSIA)

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

CERTIFICATE NO.: D24MCV0000132

GBL4123R

1. Index Mark and Registration Number of Vehicle Chussis No

: VR2E26132404

2. Name of Policyholder

HUI WEI NONYA DUMPLINGS AND CAKES

3 Effective date of Insurance

05 Jan 2024

4. Expiry date of Insurance

: 04 Jan 2025

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their 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 in connection with the Policyholder's business.

b) Use for the carriage of passengers (other than for life or reward) in connection with the Policyholder's business.

c) Use for social, dunestic and pleasure purposes.

The Pollcy 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 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 leadings.

Excess Sec 1: SS600.00 Windscreen: S\$100.00

Hire Purchase Company : MONEYMAX LEASING PTE LTD

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION 1 WILL BE APPLICABLE.

I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Mater Vehicles (Hard-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Makaysia).

Agent/Broker : A0000783INSURANCE SOLUTIONS HUB & CONSULTANCY AGENCY PTE LTD

:11/12/2023 20:04:37 Date of Issue

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd

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11/12/2023 20 05:38