

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	13/08/2018 16:57
Date Of Accident	12/08/2018 19:20
Exact Location Of Accident	CARPARK BLK 182 STIRLING RD & BLK 149 MEI LING ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY9071K
Insured/Policyholder	
Name Of Registered Owner	LEO D'CRUZ
NRIC No	S1389700Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97927783
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
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	
Cover Note Number	

Driver

Name of Driver	TANIA SAMANTHA D'CRUZ
NRIC No	S9317638C
Date Of Birth	20/05/1993
Occupation	INDOOR
Date Of Driving Pass	19/09/2012
Driving Experience	5 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97623905
Fax Number	
Contact Number	
EEmail Address	TANIADCMZ2@GMAIL.COM

Address	BLK 183 STIRLING ROAD #13-236
Postcode	140183
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	4
Passenger 1	NAME: : LEO D'CRUZ GENDER: : MALE
Passenger 2	NAME: : AARON LIONEL D'CUZ GENDER: : MALE
Passenger 3	NAME: : ELIZABETH D/O REGINALD GENDER: : FEMALE

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

-

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	SHC3745D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH CHOO KHIAM
NRIC/Passport Number	S0625888C
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

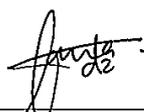
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

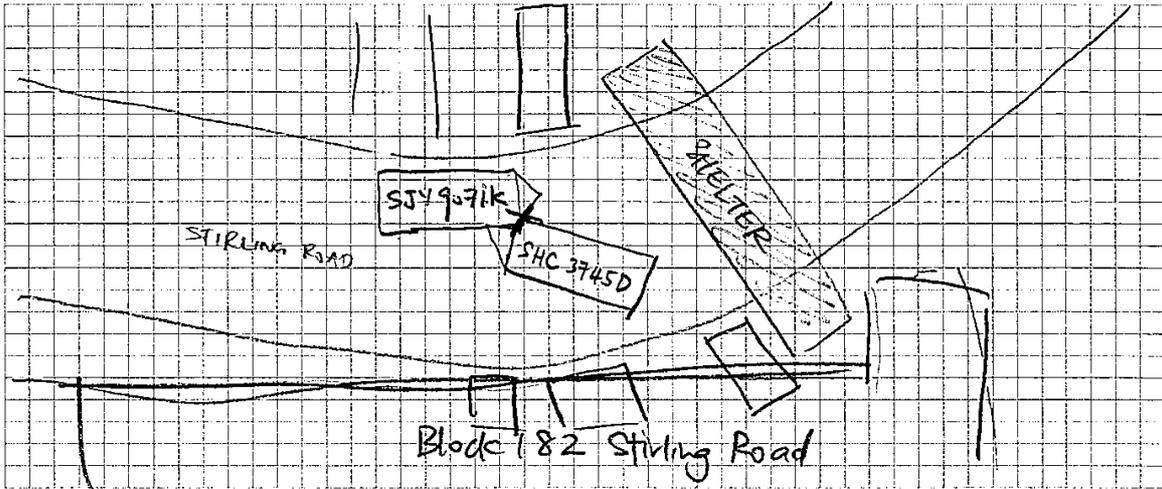
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 13 AUG 2018
1655 hrs.


Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/8/2018 5:07PM


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

SKETCH PLAN

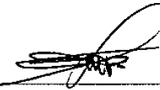


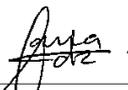
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SJY 9071K	ACCIDENT DATE & TIME: 12 August 2018, 7:20pm
CONTACT NUMBER: 9762 3905	E-MAIL ADDRESS: taniadcms2@gmail.com
LOCATION: Carpark between Block 182 Stirling Road and Block 149 Meiling Street	
<p>At 7:20pm, I was driving my family out to dinner via the carpark between Block 182 Stirling Road and Block 149 Meiling Street. I stopped to give way to the taxi driven by Mr Goh Choo Khiam (who was driving his taxi in the opposite direction. But Mr Goh drove forward and rammed into the right front of my car, resulting in dents to both our cars. Mr Goh then reversed and drove past the car (still stationary) to move to the side.</p>	
<p>Following the incident, both parties parted at the side and exchanged information for incident reports with respective insurance companies.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

DECLARATION

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


 Policyholder's Signature
 Date & Time: 13 AUG 2018
 16:50 hrs.


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 13/8/2018 4:54pm


 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@iil.com.sg
 Fax (65) 62244174 Website www.iil.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 Comprehensive	Insured/ Named Drivers Excess : \$600/- Sect I 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.	M493906
1. Index Mark and Registration Number of Vehicle	SJY 9071 K
2. Name of Policy Holder	Leo D'Cruz
3. Effective date of the Commencement of Insurance for the purposes of the Act	13th October 2017
4. Date of Expiry of Insurance	12th October 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: **SJ/09.10.2017**

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

ALX. 1 (PRIVATE CAR)
INDIVIDUAL OWNERSHIP

Authorized 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: **DQ Insure**

Hire Purchase Company: **DBS Bank Limited**

Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASSIFICATION DATE

Class 3A Motor cars with at least pedals (Motor) up to 2000kg 18 Sep 2012
 with < 7 passengers, exclusive of the driver, and
 other motor vehicles without clutch pedals up to 2000kg

MP 4264

License No. 59317638C

59317638C



942 5705

Date of issue: 04-08-2012

Address:
 APT BLK 183 STIRLING ROAD
 #13-209
 SINGAPORE 140182

51389700Z



Date of issue: 18-11-2008

APT BLK 183 STIRLING ROAD #13-209
 SINGAPORE 140182

License No. 51389700Z Date: 17/04/2013 SS: T270010

REPUBLIC OF SINGAPORE

License No. 59317638C



Name: TANIA SAMANTHA D'CRUZ

Date of issue: 03 May 1993
 Issue Date: 18 Sep 2012

59317638C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. 59317638C



Name: TANIA SAMANTHA D'CRUZ

Race: INDIAN
 Date of birth: 03-05-1993 Sex: F
 Country/Place of birth: SINGAPORE

59317638C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. 51389700Z



Name: LEO D'CRUZ

Race: INDIAN
 Date of birth: 17-05-1969 Sex: M
 Country of birth: SINGAPORE

51389700Z

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

