

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	07/10/2019 17:31
Date Of Accident	05/10/2019 18:00
Exact Location Of Accident	TRAFFIC JUNCTION BETWEEN BAYFRONT & MARINA BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA3193H
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ALIFF BIN ZAINUDIN
NRIC No	S8740326B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90679879
Alternative Phone No	OFFICE-90679879

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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	D18MPC0003098
Cover Note Number	

Driver

Name of Driver	NUR AZLIA BINTE ZAINUDIN
NRIC No	S9046483C
Date Of Birth	01/12/1990
Occupation	INDOOR
Date Of Driving Pass	28/09/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-85337914
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 136 TECK WHYE LANE #02-305
Postcode	680136
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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)	3
Passenger 1	NAME: : FIZA GENDER: : FEMALE
Passenger 2	NAME: : JULIANA GENDER: : FEMALE

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

ON 05/10/2019 AT ABOUT 1800HRS, I WAS DRIVING (SJA3193H) STATIONARY ALONG MARINA BLVD IN THE ELFT MOST LANE WAITNG FOR THE TRAFFIC LIGHT TO TURN GREEN IN MY FAVOUR. THERE WERE 2 PASSENGERS INSIDE MY CAR. WHEN THE TRAFFIC LIGHT TURNED GREEN IN MY FAVOUR, THEN I PROCEED TO MOVE FORWARD TO CROSS THE JUNCTION AND I FELT AN IMPACT FROM THE RIGHT AND I REALISED THAT MY CAR COLLIDED ONTO A WHITE BMW WHO WAS TURNING LEFT FROM MY RIGHT HAND SIDE. I WISH TO STATE THAT I AM NOT FAMILIAR THE AREA AND I DONT KNOW THAT THE LANE I DRIVING IN IS ONLY FOR LEFT TURN. NO ONE INJURED IN THIS ACCIDENT CASE.

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	SGE3113D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	TAM CHENG NAM
NRIC/Passport Number	

Contact Number 96983113
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:

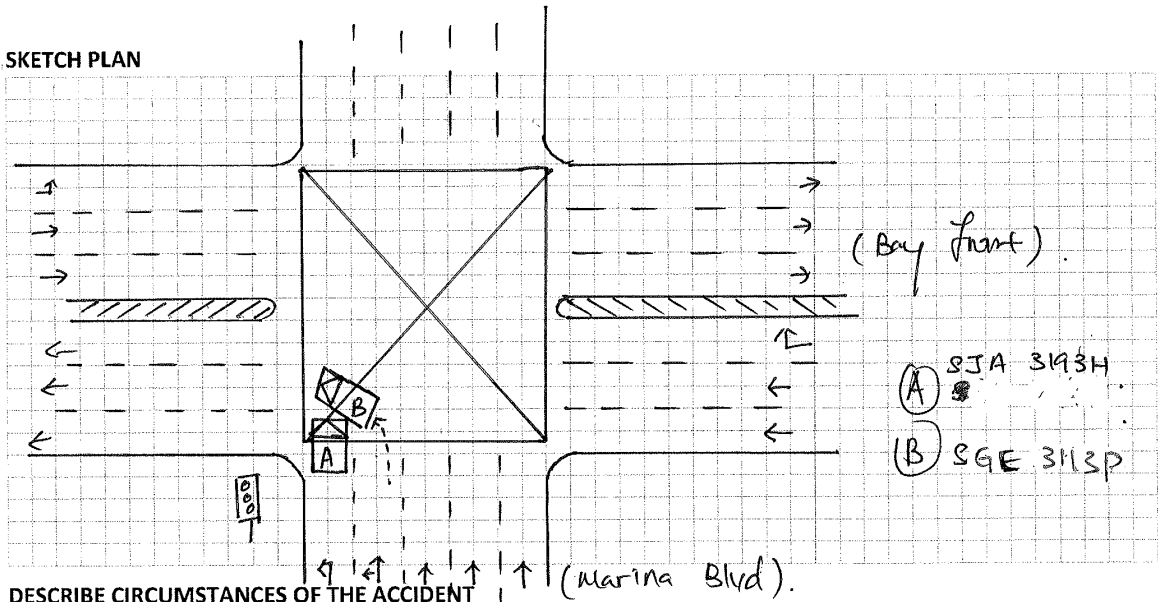


Driver's Signature
(If driver is not the policyholder)
Date & Time: 7 Oct 19
3:40pm

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05-10-2019 @ about 1800hrs, I was driving (SJA 3193H) stationary along Marina Blvd in the left most lane waiting for the traffic light turn green in my favour. There was 2 passengers inside my car. When the traffic light turn green in my favour then i proceed move forward to crossing the junction and i felt ^{an} impact from the right and i realized that my car was collided onto a white ~~man~~ who was turning left from my right ~~lane~~ hard side - i wish to state that i am not familiar the area and i was don't know that the lane i driving is only for left turn. No one injured in this accident case.

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: 7 Oct 2019
3:40pm.

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8740326B**



Name
MOHAMED ALIFF BIN ZAINUDIN

Race
MALAY

Date of birth
11-12-1987

Sex
M

S8740326B

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9046483C**



Name
NUR AZLIA BINTE ZAINUDIN

Race
MALAY

Date of birth
01-12-1990

Sex
F

S9046483C

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

S9046483C



NUR AZLIA BINTE ZAINUDIN

Birth Date: **01 Dec 1990**

Issue Date: **28 Sep 2019**



002981713K

5913800



NRIC No. **S8740326B**



Date of issue
12-04-2018

Address
**APT BLK 136 TECK WHYE LANE
#02-305
SINGAPORE 680136**

3806305



NRIC No. **S9046483C**



Date of issue
05-12-2005

Address
**APT BLK 136 TECK WHYE LANE
#02-305
SINGAPORE 680136**

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg **28 Sep 2019**



Licence No: **S9046483C**

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
Office (65) 63476100 Email insure@iifi.com.sg
Fax (65) 62244174 Website www.iifi.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)

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

CERTIFICATE NO.: D18MPC0003098		COVER: Third Party Only
1. Index Mark and Registration Number of Vehicle	: SJA3193H	
Chassis No	: JMYSRCY2A8U002818	
2. Name of Policyholder	: MOHAMED ALIFF BIN ZAINUDIN	
3. Effective date of Insurance	: 04 Dec 2018	
4. Expiry date of Insurance	: 03 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.		
c) 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.		
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	<i>For India International Insurance Pte Ltd</i>
Date of Issue	: 29/11/2018 11:18:23	
MX1-Private Car (Insured Driving)		_____ Authorised Signatory

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

