

## 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 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. 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	21/09/2020 17:51
Date Of Accident	30/08/2020 08:50
Exact Location Of Accident	997 SERANGOON ROAD (OFF MAIN RD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB1862P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG YOKE LAN
NRIC No	S1757361F
Email Address	VINCENTPCMS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96300848
Alternative Phone No	OTHERS-90287018

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA6 2.0L SDN R GRADE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0001205
Cover Note Number	27/02/2020 - 26/02/2021

### Driver

Name of Driver	CHEONG WENG KONG
NRIC No	S1706355C
Date Of Birth	04/09/1965
Occupation	INDOOR
Date Of Driving Pass	27/09/1999
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90287018
Fax Number	
Contact Number	
Email Address	VINCENTPCMS@GMAIL.COM

Address	BLK 485D CHOA CHU KANG AVE 5 #11-136
Postcode	684485
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### 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

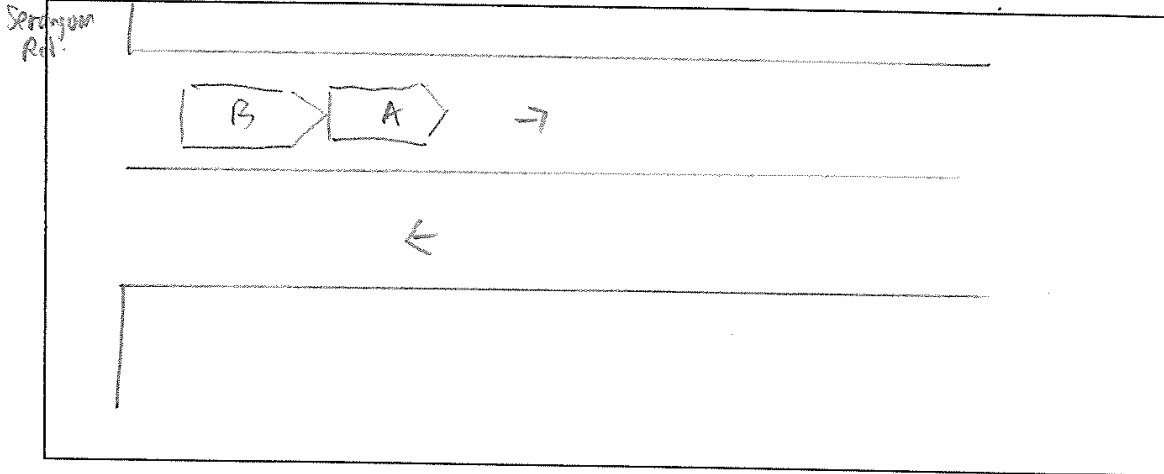
Vehicle Registration Number	SJB1515X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

Date of accident: 30/8/2020 Time: 08.50 Location: 999 SERANGOON ROAD (off main rd).  
 My Vehicle A: SDB 862P Vehicle B: ~~SJB~~ SJB 1515X Vehicle C: \_\_\_\_\_

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS PICKING UP SOMEONE, <sup>REVERSE</sup> AFTER LOADING UP AND ~~REVERSE~~ TO MOVE OUT.  
 SUDDENLY HEARD A MINOR CLICK SOUND AND STOP IMMEDIATELY. ~~WAS~~ AS  
 I

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address : vincentpcms@gmail

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Policyholder's Signature  
 Date & Time:

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*[Signature]*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



SKETCH PLAN

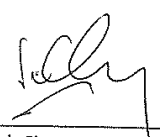
IMPORTANT NOTICE


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.
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
  - (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.:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1706355C

Name  
CHEONG WENG KONG  
張榮光

Race  
CHINESE

Date of Birth  
04-09-1965

Sex  
M

Country of Birth  
SINGAPORE

STRICTLY  
FOR WORKSHOP USAGE

USE FOR ACCIDENT  
REPORTING ONLY

3pax - 2 male passenger  
clear dmy.  
no injury  
no rldav

90287018/96300848 (owner/wife)

