

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	27/07/2018 10:27
Date Of Accident	26/07/2018 11:30
Exact Location Of Accident	CARPARK OF MINISTRY OF MANPOWER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3304Z
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO BUS PTE LTD
Co Reg No	199607256W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93575067

Vehicle Particulars

Manufacturer	HIGER
Model	KLQ6729AR
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	BUS

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	100436

Driver

Name of Driver	VERN VISHNU CHANDRA
NRIC No	S7420170I
Date Of Birth	19/06/1974
Occupation	INDOOR
Date Of Driving Pass	14/10/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93575067
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 510B YISHUN STREET 51 #02-599
Postcode	762510
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	COLLIDED INTO PARKED VEHICLE
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?	NO
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)	8

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

REFER TO STATEMENT - REVERSING HIT PARKED VEHICLE

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	SLE480D
Vehicle Make/Model/Colour	MERCEDES BEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

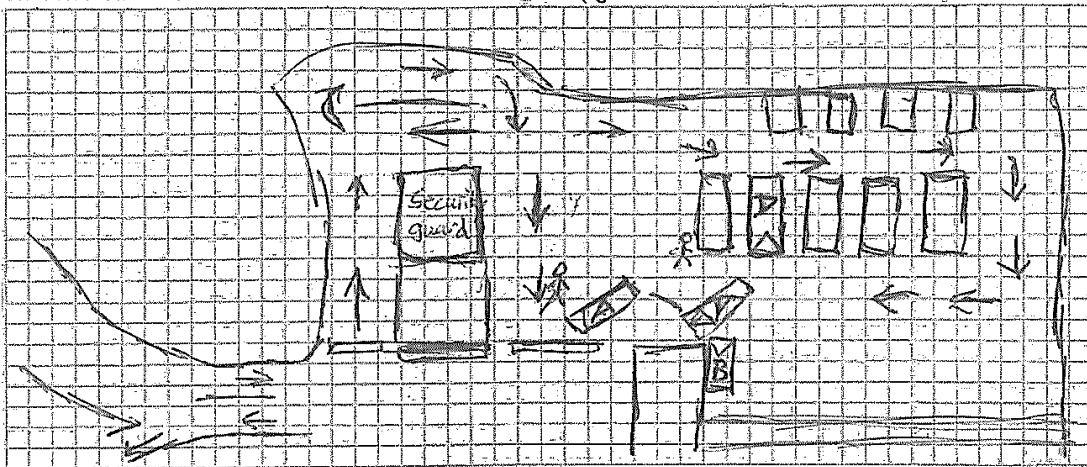
Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/07/2018

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

Sketch Plan Pg. 2

A- PC 3304Z
B- SLE 480D

SKETCH PLAN



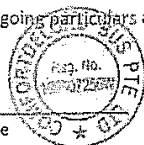
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at MOMSC 1500 To pick up passenger at around 11:15am but one of the passenger not yet come. After she came, then I move off at 11:30am out of this place then my cashcard was low so the security guard guide me on the right side only so I can't see on my left side and get hit on the car SLE 480 D. So I drive forward and Park back at the same place and Park to SLE 480 D.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

