

## 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 Submission ..... 26/12/2020 11:36 (SGT)  
Date of Accident ..... 24/12/2020 17:20 (SGT)  
Exact Location of Accident ..... Near 60 Stratton Dr, Singapore 805658  
Additional Location Information ..... STRATTON DRIVE(SELETAR HILLS ESTATE)  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJK510T

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KHUA SHUJUAN GENEVIEVE  
NRIC No ..... S8838824J  
Email Address ..... genseoyeon@hotmail.com  
Mobile Phone No ..... (Phone) +65-97801999  
Alternative Phone No ..... +65-97801999

#### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Golf  
Variant ..... -  
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 - Reporting only  
Vehicle Category ..... Private car

#### INSURANCE COMPANY

Name of Insurance Company ..... India International  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MPC0007184  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... KHUA SHUJUAN GENEVIEVE  
NRIC No ..... S8838824J  
Date Of Birth ..... 05/10/1988  
Occupation ..... Indoor

Date Of Driving Pass .....	21/03/2007
Driving experience .....	13 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97801999
Alt. Phone Number .....	+65-97801999
Email Address .....	genseoyeon@hotmail.com
Address .....	39 STRATTON DRIVE
Address complement .....	-
Postcode .....	806899
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED.

#### 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 .....	SMG6025Z
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	3
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	LIM BING HONG
Contact Number .....	(Phone) +65-96236629
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLANIMPORTANT NOTICE

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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:

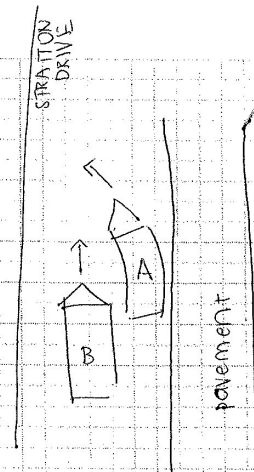
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 26 DEC 2020  
10:37

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

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

A. SJK510T  
B. SMG6025Z



approximately  
MY ~~VEHICLE~~ VEHICLE WAS PARKED RIGHT OUTSIDE my house . time was 5:20 pm parallel by the pavement  
When I got into the drivers seat to drive away. I saw a white medium-sized dog walking on the road, close to the pavement on my right. I ~~was careful~~ I looked through the side mirror to my left and saw that the road was clear (empty of any incoming cars) before i turned my steering wheel to the left to exit the lot. I paid attention to my right <sup>side</sup> in fear that I would hit the dog that I noticed earlier. The dog's owner gave me a sign to look to the left again, and I + jammed ~~break~~ brake immediately. By then, <sup>my car had already collided with</sup> ~~I had already caused a~~ scratcher and a minor dent to the drivers side car door of an incoming car that was behind. that was absent previously when I checked my left. This collision left my car with scratches and a minor dent on the ~~left rear~~ front left corner, and scratches and a ~~minor dent~~ minor dent to the <sup>drivers side car door of the</sup> 3rd party vehicle.  
Both myself and the other driver took photos of the incident and car damage. I sent the photos to a contact at mine ~~the~~ from a car repair workshop to understand the extent of damage. I received a quotation of SGD 450 for full repair.  
I contacted the other driver to understand if he would be okay with lending his car to my Workshop; but he shared his discomfort and wish to ~~the~~ send his car for repair at spray Technik that quoted SGD 650 in estimate with condition that price may increase after the other owner sends the car down for repair.  
The other driver also wanted to claim from me 'car rental fees' during spray technik's quoted downtime of 3 days. seeing how hard it is for further communications, I decided to file a claim #. NO one was injured in the accident.

Policyholder's Signature \_\_\_\_\_  
Date & Time: 26 DEC 2020 10:37

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@iil.com.sg  
 Fax (65) 62244174 Website www.iil.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.: D20MPC0007184</b>		<b>COVER: COMPREHENSIVE</b>
1. Index Mark and Registration Number of Vehicle	:	SJK510T
Chassis No	:	WVWZZZAUZH122048
2. Name of Policyholder	:	KHUA SHUJUAN GENEVIEVE
3. Effective date of Insurance	:	29 Nov 2020
4. Expiry date of Insurance	:	29 Nov 2021
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.		
<b>The Policy does not cover</b>		
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 : SGD250.00 Unnamed Drivers Excess Sect I : SGD1,100.00 Windscreen Excess : SGD100.00 Hire Purchase Company : N.A		
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).		
Agent/Broker : B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD		For India International Insurance Pte Ltd
Date of Issue : 17/11/2020 16:44:15		
MX1-Private Car (Insured Driving)		
		 Authorised Signatory