0834095

Barcode

NRIC No. S1706355C

STRICTLY  
FOR WORKSHOP USAGE

USE FOR ACCIDENT  
REPORTING ONLY

APT BLK A85D CHOA CHU KANG AVENUE 5 #11-136  
SINGAPORE 684485

NRIC No. S1706355C

Date: 08/02/2018

Terms and Conditions  
1. This card entitles the holder to 20% discount at all Goldheart boutiques.  
2. This card is not valid for other purposes.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1706355C**  
Name: **CHEONG WENG KONG**

Birth Date: **04 Sep 1965**  
Issue Date: **01 Aug 2003**

000707759H

**FOR WORKSHOP USAGE**

**USE FOR ACCIDENT REPORTING ONLY**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Sep 1999

**STRICTLY FOR WORKSHOP USAGE**

**USE FOR ACCIDENT REPORTING ONLY**

Licence No. **S1706355C**



INDIA INTERNATIONAL INSURANCE PTE LTD

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

## RENEWAL NOTICE

Agency	A000012	Class of Policy	Private Car	Policy Number	D19MPC0001205
Account	CSI0003303	Ren. Notice Date	20 Dec 2019	Expiry Date	26 Feb 2021
Client	LEONG YOKE LAN				

Renewal Period from 27 Feb 2020 to 26 Feb 2021, both dates inclusive.

Insured's Name LEONG YOKE LAN S1757361# F  
 Address 311 HOUGANG AVENUE 5  
 #04-185,  
 SINGAPORE  
 530311

## Premium

No Claim Discount 10%

Premium after NCD : SGD 1,393.70

Additional benefits : SGD 0.00

Total Annual Premium : SGD 1,393.70

Renewal Premium : SGD 1,393.70

7% GST : SGD 97.56

Total Premium Due : SGD 1,491.26

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.

## Risk No. 001

1. Registration	SDB1862P	Make/Model	MAZDA/6 SP 2.0		
Type of Cover	Comprehensive	No. of Seats	5	Body Type	SALOON
Engine No.	LF10951100			Capacity cc's	1999
Year of Manuf	2011				
Chassis No.	JM6GH10F2B0201190			Tonnage	N.A
Sum Insured	MARKET VALUE AT TIME OF LOSS				
Excess	Insured & Named Drivers Excess Sect I : SGD 750.00				
	Unnamed Drivers Excess Sect I : SGD 1,250.00				
	Windscreen Excess : SGD 100.00				

The following clauses and endorsements apply to this vehicle:





INDIA INTERNATIONAL INSURANCE PTE LTD

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

Our Ref : MPC2020D0001732/SP  
Your Ref: SDB1862P

Date: 14 September 2020

LEONG YOKE LAN  
311 HOUGANG AVENUE 5  
#04-185  
Singapore 530311

Dear Sir,

**ACCDT INVL SDB1862P (III) & SJB1515X ON 30/08/2020  
ALONG 997 SERANGOON ROAD**

We do not appear to have been notified of the above accident and hence are unable to deal with the third party claim(s). If the accident did in fact happen kindly ensure that an accident report is filed immediately with any of the IDAC or Reporting Centres and provide us with the following:

- (i) Copy of police report, if lodged
- (ii) Copy of accident report and
- (iii) Explanation for the non-reporting of the accident **within 24 hours** of the accident or by the **next working day** in compliance with the "Notification Clause" of the policy (copy enclosed for easy reference).

Please note that if we do not receive copies of the police and/or accident report and satisfactory explanation latest by the date indicated below this communication will serve as our formal communication to deny indemnity to you and/or driver at the time of accident, in respect of all claims arising out of the above accident.

Kindly note that under the Motor Vehicles (Third Party Risks & Compensation) Act, we are statutorily liable to satisfy any third party claim for damages for personal injuries and related expenses. Should we be required to satisfy any third party injury claim required under law, we reserve our rights to seek full recovery from you for all amounts incurred by us in accordance with the "Avoidance of Certain Terms & Rights of Recovery" clause of the Policy.

If you are not the driver of insured vehicle at the material time please bring this letter to the attention of the driver concerned for compliance. Further, kindly let us have the driver's name, NRIC and contact details (Phone nos. and Email ID).

Kindly revert latest by: 21/09/2020.

Computer generated. No signature is required.

Cc: Lim Beng Lien [By Email]

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

