

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 liability.
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	12/10/2018 16:46
Date Of Accident	05/10/2018 12:00
Exact Location Of Accident	JALAN BESAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6893K
Insured/Policyholder	
Name Of Registered Owner	KOH BOON KIR
NRIC No	S1679866E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81333213
Alternative Phone No	OFFICE-81333213

Vehicle Particulars

Manufacturer	AUDI
Model	A5-3.2 FSI QUATTRO S-LINE (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	REPORTING ONLY
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	KOH BOON KIR
NRIC No	S1679866E
Date Of Birth	26/06/1964
Occupation	INDOOR
Date Of Driving Pass	08/10/1986
Driving Experience	31 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81333213
Fax Number	
Contact Number	OFFICE-81333213
EEmail Address	NOEMAIL

Address	70 MARIAM WAY
Postcode	508638
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?	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

REFER TO THE ATTACHED

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SHC6581P
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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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.
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.

[Signature]

[Signature]



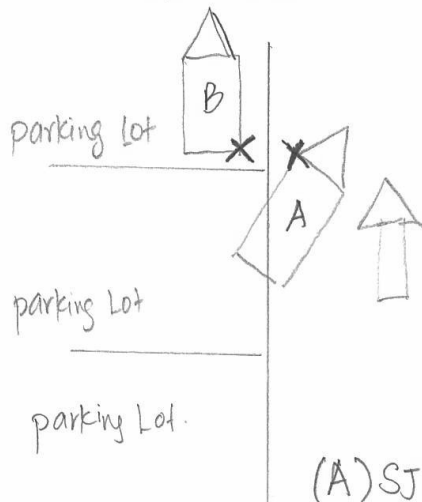
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Parallel Parking Lot
Jalan Besar.



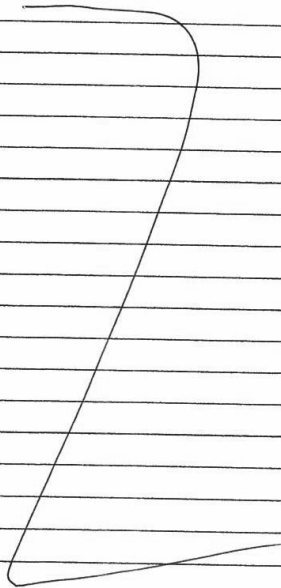
(A) SJW 6893K

(B) SHC 6581P

Sketch Plan Pg. 2

Describe Circumstances of the Accident

On 05/10/18 at 1200hrs, I was driving vehicle A (Reg. No SJW 6893K) along Jalan Besar. When I was about to perform a Parallel Parking to a parking lot. My vehicle hits a silver cab taxi (Reg. No SHC 6581P) Vehicle B. The damage on vehicle B was slight. There was no passenger in my vehicle. No one was injured at scene. I like to state that the owner of vehicle B (Reg. No SHC 6581P) was not inside his taxi.



Declaration

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



Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 3



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.sg
Fax (65) 62244174 Website www.iii.com.sg

THE SCHEDULE

Agency 20383SE Class of Policy MOTOR POLICY Policy Number M495903
Account 20383SE Issued on 27/02/2018 in SINGAPORE (SIF)
Client 1008456 Acceptance Date 23/02/2018

Period of insurance from 1700 hours on 23/02/2018 to 2400 hours on 08/04/2019

Insured's Name.... KOH BOON KIR
Address. 70 MARIAM WAY
SINGAPORE 508638

Business/Occupn... HAWKER

Premium	BASIC PREMIUM.....	SGD2,254.63	
	No Claim Discount.....50.00%	SGD1,127.32-	
	Incentive Discount.....	SGD56.37-	
	Endorsement attached.....	SGD107.11	
	Total Annual Premium	SGD1,178.05	Premium Due SGD1,323.29
			Premium GST SGD92.63
			Total Due SGD1,415.92

THIS POLICY IS PROTECTED UNDER THE POLICY OWNERS' PROTECTION SCHEME WHICH IS ADMINISTERED BY THE SINGAPORE DEPOSIT INSURANCE CORPORATION(SDIC). COVERAGE FOR YOUR POLICY IS AUTOMATIC AND NO FURTHER ACTION IS REQUIRED FROM YOU. FOR MORE INFORMATION ON THE TYPES OF BENEFITS THAT ARE COVERED UNDER THE SCHEME AS WELL AS THE LIMITS OF COVERAGE. WHERE APPLICABLE, PLEASE CONTACT US OR VISIT THE GIA OR SDIC WEBSITES(www.gia.org.sg or www.sdic.org.sg)

FOR UNNAMED DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.

Risk No. 001	Private Car	Make/Model ..	AUDI Q5 3.2L QUATTRO-ROOFRACK
1. Registration	SJW6893K	No. of seats	5
Type of Cover	COMPREHENSIVE (MV)	Capacity cc's	3197
Engine No. ..	CAL058973	Year of Manuf...	2010
Chassis No...	WAUZZZ8R4AA075S24		

Certificate Ref. MX1E


SUM INSURED: MARKET VALUE
EXCESS SECTION 1..... SGD1,500.00
EXCESS SECTION 1..... SGD2,000.00
Named Drivers THE INSURED

The following clauses and endorsements apply to this risk

Passenger Risk.....
Additional Endorsements Applicable..... M1. M3A, M7. M8. M11. M12. M19. M20. M21 & MEMO 1
Endorsements attached..... 25(SRCC), 57(FLOOD). 72(B), WAR & TERRORISM EXCLUSION ENDT.
Endorsements attached..... CONDITION 5 OF THE POLICY IS REVISED AS PER THE ATTACHED
Endorsements attached..... AMENDED CONDITION 5 ENDT. NOTIFICATION CLAUSE
Hire Purchase Company..... ZENITH CREDIT PTE LTD
M2 - EXCESS DAMAGE CLAIMS..... \$1500/-SECT I ON THE INSURED

Continued on page 2

4192441



NRIC No. S1679866E



Date of issue
20-03-2008


70 MARIAM WAY
SINGAPORE 508638
NRIC No: S1679866E Date: 30/05/2008 No: 5989261

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


Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	08 Oct 1986

NP 428A

Licence No: S1679866E



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1679866E



Name
KOH BOON KIR



許文舉

Race
CHINESE


Date of birth
26-06-1964

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1679866E

Name
KOH BOON KIR

Birth Date: 26 Jun 1964

Issue Date: 01 Mar 2004

001146936G

