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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 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.
- 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.

THOR OF THE WAY AND THE WAY	ACCIDENT STATEMENT
Date Of Report	30/01/2020 18:56
Date Of Accident	30/01/2020 12:50
Exact Location Of Accident	COLLYER QUAY TOWARDS FINLAYSON GREEN
Country/State of Loss	SINGAPORE
D. Company	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU4073Y
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	φ
Email Address	GOHMIAHSEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91370106
Alternative Phone No	OFFICE-91370106
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

Fleet Policy NC

Policy Number D19MFL0006751

Cover Note Number

Driver

 Name of Driver
 GOH MIAH SEE

 NRIC No
 SXXXX176J

 Date Of Birth
 20/05/1950

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/06/2004

Driving Experience 15 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91370106

Fax Number

Contact Number OTHERS-91370106

EMail Address GOHMIAHSEE@GMAIL,COM

Address

BLK 404 HOUGANG AVENUE 10

#01-1064

Postcode

530404

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

OTHER - HIRER

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

NO

ambulance?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

PASSENGER

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 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

SLM1452L

Vehicle Make/Model/Colour

MAZDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LIM LIONG WHATT

NRIC/Passport Number

SXXXX835B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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. 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.
- 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

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:

30-01-2020

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Collyte	QUAY	\rightarrow
Q.	TURN LAFT OR RIGHT	
B) SKU 4073 Y B) SKM 1452 C.	CAN ON TURN RIGHT	→ → →
W 30/01/2020 AT ABOUT	IT.	
TO FINLAY SON GRAIN	1 BUT A CAR SIM URM CHET 9 1/17 71 D MM 7/1/2 HE WAN	145) L FROM Right
LARATION declare the foregoing particulars are true in ever	y respect.	

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 35-01-2020

NRIC/FIN No.:

1535 hrs.

GIABAT Georgia Candidate VIII

Ca/c Enthons

. AGCIDENT STATEMENT

	ACCID	ENT DATE: 30,01,2020 (DD/MM)	MYY), TIME: 12:53 JIHRMM)
	LOCAT		HOLLVAR QUAY TOWARD
		DETAILS OF VEHICLE a) VEHICLE NUMBER: SKU 4073 b) INSURANCE COMPANY: INTERNA c) POLICY NUMBER: DI9MF L 00	TIONAL INSURANCE
		A) BOLION TABE: (COMBERENSING) THIS	PARTY / THÍRD PARTY FIRE ATHEFT
*		()TYPE: (SALOON / COUPE / MPV /VAN / D) VEHICLE CATEGORY: (PRIVATE / COMM	LORRY / MOTORCYCLE, / OTHERS)
2.00		IT) PURPOSE OF USING AT ACCIDENT TIME I) ARE YOU CLAIMING UNDER YOUR OWN IF NO, PLEASE STATE (THIRD PARTY CLAIR	I INSURANCE (YES/NO)
gove - (m)	2,,	INSURED / POLICY HOLDER VINCAR A) NAME: b) NRIC/FIN/PASSPORTI	(MALE / FEMALE)
14		c)ADDRESS:	
94 U. J		. CONTINUE TO 3.4 IF DRIVER ALSO POLI	DY HOLDER
440 of pol Conduding	stan gap	DRIVER GOH MINH SEE	CONTACT: 9 STANGE
(2)	. 50. 16. 74. 12	DINRIC/FIN/PASSPORT SOLH 1765 DIADDRESS: BIK 404 \$ 01-10	164 HOUGANG AVE 10
		OCCUPATION: INDOOR OUTDOOR	JUNE 2004
	4,	WAS DRIVER AN EMPLOYEE OF THE I	NSURED'S COMPANY? (YES " NO)
2.0	5.	IF NO, RELATIONSHIP OF THE DRIVER O) WEATHER CONDITION! CLEAR! RAIN	NG / OTHERS
80		b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POUGE (YES / NO) IF YES, PLEASE STATE WHICH POLICE ST.	
A He of pas	sang ar	THIRD PARTY VEHICLE SLM 1452	L HODEL MAZDA
(Industing	9.	C) NRIC/FIN/PASSPORTI S 148983 THIRD PARTY VEHICLE	5 B CONTACT
the of pe		d) VEHICLE NUMBER:	MODEL:
Christianin	g.drover)	1) NRIC/FIN/PASSPORTI	CONTACTO
L)	⊕)	

email: gohmiah see@gmil.com



Co. Reg. No. 1987037928 | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #64 | #65 | #66-02 | Boll Building | Singapore 04971 |

Office (65) 63476100 Fat. (65) 62244174

Email insure@siccom.ng Website www.iii.com.sg

COVER: Comprehensive

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISES AND COMPLINSATION) ACT ICHAPTER 1893 MOTOR VEHICLES (THIRD-PARTY RISES AND COMPLINSATION) RULES, 1866 ROAD TRANSPORT ACT, 1962 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) BULES, 1959 (MALAYSIA)

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

CERTIFICATE NO.: D19MFL0006751

Index Mark and Registration Number of Vehicle

SKU4073Y

Chassis No

RU11021300

2. Name of Policyholder

VINCAR LEASING AND RENTAL PTE. LTD.

Effective date of Insurance

16 Nov 2019

4. Expiry date of Insurance

15 Nov 2020

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with his/their permission,

The Hirer.

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 for the carriage of passengers in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired

The Policy does not cover

(1) Use for racing, pace-making, reliability trial, or speed-testing.

(2) Use for the carriage of goods (other than samples) in connection with any trade or business.

(3) 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.

The state of the s		
Excess Section I WITHIN SINGAPORE	SGD	2.000.00
Excess Section I OUTSIDE SINGAPORE	SGD	4,000.00
Excess Section II WITHIN SINGAPORE	: SGD	2.000.00
Excess Section II OUTSIDE SINGAPORE	SGD	4.000.00
Windscreen Excess	SGD	100.00
Hire Purchase Company	Maybank	Singapore Limited

DRIVERS MUST BE BETWEEN 24 AND 65 YEARS OF AGE & WITH AT LEAST 2 YEARS DRIVING EXPERIENCE IN SINGAPORE.

PRIVATE HIRE (GRAB SERVICES) - GEOGRAPHICAL AREA : WITHIN THE REPUBLIC OF SINGAPORE ONLY

FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN SINGAPORE, WEST MALAYSIA AND THAT PART OF THAILAND WITHIN 50 MILES OF THE BORDER BETWEEN THAILAND AND WEST MALAYSIA.

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

B000057/AETNA INSURANCE BROKERS PTE LTD

Date of Issue MZ406 - Hire Car (U/G)

30/12/2019 10:50:15

For India International Insurance Pte Ltd

Authorised Signatory