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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- 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 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

arut Gaerd.	ACCIDENT STATEMENT		
Date of Based	20/03/2019 11:19		
Date Of Report	19/03/2019 13:20		
Date Of Accident	BLK 34 BENDEMEER RD OPEN CARPARK		
Exact Location Of Accident	SINGAPORE		
Country/State of Loss	DETAILS OF OWN VEHICLE		
	SJA1125T		
Vehicle Registration Number	SJA11251		
Insured/Policyholder			
Name Of Registered Owner	LIM EK SAY		
NRIC No	S0322819C		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-97340374		
Alternative Phone No	OFFICE-97340374		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	ESTIMA		
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	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	D18MPC0003353		
Cover Note Number	(%)		
Driver			
Name of Driver	LIM EK SAY		
NRIC No	S0322819C		
Date Of Birth	22/09/1948		
Occupation	INDOOR		
Date Of Driving Pass	09/09/1969		
Driving Experience	49 YEARS AND 6 MONTHS		
The state of the s			

MALE

NOEMAIL

(LOCAL) +65-97340374

OFFICE-97340374

Address

BLK 7 EVERTON PARK #11-25

Postcode

080007

OWNER

Was driver an employee of the Insured's Company NO

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) 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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

### Circumstances of Accident

WHILE REVERSING INTO AN EMPTY LOT AT THE BLK 34 BENDEMEER RD OPEN CARPARK, VEH B WAS STATIONARY ON MY RIGHT SIDE, MY VEH MISJUDGED GRAZED ONTO THE VEH B RIGHT REAR PORTION.

### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

ONLY FRONT CAMERA

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKZ1456U

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HOW TEOH TONG

NRIC/Passport Number

S1790777H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

NRIC/FIN No.:

GIARMC SkerchPraniform, VI

Date & Time:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$0322819C





LIM EK SAY

林奕生

CHINESE
Date of Bigh Sex
22-09-1948 M

Country of Birth
SINGAPORE

0823182





NAC № S0322819C

Blood Group Cate of asue

Adminis

APT BLK 7 EVERTON PARK #11-25 SINGAPORE 0208



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

### PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

14 Jan 1977 14 Jan 1977 14 Jan 1977 09 Sep 1969

NP 428A





#### 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

COVER: COMPREHENSIVE

Email insure@mi.com.sg Office (65) 63476100 Fax (65) 62244174 Website www.iii.com.sa

### 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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

### CERTIFICATE NO.: D18MPC0003353

1. Index Mark and Registration Number of Vehicle

SJA1125T

Chassis No

ACR500146911

2. Name of Policyholder

LIM EK SAY

Effective date of Insurance

29 Dec 2018

4. Expiry date of Insurance

28 Dec 2019

### 5. Persons 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

- a) Use for hire or reward.
- b) Use for racing, pace-making, reliability trial, speed-testing.
- Use for the carriage of goods other than samples in connection with any trade or business.
- d) 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.

Insured and Named Drivers Excess Sect I: SGD1,000.00

Unnamed Drivers Excess Sect I: Windscreen Excess:

SGD1.500.00 SGD100.00

Hire Purchase Company

United Overseas Bank Limited

FOR 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.

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).

Agent/Broker

: A000016/Ngoh Say Hiong Russell

Date of Issue

: 19/12/2018 13:44:05 MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory