

## 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	28/09/2020 11:06
Date Of Accident	26/09/2020 09:00
Exact Location Of Accident	CTE TWRDS AYE BEFORE PIE (CHANGI EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1235H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABELL ENG PTE LTD
Co Reg No	2XXXXX765K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84976318
Alternative Phone No	OFFICE-84976318

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA-3.0 D TURBO M/T 2WD (M)
Exact Purpose for which vehicle was being used at time of accident	
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
Policy Number	
Cover Note Number	

### Driver

Name of Driver	KHAN MD AJUM
Work Permit No	GXXXX418P
Date Of Birth	15/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84976318
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	161 KALLANG WAY #02-20
Postcode	349247
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	AFTER RAINING
Road Surface	WET

#### 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)	1

#### 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 SKETCH PLAN ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGQ9740R
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**

**IMPORTANT NOTICE**

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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.

x  
Policyholder's Signature  
Date & Time:

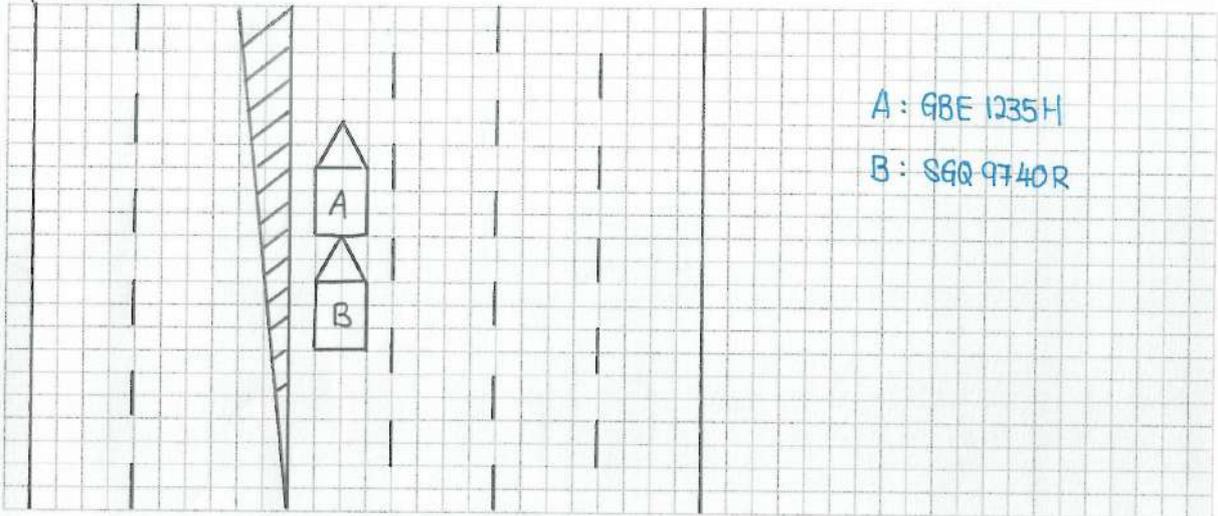


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN

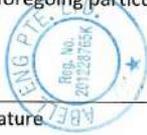


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26.09.2020 at about 09:00 am. I was travelling CTE towards AYE before  
PIE (Changi Exit). I slow down and stopped. Suddenly ; vehicle B hit my rear  
portion.

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. 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@ii.com.sg  
Fax (65) 62244174 Website www.ii.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.

<b>CERTIFICATE NO.: D20MCV0005703</b>	<b>COVER: Comprehensive</b>
<p><b>1. Index Mark and Registration Number of Vehicle</b> : GBE1235H  <b>Chassis No</b> : KDY2318020741</p> <p><b>2. Name of Policyholder</b> : ABELL ENG PTE LTD</p> <p><b>3. Effective date of Insurance</b> : 15 Sep 2020</p> <p><b>4. Expiry date of Insurance</b> : 14 Sep 2021</p> <p><b>5. Persons or Classes of Persons entitled to drive*</b>                  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.</p> <p><b>6. Limitations as to use*</b>                  a) Use in connection with the Policyholder's business.                  b) 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.  <b>The Policy does not cover</b>                  a) Use for hire or reward.                  b) Use for racing, pace-making, reliability trial or speed-testing.                  c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p><small>*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.</small></p>	
<p>Excess Sect I : SGD600.00                  Windscreen Excess : SGD100.00                  Hire Purchase Company : N.A</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>	
<p>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).</p> <p>Agent/Broker : A000012/Lim Beng Lien                  Date of Issue : 16/09/2020 10:36:31                  M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p> <div style="text-align: right;"> <p><i>For India International Insurance Pte Ltd</i></p>                   _____                  Authorised Signatory             </div>	

Driving License

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G2008418P**  
Name: **KHAN MD AJUM**

Birth Date: **15 Jan 1990**  
Issue Date: **15 Sep 2016**  
Valid Till: **14/09/2023**

002846237G



For Insurance Reporting And  
Claim Purposes Only

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **ABELL ENG PTE. LTD.**

**84976318**

Name: **KHAN MD AJUM**  
Work Permit No: **9 63435391** Sector: **CONSTRUCTION**



K1472687

Identification Card

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	15 Sep 2018

**84976318**

Licence No: G2008418P

NP 428A

For Reporting And  
Data Purposes Only

**VISIT PASS**  
Immigration Regulations

Name: **KHAN MD AJUM**

Download SGWorkPass App to check status

FIN: **G2008418P**

Date of Birth: **15-01-1992** Sex: **M**

Nationality: **BANGLADESHI**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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TOYOTA MOTOR CORPORATION JAPAN  
MODEL QDF--KDY231--TLMGY  
ENGINE 1KD-FET 2982 ml  
FRAME No. KDY231-8020741  
COLOR TRIM PLANT OPTION  
058 FB13 P11  
TRANS./AXLE R451 A01B 971

Accident Photo

