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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

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· 1887年1987年1988年1988年1988年1988年1988年1988年	ACCIDENT STATEMENT
Date Of Report	05/02/2020 17:47
Date Of Accident	05/02/2020 16:35
Exact Location Of Accident	SHEARES LINK
Country/State of Loss	SINGAPORE
and the second s	ETAILS OF OWN VEHICLE
Vehicle Registration Number	XE2002X
Insured/Policyholder	
Name Of Registered Owner	SANTA LOGISTICS PTE LTD
Co Reg No	*
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65433333
Vehicle Particulars	
Manufacturer	MAN
Model	•
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	D18MFL0000521_01

### Driver

Cover Note Number

KONG CHUN HEONG Name of Driver SXXXX832J NRIC No Date Of Birth 17/08/1977 OUTDOOR Occupation 25/10/2008 Date Of Driving Pass 11 YEARS AND 3 MONTHS **Driving Experience** MALE Gender (LOCAL) +65-91147336 Mobile Number

Fax Number Contact Number

EMail Address NOEMAIL

Address

BLK 248 KIM KEAT LINK #05-55

Postcode

310248

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

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

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)

#### **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

I WAS TRAVELLING ALONG SHEARES LINK, I STOP BEHIND VEH B DUE TO RED LIGHT, WHEN THE LIGHT TURN GREEN, VEH B STARTED TO MOVE, AS SUCH I FOLLOW TO MOVE, SUDDENLY VEH B STOP, I CANNOT REACT ON TIME. AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.

# 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

SLS5679S

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

HOW JONG WAN

NRIC/Passport Number

SXXXX522C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### 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:
  - 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)

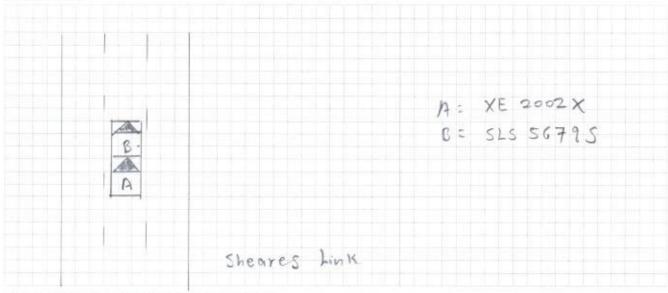
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

-	-		-		
CIV	ET	$^{-}$	DI	AN	



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	Statement	
		s/s	

# 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.:



#### INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Roy No. 1907037525 | GST Rea No. Mr. 0070000 X 14 | Ceci Street | 904 | 905 | 905-07 | 100 Building | Nindspore 049711

Other jobj 68476400 Email interesting the jobj 62244174 Periods work thereby

#### CERTIFICATE OF INSURANCE

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

## CERTIFICATE NO.: D18MFL0000521 01

COVER: Third Party Only

1. Index Mark and Registration Number of Vehicle

Church No.

WMANGEZZXEV316233

2. Name of Policyholder

· SANTA LOGISTICS PTE LTD

3 Effective date of Imparance

1 18 Jul 2019

4. Expury date of Insurance

17 Jul 2020

#### 5. Persons or Classes of Persons entitled to drive"

(1) Whilst the writtede is being used in consection with the Policyholder's business. Any person pain deathe is in the Policyholder's compley and is driving on their order or with their permansion. (2) Whilst the velocite is being used for social, donicate or pleasure purposes. Any person with is driving on the Policyholder's order or with their permansion.

Provided that the person driving is parameted in accordance with the inconsing or other laws or regulations to drive the Mone Vehicle or has been so permitted and is not comparated by order of a Court of Law or by reason of any exactment or regulation in that behalf from driving the Mone Vehicle

6. Limitations as to pace

WITHIN THE REPUBLIC OF SINGAPORE ONLY

Use in connection with the Policyhalder's business.
 Use for the corriage of passengers (other than for hire or reword) in connection with the Policyholder's business.

(3) Use for social, domestic and pleasure purposes.

#### The Policy does not caver

(1) Use for racing, procureking, reliability trial, or specificating.
(2) Use whilst drawing a trader except the towing of any one disabled mechanically proposed vehicle.

(3) Use for the carrage of passengers for line or reward.

\*Longstoms rendered inspective by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)and Section 95 of the Road Transport Act. 1987 (Moleyant), are not to be included under those heldings

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SGD

GEOGRAPHICAL AREA: THE REPUBLIC OF SINGAPORE ONLY

I/We HEREBY CERTIFY that the Policy to which this Certificate relates a visued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Comprension) Act (Chapter 189) and Part IV of the Road Temport Act, 1987 (Malayer).

Agent@roker DG0000) Direct Client

Disc of State 19-97/2019 14-42-42 M.Z. 301CS - TANKER(Company's use)

For India International Insurance Pte Ltd.

Authorsted Superstan

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