MLTM18033037 / Lim Tan Motor Pte Ltd - HQ ENTRY DATE & TIME: 09/03/2018 14:07 SUBMITTED BY: Ang Wei Guang, Richard

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	09/03/2018 14:07	
Date Of Accident	09/03/2018 11:10	
Exact Location Of Accident	TRAFFIC JUNCTION BETWEEN ANSON ROAD & MAWELL ROAD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJB329Z	
Insured/Policyholder		
Name Of Registered Owner	JEYA BALAN S/O N KANAGASABAI	
NRIC No	S1201766I	
Email Address	BALAN@SINGAPORESHIPPING.COM.SG	
Mobile Phone No	(LOCAL) +65-98248977	
Alternative Phone No	OTHERS-98248977	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	TEANA-2.5 CVT ABS D/AB HID 2WD 4DR (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?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	M066273/17/1000/2000/3500	
Cover Note Number		

Driver

Name of Driver JEYA BALAN S/O N KANAGASABAI

 NRIC No
 \$1201766I

 Date Of Birth
 18/09/1956

 Occupation
 INDOOR

 Date Of Driving Pass
 27/05/1980

Driving Experience 37 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98248977

Fax Number

Contact Number OTHERS-98248977

EMail Address BALAN@SINGAPORESHIPPING.COM.SG

BLK 404 SERANGOON AVENUE 1

#10-39

Postcode 550404

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

Address

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance? NO
Was any other material or property damaged? YES

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) 3

Passenger 1 NAME: : CAPTAIN ASHOK KUMA

GENDER: : MALE

Passenger 2 NAME: : CAPTAIN YAMAGUDI

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING VEHICLE A AND WAS TRAVELLING FROM ANSON ROAD TOWARDS MAXWELL ROAD. UPON REACHING A CONTROLLED TRAFFIC JUNCTION, I WANTED TO MAKE A RIGHT TURN AND CONTINUED MY JOURNEY. WHILE MY VEHICLE WAS TURNING, THERE WAS A PEDESTRIAN SUDDENLY CROSSING THE ROAD WITH BLINKING GREEN ME LIGHT. UPON SEEING IT, I BRAKE AND STOPPED MY VEHICLE AND ALLOW THE PEDESTRIAN TO CROSS OVER. IN A SPLIT OF SECONDS, I SUDDENLY FELT A HARD AND STRONG IMPACT COMING FROM MY VEHICLE REAR. I GOTTEN OFF FROM MY VEHICLE AND REALISED THAT VEHICLE B (TAXI) HAD COLLIDED ONTO MY REAR. NO INJURIES WERE INVOLVED. THAT'S ALL.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD6665B

Vehicle Make/Model/Colour MERCEDES / WHITE

Details Of Properties

Vehicle Category TAXI

Name of Driver BENJAMIN LIM CHI ENG

NRIC/Passport Number

Contact Number

Postcode

BLK 875 YISHUN STREET 81 Address

#06-179 760875

S8126704I

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

INDIA INTERNATIONAL INSURANCE PTE LTD

SKETCH PLAN

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- 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
- 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:

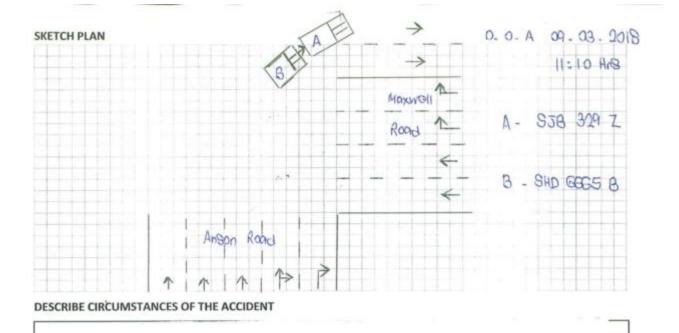
0 9 MAR 2013

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

Reporting Centre Personnel's Signature ANG WEI GUANG

NRIC/FIN No.:

