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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.
- 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

aforesaid.				
	ACCIDENT STATEMENT			
Date Of Report	12/02/2018 11:04			
Date Of Accident	12/02/2018 06:40			
Exact Location Of Accident	ALONG SLE TOWARDS TO BKE EXIT			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SJP6159J			
Insured/Policyholder				
Name Of Registered Owner	JUMAT BIN ZAINAL			
NRIC No	S1729117C			
Email Address	NOEMAIL			

(LOCAL) +65-97613567

OTHERS-97613567

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer CHEVROLET

Model OPTRA5-1.6 (A)

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?

YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number M490973W

Cover Note Number

Driver

Name of Driver JUMAT BIN ZAINAL

NRIC No S1729117C

Date Of Birth 24/12/1965

Occupation INDOOR

Date Of Driving Pass 14/03/1986

Driving Experience 31 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97613567

Fax Number

Contact Number OTHERS-97613567

EMail Address NOEMAIL

APT BLK 665 CHOA CHU KANG CRESCENT #04-277 SINGAPORE 680665 Address

680665 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

1

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 this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

To the above mentioned accident along SLE going to BKE EXIT i was on second lane, with heavy morning traffic in front of my vehicle SKG 1361J B.M.W X3 silver colour suddenly stop due to few vehicle was jam brake. Due to limited view in front of me i can't brake on time and hit his rear bumper.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

Sketch Plan

SKETCH PLAN		
	SJP & 59J	
Vehicle B	3615	Ta I
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
1000 of 1	Moon along the and	as to REE exit I was
second lone	with been previous	traffic in front of my dently stop due to limited
relate a Ra	Not X 3 SEG 13813 Chlase Str	dell ston due to
tow vehicle L	en specie valuele vace le	adenty stop due to
year venicle t	et al ma I as it "	las brake. Due to limited
a title of the second of the s		be broke on time and
hit his rea	r banaper.	
DECLARATION		
	rticulars are true in every respect.	
Jerse	- July	
Policyhalder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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) 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:
 - 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.
- (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 Date & Time: Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #3 Pg. 1



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST. Reg. No. M2-0078806-X 64 Cecil Street #04/ #05/ #06-02 IOB Building Singapore 049711

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

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.

The Certificate must be returned if the Insurance is suspended during its currency.

WEEEKEND CAR

Agency Code: 45060SE

Insured/ Named Drivers Excess: \$600/- Sect I

Comprehensive

Unnamed Drivers Excess: S1100/- Sect. I & additional S2500/- Sect. I for age

<21 years or >65 years &/or S'pore D.L. < 2 years

Windscreen Excess:

CERTIFICATE NO.

M490973W

Index Mark and Registration
 Number of Vehicle

SJP 6159 J

2. Name of Policy Holder

Jumat Bin Zainal

3. Effective date of the Commencement of

Insurance for the purposes of the Act

30th March 2017

4. Date of Expiry of Insurance

29th March 2018

- 5. Person 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

6 Limitations as to use*

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

The Policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or 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.

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).

Date of Issue. ly /24.03.2017

for India International Insurance Pte. Ltd.

(APPROVED INSURERS)

M X. I (PRIVATE CAR) INDIVIDUAL OWNERSHIP

Authorised Signatory

IMPORTANT NOTICE

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

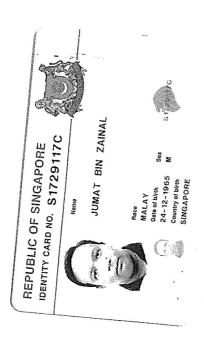
The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

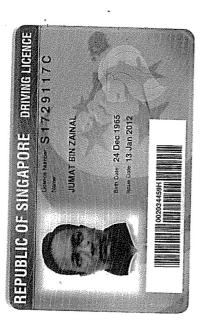
IN THE EVENT OF AN ACCIDENT NOTH ICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING HABILITY

Agent/Broker Name: Jardine

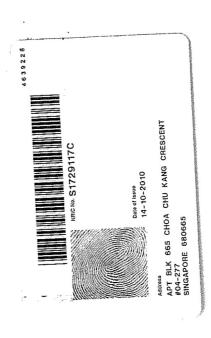
Hire Purchase Company: NA

Sketch Plan #4 Pg. 1









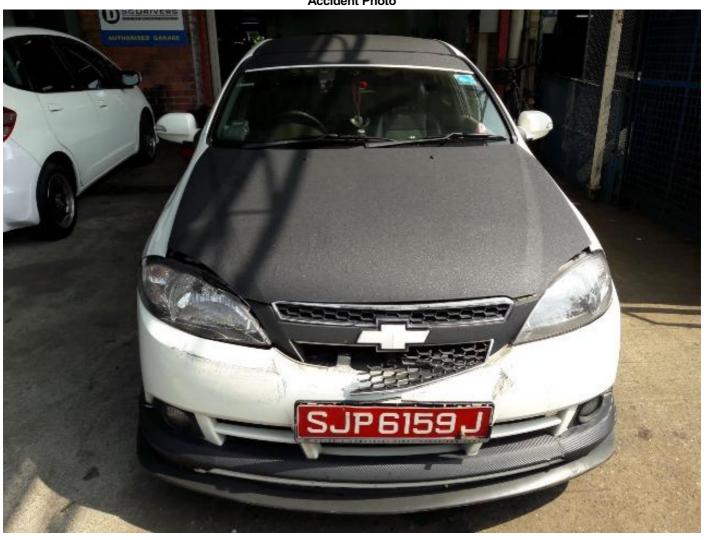












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM			
1)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:			
	Original Report No: MLSM 180 30949-01 Vehicle Registration No: SJP 6159J			
	Name(as shownin NRIC): JUMAT BIN ZAINAL NRIC/FIN/Passport No : \$1739117C			
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate			
	Address : APT BUK 665 CHOQ CHU KANG CRESCENT 404-277 Singapore (680 66)			
	Contact (Tel) : 976/3567 Mobile No.: 976/3567			
	Email Address :			
	Date of Accident : 12.02.2018Time of Accident:			
	Place of Accident : Mong SLE Towards To BEE Exit			
	Insurance Company: India International Insurance Pte . Ltel.			
	READ AS 85P 61595.			
	Long Strangs Notor Service			
	Policyholder / Driver's Signature Date: Reporting Centre Personner's Signature Name: Tel: 6763 9733 Fax: 6763 9866 NRIC/FIN No.: Date:			

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