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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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.
- Any false reporting may be referred to the Police for investigation.
- 8. 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

AND THE RESIDENCE OF THE PARTY	ACCIDENT STATEMENT
Date Of Report	14/02/2018 15:52
	14/02/2018 12:30
	BLK 20 GHIM MOH ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU4300E
Insured/Policyholder	
Name Of Registered Owner	YEO SEOK QI JANET (YANG SHUQI)
NRIC No	S8229301I
Email Address	ORANGE_MANGO3344@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98711482
Alternative Phone No	OTHERS-98711482
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M494670
Cover Note Number	
Driver	
Name of Driver	YEO SEOK QI JANET (YANG SHUQI)
NRIC No	S8229301I
Date Of Birth	20/09/1982
Occupation	INDOOR
Date Of Driving Pass	11/02/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98711482
Fax Number	
Contact Number	OTHERS-98711482
	22 1/22 201/10/201/201

ORANGE_MANGO3344@YAHOO.COM.SG

118 WOODLANDS AVENUE 5 Address

#03-39

739019 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

NO

YES

NO

n

NO

NO

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

O Number of vehicles involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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?

If Yes Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE CREFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

NO NO

Was there any audio recorded?

Details of Witness 1

Name Phone Number VINCENT

97632837

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YN7043K

Vehicle Make/Model/Colour

MITSUBISHI LANCER

Details Of Properties

Vehicle Category Name of Driver

COMMERCIAL VEHICLE

CHANDRAN REMESHKUMAR

NRIC/Passport Number

034233543

Contact Number

85138701

Address

Postcode

Insurance Company Name

Page 2 of 14

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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 companies.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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

14/2/16 Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature
Name:
NRIC/FIN No. 10821 WHAY

SKETCH PLAN Jewsueno WAS NOT BY THE Miknown DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Todays, 12:30 FM. When I was going to savperk to take My Sav. A guy was stouching there and he admitted that he reserved and bring into my car There is a wirners that soul me wildent. Name: Wittent 40 97632837 DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature
Name: Col WANDAS Policyholder's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

19/2/15

Date & Time:

To whom it may wheen " CAR PLATE # YN 70 43 K I CHANDRAN RAMESH KUMAR (S PASS # 034233543) HIT THE FRONT RIGHT PORTION (NEAR THE HEADLIGHTS) OF CAR PLATE # SLU 4300 BELONGING TO Jamet 100 ON WEONESDAY 14TH FEBRUARY 12 30PM I AGREE TO ABSORB THE CAR REPAIR WSTS INCURRED - C. Ramosh Kumit.

14/2/18

gu 14/02/2018 Ros4 WHITES

ACCIDENT STATEMENT

. ACCIDEN	VT DATE: (14. / 9.7.)	TOTE HOD/WWYAAA), TIME:(12 30	—)(HH:WW)
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, c	DETAILS OF VEHICLE 1) VEHICLE NUMBER: 1) INSURAINCE COMPA 2) POLICY NUMBER!	MAI MIGIEN MEANS		1 1
, 6	HIPOLICY TYPE: [COMI MAKE & MODEL:	JPE / MPV / V AN / LORI () (PRIVATE / COMMERC AT ACCIDENT TIME)	RY / MOTORCYCLE.	/ OTHERS) E)
2,, (ARE YOU CLAIMING IF NO, PLEASE STATE NSURED / POLICY HO A) NAME:	THIRD PARTY CLAM /	REPORTING ONLY)	/ FEMALE)
14:100 of parsongsp (Including driver)	CONTINUE TO 3.d IF DRIVER d)NAME: A D)NRIC/FIN/PASSPOR c)ADDRESS:	sanove	MALE	/ FEMALE)
4.	"d DATE OF BIRTH! (_ B)OCCUPATION: (INC B)OCCUPATION: (INC I)DATE OF DRIVING WAS DRIVER AN EN IF NO, RELATIONSH D WEATHER CONDITI D ROAD SURFACE! (IN)UMAS ANYBODY INJU	PRSS	URED'S COMPANY VITH INSURED : 3 / OTHERS	(YES / (10)
8. 4 120 of passenger (Including driver) () 9.	THIRD PARTY VEHICUE O) VEHICLE NUMBE b) DRIVER'S NAME c) NRIC/FIN/PASSI	E WHICH POLICE STATE R! YN 3043 K Chandran Fam ORT! 0 34 23354 E ER:	MODEL! M	8513 8701
	WYMO	5: 97632837	· · · · · · · · · · · · · · · · · · ·	ř.

email = :fax = :V1050

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$82293011



YEO SEOK QI JANET (YANG SHUQI)

油 棋

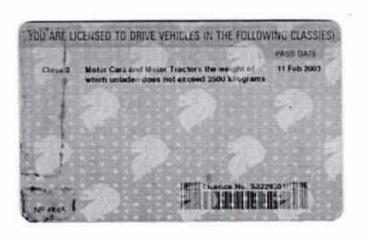
CHINESE Date of birth 20-09-1982

Country/Place of birth











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 Fax (65) 62244174

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Email insure@tii.com.sg 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.

Agency Code: 15309SE Insured/ Name

Insured/ Named Drivers Excess: \$500/- Sect I

Comprehensive

Unnamed Drivers Excess: \$1000/- Sect. I & additional \$2500/- Sect. I for age

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

Windscreen Excess:

CERTIFICATE NO.

M494670

 Index Mark and Registration Number of Vehicle SLU 4300 E

2. Name of Policy Holder

Yeo Seok Qi Janet

3. Effective date of the Commencement of

Insurance for the purposes of the Act

30th November 2017

4. Date of Expiry of Insurance

29th November 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 Rinks 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 (Malaysta).

Date of Issue: SJ/30.11.2017

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

MLX. 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 UNDERWRETERS DECLINING LIABILITY.

Agent/Broker Name: DQ Insure

Hire Purchase Company: Maybank