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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.
- 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 willut 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.

- 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

· 是一个一个人的人的人的人的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们的人们	ACCIDENT STATEMENT
Date Of Report	27/08/2018 11:54
Date Of Accident	25/08/2018 18:30
Exact Location Of Accident	T-JUNCTION OF KRAMAT LANE AND CAVENAGH ROAD
Country/State of Loss	SINGAPORE
Committee Commit	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PA7792G
Insured/Policyholder	
Name Of Registered Owner	JFL TRAVEL PTE LTD
Co Reg No	SCHOOL AND
Email Address	BUDIEYZ18@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97673070
Alternative Phone No	OFFICE-97673070
Vehicle Particulars	AND THE RESERVE OF THE PARTY OF
Manufacturer	SCANIA
Model	KEB4X2-11.7 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	M496903
Cover Note Number	
Driver	
Name of Driver	MOHAMED SHAMHUDI BIN MOHAMED KASSIM
NRIC No	S7625840F
Date Of Birth	18/07/1976
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2001
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97673070
Fax Number	
Contact Number	OTHERS-97673070
LLD SWADNED VILLED SALE	DUDIEV740@CMAII.COM

BUDIEYZ18@GMAIL.COM

Address

BLK 183D RIVERVALE CRESCENT

#08-223

Postcode

544183

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 - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

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

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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

SHB5400R

Vehicle Make/Model/Colour

TOYOTA PRIUS

Details Of Properties

Vehicle Category

TAXI

Name of Driver

LIM HUAY LUI

NRIC/Passport Number

S1230077H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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;
 - 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:

27/8/2018

1105 W

Reporting Centre Personnel's Signature

NRIC/FIN No.:

CONTRACT AND CONTRACT OF STREET

Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)
Date & Time: 27 8 2018

110 Cam

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

THE REAL PROPERTY OF THE P.

ACCIDENT STATEMENT

ACCIDENT DATE: 25/08/2018 (DD/MM/)	(YYYY), TIME:(18:30)(HH:MM)
LOCATION: Junction of Kramat	Lane
1. DETAILS OF VEHICLE PA 7792 G	* = x
MINISTERANCE COMPANY. India In	iternational Insurance
CIPOLICY NUMBER: 8147786 DIPOLICY TYPE: (COMPREHENSIVE / THIRD	
- WINE & MODEL SCANIA / KEDY	X 1, WI I'LL MOS /DECSE
FITYPE: (SALOON / COUPE / MPV /VAN / L g) VEHICLE CATEGORY: (PRIVATE / COMM	ORRY / MOTORCYCLE / OTHERS)
HIPURPOSE OF USING AT ACCIDENT TIME:	Working
TLARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIN 2. INSURED / POLICY HOLDER	
AJNAME: JAMES FULLICITY 17	CONTACT:
PER ALTERIAL PROPERTY AND ADMINISTRATION OF THE PER ALTERIAL PROPERTY AND ADMI	errace #01-11
Spore 168976	DV HOLDER
CONTINUE TO 3.d IF DRIVER ALSO POLICE	
CONTACTOR INTO A SAFETY OF THE PROPERTY OF THE	Md Lassim (MALEY FEMALE) CONTACT: 97673070
(1) CLADDRESS: BIK 1830 RIVEYU	ale Crest #08-223
C. boar CAA182	
ODATE OF BIRTH: (18/07/1976)	
1) DATE OF DRIVING PASS	18/11/2001
TE NO DELATIONSHIP OF THE DRIVER	WITH INSURED:
5. DIWEATHER CONDITION: CLEAR / RAINI	NG / OTHERS
6. WAS ANYBODY INJURED (YES NO)	4
7. a) REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STA	ATION:
A THEO PARTY VEHICLE	MODEL: Toyota Prive
S. THIRD PARTY VEHICLE SHE SYOOR	MODEL: 7,00013
b) DRIVER'S NAME: CIM HUAY Lu O) NRIC/FIN/PASSPORT: \$ 12300 77	H _CONTACT:
9, THIRD PARTY VEHICLE	MODEL:
el DRIVER'S NAME:	1
THE TENER PROPERTY IN NRIC/FIN/PASSPORT:	CONTACT:
i i i i i i i i i i i i i i i i i i i	± 1
C W	W
mad - buds	cyz 18@ gman). com
CIMO II - DAG	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7625840F



MOHAMED SHAMHUDI BIN MOHAMED KASSIM

18-07-1976 Country of birth SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE S7625840F MOHAMED SHAMHUDI BIN MOHAMED KASSIM Ben Date 18 Jul 1976 Date 09 May 2013

3728071



15-06-2005

APT BLK 183D RIVERVALE CRESCENT #08-223 SINGAPORE 544183

NRIC NO. S7625840F

Date 16/11/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc 09 May 2013
Class 3 Motor Cars =< 2000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
'Motor vehicles which are constructed to carry load and the unladen weight > 2500kg
'Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

NP 425A





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@iii.com.se

Office (65) 63476100 Fax (65) 62244174 fimail insure@iii.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: 81477SE Third Party Fire & Theft Excess SS2500/-Sect II (Within Singapore Only) SS5000/- Sect II (Within Malaysia Only)

Additional \$2500/- Sect II for drivers below 27 above 65 years old or with less than 2 years relevant class S'pore driving licence

CERTIFICATE NO.

M496903

I. Index Mark and Registration Number of Vehicle PA 7792 G

2. Name of Policy Holder

JFS Travel Pte Ltd

 Effective date of the communicement of Insurance for the purposes of the Act

16th April 2018 @ 9.35am

10 /4/1/1/2010

4. Date of Expiry of Insurance

15th April 2019

5. Persons or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their order or with their 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 the carriage of passengers or goods in connection with the Policyholder's business. Within the Republic of Singapore &.

Malaysia Only.

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

*Luminous evalered 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: ly/16.04.2018

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

M.Z. 600C OMNIBUSES

Anthorised Signatory

IMPORTANT NOTICE

Policy holders are hereby warned that under the Motor Vehicle (Third Party Rinks 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 inside. 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 usue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDING NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IN UNDERWRITERS DECENNICIDABLETY.

Agent/Broker Name: SINCL

Hire Purchase Company: Yong Khiong Credit Pte Ltd