

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	09/07/2019 10:52
Date Of Accident	28/06/2019 18:00
Exact Location Of Accident	LORNIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3343D
Insured/Policyholder	
Name Of Registered Owner	ROYAL'S ENGINEERING & TRADING (S) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63843811

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	M496141
Cover Note Number	-

Driver

Name of Driver	PARMINDER SINGH
NRIC No	G8412285N
Date Of Birth	20/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	07/10/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91899879
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 35 TUAS VIEW WALK 2
 Postcode 637560
 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 (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) 4
 Passenger 1
 NAME: : UNKNOWN
 GENDER: : FEMALE
 Passenger 2
 NAME: : UNKNOWN
 GENDER: : MALE
 Passenger 3
 NAME: : UNKNOWN
 GENDER: : MALE

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 ATTACHED STATEMENT.

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 SLZ5165X
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

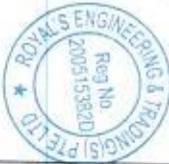
SKETCH PLAN

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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.



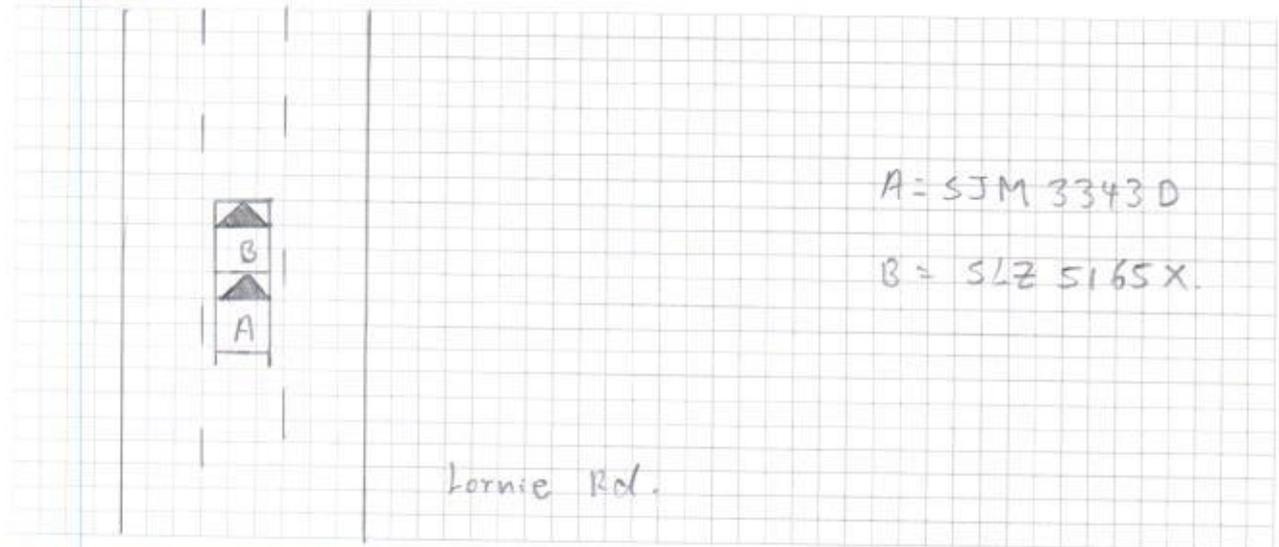
Policyholder's Signature
Date & Time:

PARMINDER SINGH

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Lornie Rd. the traffic was congested. Suddenly veh B which was in front of me stopped. I manage to stop but cannot stop in time. As the result, my veh hit onto Veh B rear portion.

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 STATEMENT

ACCIDENT DATE: (28 / 6 / 19) (DD/MM/YYYY), TIME: (18 : 00) (HH:MM)

LOCATION: Lorne Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 3343D.
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Royal's Engineering & trading (cs) Pte Ltd. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 63843811
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Parminder Singh (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 91899879
c) ADDRESS: 35 Tuas view walk 2 (c) 637560

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLZ 5165X MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passengers
(including driver)
(4)

1 1
F MM

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()

wanting car take photo.
tomorrow.

Email = royalsengineering@yahoo.com.sg

fax = 63843812

VIDEO = No.

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
ROYAL'S ENGINEERING & TRADING (S) PTE. LTD.



Name
PARMINDER SINGH

Work Permit No
0 34274975

Sector
CONSTRUCTION



034274975
KT 427963

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8412285N**

Name:
PARMINDER SINGH



Birth Date: **20 Sep 1984**
Issue Date: **23 Jul 2016**
Valid Till: **22/07/2021**

002591733C



VISIT PASS
Immigration Regulations 15-05-2019

Name
PARMINDER SINGH



FIN
G8412285N

Date of Birth
20-09-1984

Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED
YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status




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

Class	Description	Effective Date	Duration
Class 2B	Motorcycles => 200 CC	23 Jul 2016	5
Class 3	Motor cars => 3000 kg with =< 7 passengers, exclusive of the driver, and motor tractors/vehicles =< 2500 kg	07 Oct 2016	5

G8412285N S / No. 9000252556

NP 428A

Licence No: G8412285N





INDIA
INTERNATIONAL
INSURANCE
SINGAPORE
Bringing the region closer together

INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg No. 199741792N GST Reg No. M2-0078866V
04 Cecil Street, #04 / #05 / #06-02 108 Building, Singapore 049711
Office: (65) 63476100 Email: insure@ii.com.sg
Fax: (65) 62244174 Website: www.ii.com.sg

RENEWAL NOTICE

We wish to advise that your policy is expiring. Please review the sum insured to ensure that you are adequately insured. We look forward to your early instruction(s) by returning this letter to us.

