

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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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.

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
Mobile Phone No	(LOCAL) +65-97613567
Alternative Phone No	OTHERS-97613567

Vehicle Particulars

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
EEmail Address	NOEMAIL

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

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.	NO
Number of Passengers (Including Driver)	1

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)

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

Sketch Plan

SKETCH PLAN

Vehicle A SJP 659J

Vehicle B SKG 1361J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Today at 6.40am along SLE going to BKE exit I was on second lane, with heavy morning traffic in front of my vehicle a BMW X3 ^{SKG 1361J} silver color suddenly stop due to few vehicle ~~few vehicle~~ was jam brake. Due to limited view in front of me I can't ~~make~~ brake on time and hit his rear bumper.

DECLARATION

I/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:


 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.
2. 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 companies.
5. **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 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:
 - (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.
- (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)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



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
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, 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.

WEEKEND CAR

Agency Code: 45060SE	Insured/ Named Drivers Excess: \$600/- Sect I
Comprehensive	Unnamed Drivers Excess: \$1100/- Sect. I & additional \$2500/- Sect. I for age < 21 years or >65 years &/or S'pore D.L. < 2 years
	Windscreen Excess: \$100/-
CERTIFICATE NO.	M490973W
1. 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: **17/24.03.2017**

for India International Insurance Pte. Ltd.
(APPROVED INSURERS)

M.X. 1 (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 NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: **Jardine**

Hire Purchase Company: **NA**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1729117C



Name
JUMAT BIN ZAINAL

Race
MALAY

Date of birth
24-12-1965

Sex
M

Country of birth
SINGAPORE

S1729117C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S1729117C

Name
JUMAT BIN ZAINAL

Birth Date
24 Dec 1965

Issue Date
13 Jan 2012

002034459H



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE
14 Mar 1965
13 Apr 2004
22 Mar 1956


Class 2B Motorcycles < 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg

Licence No: S1729117C




NP 48A

4639228



NRIC No. S1729117C



Date of issue
14-10-2010

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLSM18020949-01 Vehicle Registration No: SJP 6159J
Name(as shown in NRIC) : JUMAT BIN ZAINAL NRIC/FIN/Passport No : S1729117C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : APT BLK 665 CHOA CHU KANG CRESCENT #04-277 Singapore (680 665)
Contact (Tel) : 97613567 Mobile No. : 97613567
Email Address : N/A
Date of Accident : 12.02.2018 Time of Accident : 0640 Hrs
Place of Accident : Along SLE Towards To BRE Exit
Insurance Company: India International Insurance Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Vehicle Number key in as SJ6159J, AND IT SHOULD
READ AS SJP 6159J.

Policyholder / Driver's Signature
Date:

Long Sheng Motor Service
Blk 5, No. 399-4 Woodlands Road
Yew Tee Industrial Estate
Singapore 730399
Reporting Centre Personnel's Signature
Name: Tel: 6763 9733 Fax: 6763 9866
NRIC/FIN No.:
Date: