

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	05/04/2019 19:04
Date Of Accident	08/11/2018 09:00
Exact Location Of Accident	TEBAN GARDEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA9119D
Insured/Policyholder	
Name Of Registered Owner	ONG SIEW LAN
NRIC No	S0822217G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94564970
Alternative Phone No	OTHERS-90490498

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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
Fleet Policy	NO
Policy Number	D19MCV0001685
Cover Note Number	

Driver

Name of Driver	TEO YAM CHIEW (ZHANG YANGZHOU)
NRIC No	S7227158J
Date Of Birth	28/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	29/04/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94564970
Fax Number	
Contact Number	OTHERS-90490498
Email Address	NOEMAIL

Address	10 BOON LAY DRIVE #04-31
Postcode	649929
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 - HEAD TO REAR
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?	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

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	YN9580M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

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7. 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:
 - (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:

Driver's Signature
(if driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: Randi
NRIC/FIN No.: 05104/2019

SKETCH PLAN

Tarzan Graham



A) GBA 9119D
B) YN 9580M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned details, accident happened as I couldn't backed in time. Both drivers came down & realised no damages so no contact was exchanged & we drove off. Suddenly I was notified by my insurane that there was a claim against me. So now is already late reporting.

DECLARATION

I/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:

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

ACCIDENT DATE & LOCATION

Date & Time of Accident *	Date : 8/11/18	Time : 09:00 (24 hr format)
Exact Location of Accident *	Teluk Garden	

INSURED / POLICY HOLDER / VEHICLE PARTICULARS / DETAILS OF OWN VEHICLE

Vehicle Registration Number *	GBA 9119D	Make & Type *:
Name of Registered Owner *	ONG SIEW LAM	
NRIC / FIN / Passport / Co Regn No. *	J0822217G	
Contact Number *	9456 4570	Email/Fax No:
Exact Purpose for which vehicle was being used at Time of Accident	<input type="checkbox"/> Private Usage / <input checked="" type="checkbox"/> Commercial or Company's Usage	
Are you claiming under your own	<input type="checkbox"/> Yes / <input checked="" type="checkbox"/> No If No, Please state action to be taken	
Insurance policy for repair to your vehicle? *	<input type="checkbox"/> Third Party Claim (SYH / Other workshop?) / <input checked="" type="checkbox"/> Reporting Only	

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	China / EQ / Etiqa / MSIG / Tokio Marine / Great American - <u>Tandis</u>
Type of Policy *	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft
Policy No. (Certificate No.) / Cover Note No.	D17M1V6001685

DRIVER

Name of Driver *	Teo Yean Chiew	Gender: <input checked="" type="radio"/> Male / <input type="radio"/> Female
NRIC / FIN / Passport Number *	S72271587	
Date of Birth *	28 / 7 / 1972 (dd/mm/yyyy)	
Occupation *	<input type="checkbox"/> Indoor / <input checked="" type="checkbox"/> Outdoor	
Date of Driving Pass (Pass Date) *	29/4/13	
Contact Number *	904 904 98	
Address	#10 Bain Lang Dr #04-31 (S) 679929	
Email Address / Fax Number *	Email:	Fax:
Relationship of the Driver with the Insured *	Owner / Employee / Spouse / Friend / Others: <u>Son</u>	
Does Driver Own any Vehicle, if YES pls Indicate Vehicle Number & Insurance Company *	Veh No: 1) _____ 2) _____ 3) _____ Ins Co: 1) _____ 2) _____ 3) _____	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision	Chain Collision / Side-Swipe / <u>Front to Rear</u> / Others:
Weather Conditions *	<input checked="" type="checkbox"/> Clear / Raining / Others:
Road Surface *	Wet / <u>Dry</u> / Others:

OTHER INFORMATION

Was anybody Injured in the accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes (Police Report required)
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any foreign vehicle involved in this accident? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes Veh No: _____ Veh Category: _____
Number of vehicles involved in the accident	(2)
Was there any witness?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was any other VEHICLE / Property involve / damage? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes

DETAILS OF POLICE ACTION

Was the Accident Reported to the Police? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, Please state which Police Station _____				
Was Notice of Intended Prosecution given? *	<input checked="" type="checkbox"/> No / <input type="checkbox"/> Yes If Yes, against whom? _____				
Number of Passengers (Including DRIVER)? *	(1)				
Passengers	<table border="1"> <tr> <td>Name:</td> <td>Name:</td> </tr> <tr> <td>Gender: Male / Female</td> <td>Gender: Male / Female</td> </tr> </table>	Name:	Name:	Gender: Male / Female	Gender: Male / Female
Name:	Name:				
Gender: Male / Female	Gender: Male / Female				

Have you been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / ☒ No

DETAILS OF OTHER VEHICLE(S) / PROPERTIES		
Vehicle Registration Number *	1) YN9580M	2)
Vehicle Make / Model / Colour		
Damage to Vehicle/Property?		
Vehicle Category *		
Name of Driver		
NRIC/Passport Number		
Contact Number		
Address		
Insurance Company Name		
DETAILS OF WITNESS		
Name		
Contact No. / Email Address		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7227158J



Name

TEO YAM CHIEW
(ZHANG YANGZHOU)

Race

CHINESE

Date of birth

28-07-1972

Sex

M

S7227158J

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S7227158J

Name
TEO YAM CHIEW
(ZHANG YANGZHOU)

Birth Date 28 Jul 1972
Issue Date 29 Apr 2013

002175617H

3354148



NRIC No. S7227158J



Date of issue

19-09-2014

Address

10 BOON LAY DRIVE
#04-31
SINGAPORE 645929

YOU ARE LICENSABLE TO DRIVE VEHICLES IN THE FOLLOWING

EFFECTIVE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 29 Apr 2013



Licence No: S7227158J

NP 428A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0822217G



Name

ONG SIEW LAN



Race

CHINESE

Date of Birth

08-10-1950

Country of Birth

SINGAPORE

Sex

F

S0822217G

0547828



NRIC No. S0822217G



Blood Group: O+ Date of Issue: 02-12-1992

10 BOON LAY DRIVE #L4-31
SINGAPORE 649929

NRIC No. S0822217G Date: 28/05/2009 (R) No: 6130345

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.: D19MCV0001685

COVER: Third Party Only

1. Index Mark and Registration Number of Vehicle : GBA9119D
Chassis No : JN1SC2F24Z0800171
2. Name of Policyholder : ONG SIEW LAN
3. Effective date of Insurance : 25 Mar 2019
4. Expiry date of Insurance : 24 Mar 2020
5. Persons or Classes of Persons entitled to drive*
 - (a) The Policyholder.
 - (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*
 - a) Use in connection with the Policyholder's business.
 - b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - c) Use for social, domestic and pleasure purposes.

The Policy does not cover

 - a) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.
 - b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*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.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II 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 : A000050/Sunmex Enterprise
Date of Issue : 25/03/2019 11:30:11
M2300 (GOODS CARRYING)
INDIVIDUAL

For India International Insurance Pte Ltd



Authorised Signatory

SUNMEX ENTERPRISE
8 ENGQUAN STREET
#24-02
SINGAPORE 079718
TEL: 6220 5977 FAX: 6220 1698