Agency	55722SE	Class of Policy	MOTOR POLICY	Policy Number	U496141
Account	55722SE	Ren. Notice Date	07/05/2019	Expiry Date	28/06/2019
Client	RS0180					

Renewal Period from 29/06/2019 to 28/06/2020 . Both dates inclusive

Insured's Name	ROYAL'S ENGINEERING & TRADING (S) PTE LTD
Address	65 UBI ROAD 1 #02-86A OXLEY BIZHUB SINGAPORE 408729

Premium	BASIC PREMIUM	SGD961.80		
	No Claim Discount	10.00%	SGD96.18-	
	Total Annual Premium	SGD865.62	Renew. Prem.	SGD865.62
			Premium GST	SGD60.59
			Total	SGD926.21

FOR DRIVERS BELOW 31 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 3 YEARS SINGAPORE DRIVING LICENCE, EXCESS OF \$2500/- ON SECTION II WILL BE APPLICABLE.

Risk No.	001	PRIVATE CAR COMPANY USE			
1. Registration	SJM3343D	Make/Model	..	TOYOTA WISH 1.8	
Type of Cover	Third Party	No. of seats	7	Body Type STATIONWAGON
Engine No.	.. 1223124618	Capacity cc's	1794	Year of Manuf...	2008
Chassis No.	.. ZNE100413977				

Sum Insured..... SGD0.00 Certificate Ref. MX4E

Named Drivers ANY AUTHORISED DRIVER OF THE CO.

The following clauses and endorsements apply to this vehicle :

Passenger Risk.....
Additional Endorsements Applicable..... MS, M14, M19, M20, M28, MEMO 1
Endorsements attached..... 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
M18 -THIRD PARTY ONLY.....

The Following clauses and endorsements apply to this policy :
SIXTY DAYS PREMIUM WARRANTY

- * PLEASE TURN OVER FOR YOUR FURTHER INSTRUCTIONS TO US.
- * Renewal is invited on same terms unless otherwise indicated.
- * In line with the recommendations of the General Insurance Assoc to the Y2K electronic data exclusion, as per standard clause.

NO CLAIM DISCOUNT SHOWN ABOVE WILL ONLY BE ALLOWED IF NO CLAIM IS MADE OR IS PENDING AS AT RENEWAL DATE.



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST. Reg. No. M2-0078806-X
64 Cecil Street #04 & #05 IOB Building Singapore 049711
Office (65) 63476100 Email insure@iii.com.sg
Fax (65) 62244174 Website www.iii.com.sg

Our Ref : MC20192176/CM
Your Ref: SJM3343D

Date: 3 July 2019

ROYAL'S ENGINEERING & TRADING (S) PTE LTD
65 UBI ROAD 1
#02-86A OXLEY BIZHUB
Singapore 408729

BY REGD & NORMAL POST

Dear Sir,

**ACCDT INVL SJM3343D(III) & SLZ5165X ON 28/06/2019
ALONG LORNIE ROAD**

We do not appear to have been notified of the above accident and hence are unable to deal with the third party claim(s). If the accident did in fact happen kindly ensure that an accident report is filed immediately with any of the IDAC or Reporting Centres and provide us with the following:

- (i) Copy of police report, if lodged
- (ii) Copy of accident report and
- (iii) Explanation for the non-reporting of the accident **within 24 hours** of the accident or by the **next working day** in compliance with the "Notification Clause" of the policy (copy enclosed for easy reference).

Please note that if we do not receive copies of the police and/or accident report and satisfactory explanation latest by the date indicated below this communication will serve as our formal communication to deny indemnity to you and/or driver at the time of accident, in respect of all claims arising out of the above accident.

Kindly note that under the Motor Vehicles (Third Party Risks & Compensation) Act, we are statutorily liable to satisfy any third party claim for damages for personal injuries and related expenses. Should we be required to satisfy any third party injury claim required under law, we reserve our rights to seek full recovery from you for all amounts incurred by us in accordance with the "Avoidance of Certain Terms & Rights of Recovery" clause of the Policy.

If you are not the driver of insured vehicle at the material time please bring this letter to the attention of the driver concerned for compliance. Further, kindly let us have the driver's name, NRIC and contact details (Phone nos. and Email ID).

Kindly revert latest by: 12/07/2019.

Yours faithfully

A handwritten signature in blue ink, appearing to read 'C. Meenachi'.

C. Meenachi
Motor Claims Dept.
Email : meenachi@iii.com.sg
DID : 6347 6073

Cc: LIM BENG LIEN [By Email]