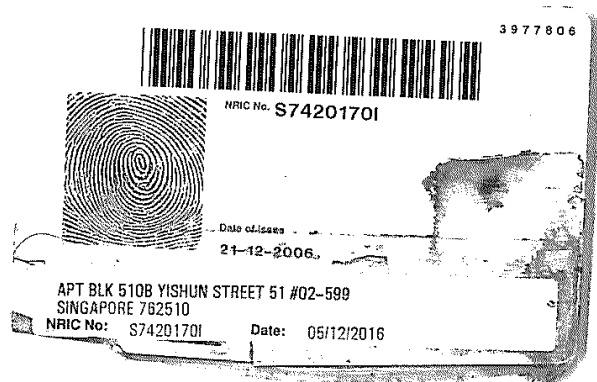
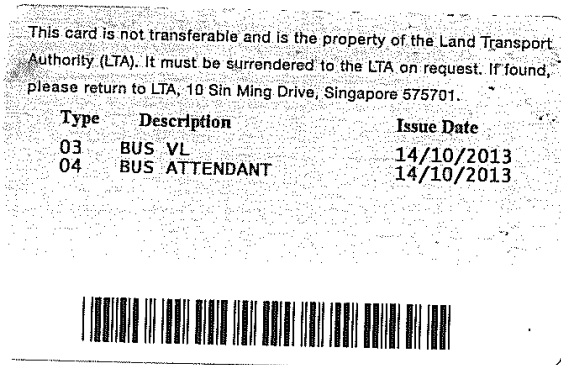
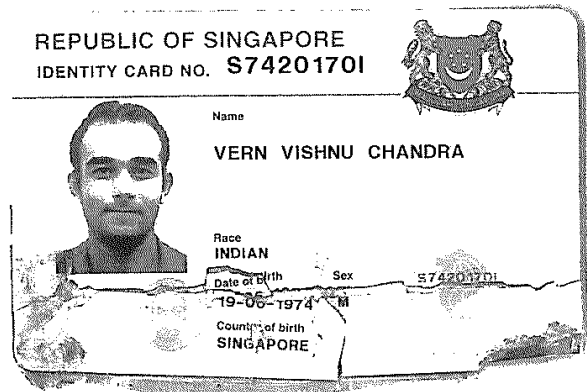
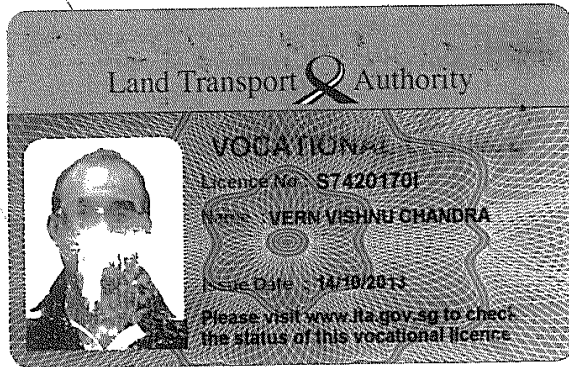
Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/07/2018

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

[Handwritten signature]



Sketch Plan Pg. 4

INDIA INTERNATIONAL INSURANCE PTE LTD

(INCORPORATED IN SINGAPORE) CO. REG. NO.: 198708722K

64 CECIL STREET #04/#05 JOB BUILDING SINGAPORE 049711

TEL: 6347 6100 FAX: 6224 4174 • 6225 7743

POSTAL ADDRESS: ROBINSON ROAD P. O. BOX NO. 736 SINGAPORE 901438

ORIGINAL

Motor Dept: 5th Level

This cover note is valid for
Singapore Registered Vehicles only.

Cover Note No. 100436

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)

Cover note not valid if issued on or after

30/06/2018

Date: 22 May 2018

Comfortdelgro Bus Pte Ltd

..... 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 Comprehensive Policy applicable thereto for the period from 0.01 a.m./p.m. 23/5/2018 to midnight on 22/5/2018 unless the cover be terminated by the Company by notice in writing in which case the insurance will be charged for the time the Company has been on risk and provided that an insurance covering the aforesaid liability has not been effected with other authorised insurers.

SCHEDULE

Make and Type of Body	Year of Manufacturer	Cubic Capacity/ Carrying Capacity/ Tonnage	Proposer's estimate of present value including accessories	TYPE	Petrol/Diesel Eng.
as per attached	as per attached	as per attached	market value	Private Car	
	Engine No:	as per attached		Commercial Vehicle	Registration No.
	Chassis No:	as per attached		Motor Cycle	as per attached
Use	Authorised Driver				Excess
Transfer of ownership	as per policy				as per policy

CERTIFICATE OF INSURANCE

I/WE HEREBY CERTIFY that this cover 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)

Hire Purchase:



Approved Insurers

for INDIA INTERNATIONAL INSURANCE PTE LTD

This cover note is not valid unless countersigned by:
COMFORTDELGRO INSURANCE BROKERS PTE LTD

Authorised Signatory

IMPORTANT NOTE:
Please note that this Cover Note should be replaced by a Certificate of Insurance as soon as possible.

AZ-BUS
PC1306K

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Higer Bus Company Limited

VIN LKLS1CS82DA633146

HIGER

Bus Model

KLQ6759AR

170 Ps

Engine Model

ISF3.8s5168

2013 11

Rated Passenger

28+1

13LDL0076

Laden Mass

7740

kg