#### 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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/01/2020 14:19
Date Of Accident	22/01/2020 11:30
Exact Location Of Accident	EUNOS LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD7305E
Insured/Policyholder	
Name Of Registered Owner	EVERGLASS CONTRACTOR PTE LTD
Co Reg No	200010058G
Email Address	EVERGLASS@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91080779
Vehicle Particulars	
Manufacturer	TOYOTA
Model	TOYOTA DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	t
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0001298

**Driver** 

Cover Note Number

Name of Driver WONG YING TONG

NRIC No S6868949Z
Date Of Birth 29/02/1968
Occupation OUTDOOR
Date Of Driving Pass 17/10/1994

Driving Experience 25 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91080779

Fax Number
Contact Number

EMail Address EVERGLASS@SINGNET.COM.SG

Address BLK 37, BUKIT BATOK EAST AVE 6, #01-33

Postcode

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 Vehicle

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident COLLISION - CHANGE/CROSS LANE

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

NO

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : RAMJEM

GENDER: : MALE

Passenger 2 NAME: : DAS SOMON

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

on givoir.

**Circumstances of Accident** 

REFER TO ATTACHED 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 SGD9939D

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 Pg. 1

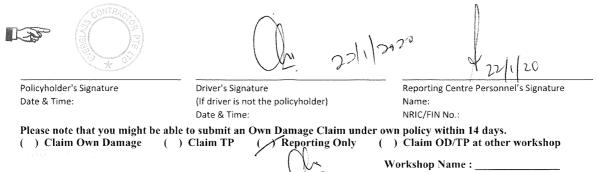
#### **SKETCH PLAN**

#### **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.
- 3. 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>.
- 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
  - (ii) for complying with requirements under any regulations, laws or court orders.

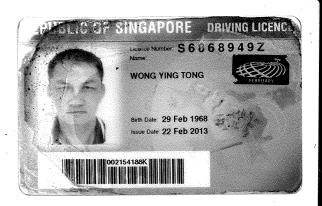


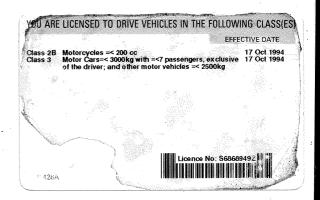
### Sketch Plan Pg. 2

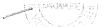
	PRESENTATION TO THE PROPERTY OF THE PROPERTY O
A-GBD 7305	36
B-56D9939	
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT
n2/1/ 0 0	
ON 22/1/20, CA	about 11:30 hrs, the traffic was heavy, I moved my
volvice formalard	A WINELL CUIDENT WELVICLE & CANGOSON CUIT WATER
AGALLOLG TONNARIO	1, when suddenly vehicle B, SGD 9739D out into m
lang from th	ie left and I hit into his vehicle.
10.00	
DECLADATION	
	rticulars are true in eyery respect.
DECLARATION I/We declare the foregoing par	rticulars are true in eyery respect.  A 1/20

NRIC/FIN No.:

Date & Time:









#### INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | JOB Building | Singapore 049711 Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 Website www.jij.com.sg

**COVER:** Comprehensive

#### 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.: D19MCV0001298 1. Index Mark and Registration Number of Vehicle

GBD7305E

Chassis No

JTFAT35V20K204080

2. Name of Policyholder

EVERGLASS CONTRACTOR PTE LTD

3 Effective date of Insurance

30 Mar 2019

4. Expiry date of Insurance

29 Mar 2020

5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their 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.
  - 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 trail, 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.

Excess Section I : SGD 750.00 Windscreen Excess: SGD 100.00

Hire Purchase Company : THIAM HENG AUTO (S) PTE LTD

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I 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).

: A000061/SK SOLUTIONS PTE LTD Agent/Broker

: 04/03/2019 15:21:06 Date of Issue

MZ300C (GOODS CARRYING)

COMPANY

For India International Insurance Pte Ltd

Authorised Signatory

irislee 04/03/2019

Page 1 of 1

05/03/2019 16:02:18















