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TP Particulars: Veh No: G	BL 5620B.	. INC(	)/Non-INC( )		
Owner / Driver: (			Tal:	)	
Policy No: ( ) Peri	od: (	- )	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %) [N	ote-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 80	0-100%]	
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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 <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.

	ACCIDENT STATEMENT
Date Of Report	20/08/2020 11:11
Date Of Accident	19/08/2020 15:15
Exact Location Of Accident	PIE EXIT PAYA LEBAR SLIP RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT4601R
Insured/Policyholder	
Name Of Registered Owner	ONG HAN GEOK
NRIC No	SXXXX850Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93664642
Alternative Phone No	OFFICE-93664642
Vehicle Particulars	
Manufacturer	PROTON
Model	PERSONA
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0001928_01
Cover Note Number	
Driver	
Name of Driver	NICHOLAS ONG KEE HOWE
NRIC No	SXXXX379C
Date Of Birth	10/09/1990
Occupation	INDOOR
Date Of Driving Pass	31/03/2011
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93664642
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 835 JURONG WEST ST 81 #08-39 Address Postcode 640835 NO Was driver an employee of the Insured's Company CHILDREN 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 AFTER RAINED Road Surface WET Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident Was any body injured in the Accident? YES Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 2 Number of Passengers (Including Driver) Passenger 1 : FIFI KOH NAME: 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 REFER TO STATEMENT. Attachment(s) YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number **GBL5620B** 

Vehicle Make/Model/Colour Details Of Properties Vehicle Category Name of Driver NRIC/Passport Number Contact Number Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

# **DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode NICHOLAS ONG KEE HOWE

BODY

SJT4601R

YES

NO

## **DETAILS OF INJURED PERSON 2**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

FIFI KOH

BODY

SJT4601R

YES

NO

#### 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</u> and <u>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 aforesald.
- 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 Signaty

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NRIC/FIN No :

avelling along at the Slip Rd of the stated location on the right lane.  s there were vehicles at the main road, I stopped to give way.  uddenly, vehicle B (GBL 5620B) collided onto the rear portion of any vehicle causing damages.		n the	stated	date	and	time,	1, vehro	le A	(SJT41	OIR) wa	V
nddenly, vehicle B (GBL 5620B) collided onto the rear portion of vehicle causing damages.		alona	g at the	e Slip	Rd of	the sta	ted locar	hon	on the	right 1	ane.
ny vehicle causing damages.	hs there	were	vehi	cles	at the	main	toad,	1 1	topped	to give	way.
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Palicyholde/'s Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No 1



### INDIA INTERNATIONAL INSURANCE PTE LTD

Go. Beg. No. 19870/3792k | GST. Reg. No. M2-0079806-X 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711

COVER: COMPREHENSIVE

Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 Website www.iii.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.:	D18MPC0001928	01

1. Index Mark and Registration Number of Vehicle

: SJT4601R

Chassis No.

: PL1CM6SRRAG226175

2. Name of Policyholder

ONG HAN GEOK

3 Effective date of Insurance

24 Sep 2019

4. Expiry date of Insurance

: 12 Oct 2020

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.

Insured & Named Drivers Excess Sect I: SGD600.00

Unnamed Drivers Excess Sect 1

: SGD1,100.00

Windscreen Excess

: SGD100.00

Hire Purchase Company

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).

: A000051/SGP ASSIST Date of Issue : 20/09/2019 15:50 MX1-Private Car (Insured Driving) : 20/09/2019 15:56:18

For India International Insurance Pte Ltd

Authorised Signatory

Plate of Wooldelli	: 19 Auf DO Accident Time: 1515 (24-ER-FORMAT)
Accident Place	PIE EXIT PAYA LEBAR SIPROAD
Vehlele Reg. No (Car plate No.)	SESST 460   RVehicle Malkel Model; PROTON PERSONA
Instirance Company	India International Policy No. 018 MPC 0001928-01
Name of Registered Owner	: Conspany (Individual) on a Han Geok
D of Registered Owner	: Cò Rég No: Owner's NRIC No: \$14428502
	: Co Contact No: Owner's Coutact No: 9366 4642
DRIVER'S Name	(WANG JIHAO)
DRIVER'S Date of Birth	110 SEP 90 DRIVER'S License Pass Date 31 MAP 2011
Relationship ber. Owner & Driver	: Spouse \ Pacents Children Sibling \ Empleyeet Others:
DRIVER'S Address	APT BIK 835 Juning West street 81 #08-39 singapore 640835
DRIVER'S Contact No./ Alt No.	: 1) 9366 4642 2) -
DRIVER'S Occupation	: INDOOR (OUTDOOR (eg. working inside or duside of an ofe)
Email Address	: Alcholashowe 135 (2) gmail. com.
Weather & Road Surface	CLEAR & DRY   RAINBOO & WET (AFTER RAIN & WET)
Reporting Type .	: Reporting Only Claim Other Party Claim Own Insurance
was the accident reported to the o	Driver): O Passenger Name: FIFI KOH Gender, M/F clice? YES (NO Passenger Name: Gender, M/F clar carriera: YES (NO Any Injuries YES / NO Injured Name: MICHOLAG ONG-
	was being used at the time of accident (Private use) Work purpose
	Other Party Driver's Particulars (if any)
Velticle Reg No: GBL 5,620	
Vehilele MakehModal:	Vehiale MakelMadel:
Name DRIVER:	
IC No. DRIVER:	[요요요] [1]
DRIVER'S Contact & add	
<u>Q</u>	ther Party Driver's Particulars (if any)
Vehicle Rag No:	
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DRIVER'S Con 15: 2 444	SATURATE PLANTS OF THE SATURATION OF THE SATURAT