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TP Particulars: Veh No: 5	HA 8960 B. INC	()/Non-INC()	**
Owner / Driver: (Tel:)
Policy No. () Pario	d: () Cover Type: (1
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0	-20%; P: 21-79%. P: 80-1	00%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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

	ACCIDENT STATEMENT
Date Of Report	22/10/2019 13:17
Date Of Accident	20/10/2019 05:15
Exact Location Of Accident	JUNC OF ROCHOR RD & BEACH RD
Country/State of Loss	SINGAPORE
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP1862H
Insured/Policyholder	
Name Of Registered Owner	TEO ZHI XIANG KELVIN
NRIC No	S8840782B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97631728
Alternative Phone No	OFFICE-97631728
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D19MPC0001544
Cover Note Number	
Driver	
Name of Driver	TEO ZHI XIANG KELVIN

 NRIC No
 \$8840782B

 Date Of Birth
 18/10/1988

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/05/2012

Driving Experience 7 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97631728

Fax Number

Contact Number OFFICE-97631728

EMail Address NOEMAIL

Address BLK 976 JURONG WEST ST 93 #08-385

Postcode 640976

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

100000

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver)

2

NAME:

: SERENE HO

Passenger 1

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name JURONG DIVISION HQ

Police Station Address ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 18007910000 - FAX NO:

Was notice of intended Prosecution given?

If Yes,against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT J/20191022/7018

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 SHA8960B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

SERENE HO Name

Approximate Age

BODY Injuries Sustain

SKP1862H Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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 <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:
 - (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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN		
	Beach RM	A = SKP 1862H. B = SHA 8960
DESCRIBE CIRCUMSTAN	Rachar Rad CES OF THE ACCIDENT	
Refer	to Police Repor	+
Ulin	articulars are true in every respect.	ph.
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

GIARMC SketchPlanForm_V3

Date & Time:

NRIC/FIN No.:

2

ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 10) 19 (DD/MM/YYYY), TIME: (5: 15) (HH:MM)	
LOCATION: Rochor Rd.	170
1. DETAILS OF VEHICLE .	
a) VEHICLE NUMBER: SKP 1862 H	
DINSURANCE COMPANY:	
c)POLICY NUMBER:	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	(4)
e)MAKE & MODEL:	8.
F)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)	
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
h)PURPOSE OF USING AT ACCIDENT TIME: Private USE	
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)	
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER	ā
A) NAME: Teo 2hi xiang (Kelvin. (MALE / FEMALE)	
b) NRIC/FIN/PASSPORT: CONTACT: 97631728-	(4)
c)ADDRESS:	
	. 5
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER PRIVER * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	
hindic/ein/passbort	
(2) c)ADDRESS:CONTACT:	
And the second of the second o	**
*d)DATE OF BIRTH: ()(DD/MM/YYYY)	
e)OCCUPATION: (INDOOR / OUTDOOR)	
f)YEARS OF DRIVING EXPRERIENCE:	2.53
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)	
D)ROAD SURFACE: (DRY / WET / OTHERS)	
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	ŽII.
IF YES, PLEASE STATE WHICH POLICE STATION: Peneling	
The of passinger a) VEHICLE NUMBER: SHA 8960 B. MODEL:	
Listasting driver) b) DRIVER'S NAME:	
c) NRIC/FIN/PASSPORT:CONTACT:	
9. THIRD PARTY VEHICLE	
d) VEHICLE NUMBER:MODEL:	
Industrian deliga of DRIVER'S NAME.	
f) NRIC/FIN/PASSPORT:CONTACT:	
	•0
Serene Ho passenger - conveyed -by au	461.1.
	10414-1
olice Report : email =	
$f_{ax} =$	
VIDEO = No.	

X





1 of 2

Report No. J/20191022/7018

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No:1800-7910000

Date/Time Report Made 22/10/2019 11:58	Vide Report No.		Station Diary No.	
Name Of Informant TEO ZHI XIANG, KELVIN	Address APT BLK 976 JURONG WEST STREET 93 #08-385			
ID Type / ID No. NRIC NO / S8840782B	SINGAF Contact Home/C		Mobile: 97631728	
Nationality SINGAPORE CITIZEN	Email Address kelvinteozx@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Other chemical and physical science technicians	Male	31	18/10/1988	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 20/10/2019 04:45 - 20/10/2019 05:15	Location Of Incident APT BLK 976 JURONG WEST STREET 93 #08-385 SINGAPORE 640976			

Brief details.

The incident was due to my carelessness of not giving way at the said cross junction along Rochor Road at about 5.00am. On the mentioned date, I was the driver and was making a right-turn at the cross junction. Due to the fact that my road direction is bad, I usually depend heavily on my GPS's instruction to reach my destination. As soon as the GPS instructed me to make a right-turn, I followed. I know very clearly that as a right-turning vehicle, I will need to give way to oncoming traffic, and it was due to my

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/10/2019 11:58
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20191022/7018

careless judgement that I resulted in this incident. My vehicle hit an oncoming Taxi. All parties did not suffer any immediate and apparent injuries and were all conscious with complete ability to stand and manoveure after the incident took place.

Signature Of Officer Recording The Report:	Signature Of Informant:	
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter: Not applicable	Date/Time: 22/10/2019 11:58	
Officer In-Charge Of Case:	Classification Of Case:	
Authentication Stamp		



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 1907027928 [GST. Reg. No. M2-0078006-3 04 [Card Street | 404 | 405] 406-02] [DB making] St Office (65) 63476100 Ernall graufe@figrens. Par (65) 62244274 Weinste www.Hannag

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (TORROPARTY RISES AND COMPENSATION) ACT (CHAPTER 149)
MOTOR VEHICLES (THIRD PARTY RISES AND COMPENSATION) RIZES, 1960 ROAD TRANSPORT ACT, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISES) RILES, 1977 (MALAYSIA)

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

: SKP1862H

04 Apr 2019

: 03 Apr 2020

: JHMFD163068212333 : TEO ZHI XIANG KELVIN

IFICATE NO.: D19MPC0001544

COVER: Third Party Fire & Theft

a Mark and Registration Number of Vehicle

sis No

e of Policyholder

tive date of Insurance

The Policyholder

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

mployer or his/her partner.

In yother person who is driving on the Policyholder's order or with his/her permission.

Tovided 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

crimited 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

chicle

stions as to use"

ly for social, domestic and pleasure purposes and for the Policyholder's business.

dicy does not cover

te for hire or reward,

te for racing, pace-making, reliability trial, speed-testing,
te for the carriage of goods other than samples in connect
te for any purpose in connection with the Motor Trade. ction with any trade or business.

as rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Act, 1987 (Malaysia), are not to be included under these headings.

ase Company

Tokyo Century Leasing (Singapore) Pte Ltd

ERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE & OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS ON ALL CLAIMS WILL BE APPLICABLE.

BY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party ompensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

: A000047/SINCL PTE LTD 15.03/2019 12:16:20 Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory

2019 12:16:20

Page 1 of 1

15/03/2019 12:17:00