S8410708E



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COLLIDED ONTO MY REAR. NO INJURIES WERE	
4.4	
	4
CLARATION	
/e declare the foregoing particulars are true in every respect.	Λ

Policyholder's Signature

Date & Time:

0 9 MAR 2013

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: ANG WEI GUANG

NRIC/FIN No.: \$8410708E





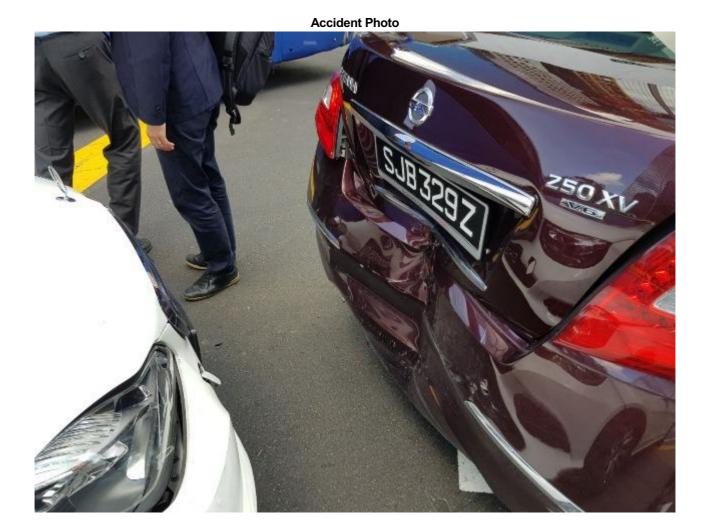




















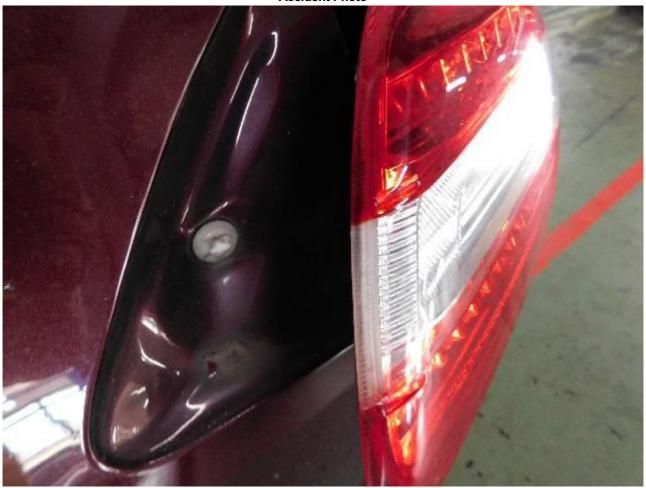


























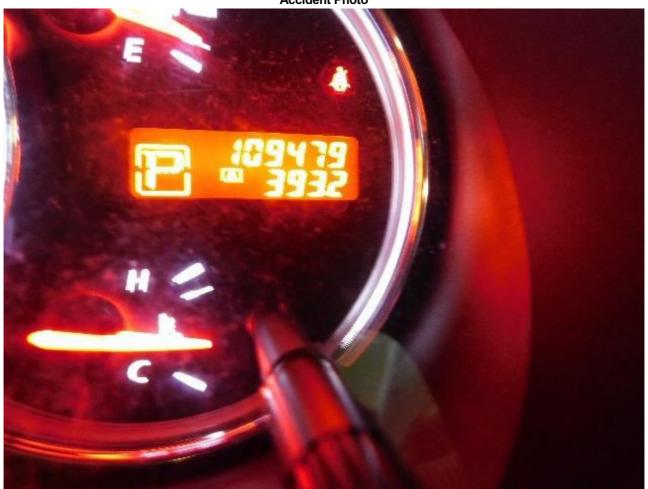












Accident Photo

