SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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	14/03/2018 11:21
Date Of Accident	09/03/2018 13:35
Exact Location Of Accident	EXIT 9B TOWARDS BUANGKOK DRIVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG2346D
Insured/Policyholder	
Name Of Registered Owner	SBS TRANSIT LTD
Co Reg No	199206653M
Email Address	SADIQULAM@SBSTRANSIT.COM.SG
Mobile Phone No	_
Alternative Phone No	OFFICE-96434901
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	L200 DOUBLE CAB 2.4 AT
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	99848
Driver	
Name of Driver	MOGANA DAS S/O MOGANA SUNDARAM
NRIC No	S7837601E
Date Of Birth	29/12/1978
Occupation	INDOOR
Date Of Driving Pass	22/03/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91072905
Fax Number	

NEACTN8478@YAHOO.COM.SG

Address BLK 305A ANCHORVALE LINK #15-11

Postcode 541305

Was driver an employee of the Insured's Company YES

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

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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ9849L

Vehicle Make/Model/Colour TOYOTA / PRIUS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver CHIN CHEE MENG (CHEN ZHIMING)

NRIC/Passport Number S7230541H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



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- 5. Any false reporting may be referred to the Police for investigation,
- 5. 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.
- S. Consent under the Personal Data Protection Act (PDPA)

l 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) 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;
 - (iil) 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 daims history for the purpose of fraud detection, investigation and management in present and all future claims.
- 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.

SES TRANSIT LTD

Eiginvering (Rail) **Senskang East Avenue** Singenora 545072

13/18

Policyholder's Signature Date & Time:

SADIQUL AMIN Engineer Power & OCS

Driver's Signature (If driver is not the policyholder)

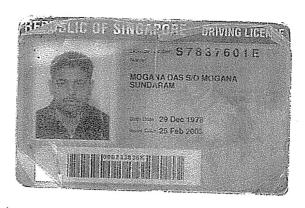
Date & Time:

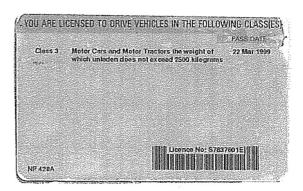
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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	DESCRIBE CIRCUMSTANCES OF THE ACCIDE			t.
	on 09/08/2018, fiday oftenoon at from Ubs Sparkcare Centre, I met A (GBG23460), massubishs inton to	with a minor accident.	Nobody was injured. Company vehicle	
	The accident bappened as I started to	move off from Stations	any position at the traffic light after	
.]	of turns green and hit the rear bumper of			
	I did not manage to react in time whenever beginning to setting to coor bumper courses a stight deat on the	long. As such resulting	e to a migor bump on which e	* 1
0	after the accident.	-		
1	lenceforth, thus report is lodged for uns	iusance claim gusposes.		
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//We	LARATION declare the foregoing particulars are true in every re S TRANSIT LTD	spect.		hammen (State Columbia to State
Poscyh Date &	Engineering (Flail) Sengkeng East Avenue Olderssepance 545072 Oriver's Signature (If driver is not the	policyholder) N	eporting Centre Personnel's Agnature	visionadorina estudade estudade estudade
·SADIQU Engli Power I	ineer	N	RIC/FIN No.:	Constant publications





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7837601E





Name

MOGANA DAS S/O MOGANA SUNDARAM

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Race INDIAN

INDIAN
Date of birth Sex
29~12~1978 M

57837601£

Country of birth
SINGAPORE

Name of the last o

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01-09-2006

APT BLK 305A ANCHORVALE LINK #15-11
SINGAPORE 54 1 305
NRIIC No: S 7 8 3 7 6 0 1 E

Date: 30/08/2012 No: 7 1 6 9 5 0 3

Sketch Plan Pg. 5

	IDDEA				ORIGINAL			
INTERNATIONAL INSURANCE PTE L' 01/2017/2018/2017/2018/2018/2018/2018/2018/2018/2018/2018			11	Motor Dept: 5th Level				
This cover nor Singapore Rec	e is valid f astered Ve	or ahicles only.		Cover Note No.		99848		
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES ITHIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1967 (IAALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (IAALAYSIA)						.*		
Cover note not valid if issued on or after 31 08 2017 Date, 20 5 2013								
Size To	1 420	40	/			********		
having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of								
Make and Type	Year of	Cubic Capacity/	Proposer's esti	mate of				
of Body	Manufacturer	Carrying Capacity	present va including acce		TYPE	Petrol/Diesel Eng.		
Watsabishi Triton Ilable Cab	2016	2442 cc	Marker Value		Private Car Commercial Vahicle	Diesch		
Sick of	Engline No: 4-N/5 UBA 22CI		101		Motor Cycle	GBG 2346D		
	Chassis No: (MW AZYKL	iuates	S026	/			
Use New Velv	icke		Authorised			Excess		
Registration As por		As por	Blice			the perpetity		
		CERTIFICAT	TE OF INSU	IRANCI	= 			
I/WE HEREBY CERTIFY that this covering note 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). Approved Insurers for India International Insurance Pte Ltd								
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IMPORTANT NOTE:	Note should be	oplaced by a Certificate of in			Authorised Signa	atory		
as soon as possible.	and the state of t	Second of a parameter of the	เรษาสุกริช					

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