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DOA 28/2/19 16:15.		(Within: OD 2hrs	TP 4hrs)		
(11) (1) Reporting Only	i-Photo Uplo		1	*****	
	Assessment/Su				Solinia S
TP Insurer			Owner/Wksp		
Town	ASS I Report b	J PAX / Italia	Section of the Party of the Par	Fax:)
TP Particulars: Veh No:		INC (,)/Non-INC().		
Owner / Driver: (SKT 1802 K.	· mot	Tel:		
	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:),	
	[Note-Est. Status (V	WO): N: 0-20	0%; P: 21-79%. P: 80-	-100%]	50
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$1		()			
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() Total Loss Case : to e-mail Insu			<u>, </u>		
Drive-In () / Towed-In (); Invoi	ice: YES() / N	10();T	owing Co: ()
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The Committee of the Co	Courtesy Car ()			
2) QC Check / Post Repair Inspection	('))		·	
3) Upload Resurvey Photo [Repair Cost>	\$3000] ()			
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river/Owner:		3) TF 1 Towing P	. 3	\$120	
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ontact No:		For claiming a 6) TR : Re-inspec	tainst INC Only (well 10 Jan 20	1/15	
amäged Portion:		7) N1 : Idao DA - 8) NTUC Additio	SMRT Survey	2160	
		OD.			
C Checked by (Engr-In-Charge):		*N6: Repair C	Cor/Tpt Allowance	510	
uditors Comments :		'N7: Post Rep	air Inspection Beat Excess Coordination	525	
():	以公司公司(43、445、445)	TP (N11): TP	(Non INC) against INC	\$20	
		9) N12: Idae Mo Invalor dated	Fee Charge	The state of the s	的工具的
. 3/3;		Involce dated	Fee Charge	d General	-

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	01/03/2019 16:10
Date Of Accident	28/02/2019 16:15
Exact Location Of Accident	BARTLEY RD TWDS BISHAN
Country/State of Loss	SINGAPORE
C C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD1600Z
Insured/Policyholder	
Name Of Registered Owner	TAN CHEE KIAK
NRIC No	S0175888H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96902916
Alternative Phone No	OFFICE-96902916
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ 1.5 VTIR CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	M497203
Cover Note Number	•
Driver	
Name of Driver	TAN JIAYING ELGA(CHEN JIAYING)
NRIC No	S8946393I
Date Of Birth	22/12/1989
Occupation	INDOOR
Date Of Driving Pass	06/01/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-93808983
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

3A LORONG HOW SUN #03-18

Postcode

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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?

YES

If Yes, Please state which Police Station

Police Station Name

SERANGOON NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4880999 - FAX NO: 64883561

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE TOO LARGE FAIL TO UPLOAD

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKT1802K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 28

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and 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.
- 5. 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 Solanature

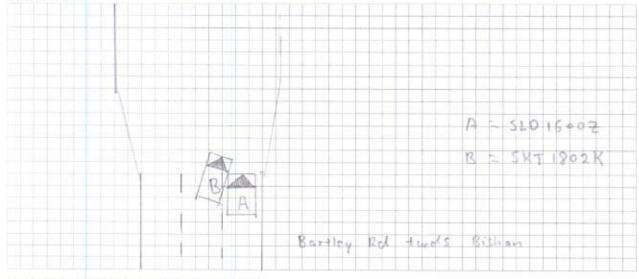
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	Police	Report
	Refer	Refer to	Refer to Police

DECLARATION

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

Policyholder's Signature Date & Time:

Driver Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:





1 of 3

Report No. T/20190228/2158

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 28/02/20	e Report N 19 19:45	Made:	Vide Report No.:	Station Diary No.:
Informan	t's Partic	ulars		
Name of Informant: TAN JIAYING, ELGA			Address: 3A LORONG HOW SUN #03-18 SINGAPORE 536561	
ID Type / NRIC NO	ID No.: / S89463	931	Contact No.: Home/Office: Mobile: 93808983	
Nationalit SINGAPO	y: DRE CITIZ	'EN	Email:	
Sex: Female	Age: 29	Date of Birth: 22/12/1989	Type of Informant:	
Race: Chinese			Language:	Institution / School Name:
Occupation: 5		Č.	Driving Licence Information: Class: 3A Date of Expiry:	

General Inform	ation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 28/02/2019 16:15	Type of Location: Straight Road
Location: Along Road 1 BARTLEY ROA	AD Road Towards Bishar			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Heavy
Type of Collision Turn and hit to		10		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKT1802K	Car	VOLKSWAGO N			Slightly Damaged	0
SLD1600Z	Car	HONDA			Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20190228/2158

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

CONTINUATION OF REPORT

Driver						
Name	TAN JIAYING, ELGA		ID No		S8946393I	
Related Vehicle	SLD1600Z (Car)			Conta	ict No.	93808983
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g	Class: 3A Date of Expiry: NIL	
Date Treatment	NIL Date Dis		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Injury	NIL	

Brief Details.

On the 28/02/2019 at about 1615hours at Bartley Road towards Bishan, I was driving my car bearing car plate SLD1600Z on lane 1. While approaching the traffic light, a Blue Volkswagon bearing car plate SKT1802K cut into my lane abruptly and I immediately braked however it was too late, his right side of the car hit to my left wing.

After which, he moves ahead and I honked at him but he then took off a right turn and I did not pursue any futher. I wish to state the traffic was quite heavy as there is a vehicle breakdown at the area and I also have a witness namely Raymond Tan HP: 91255748 who is able to provide in-car camera footage. I also wish to state that my in-car camera was not working at the point of time.





Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129 3 of 3 Report No. T/20190228/2158

Tel No: 1800-4880999

CONTINUATION OF REPORT

Sketch Plan

NP168

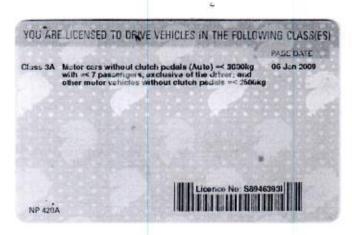
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 ALVIN OH WEI JIE	May .
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2019 19:45
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
SSI GOH GEOK LYE Contact No.: 65476148	
Authentication Stamp 1	











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 Fax (65) 62244174 Email 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 15309SE

Insured/ Named Drivers Excess: S600/- Sect 1

Comprehensive

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.

M497203

I. Index Mark and Registration Number of Vehicle SLD 1600 Z

2. Name of Policy Holder

Tan Chee Kiak

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

03rd June 2018

L. Date of Expiry of Insurance

02nd June 2019

- 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 percondence with the liganting or other.

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 (Malaysin), 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 hh/07.05.2018

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

M.X. I (PRIVATE CAR) INDIVIDUAL OWNERSHIP

Authorised 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 NOTHER ATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL RESULT IS UNDERWRITERS DECLINING LIABILITY.

Agent/Broker Name: DQ Insure

Hire Purchase Company: NA