



## 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	08/02/2021 11:50 (SGT)
Date of Accident	05/02/2021 18:29 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5183L
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHIEN HUEI JASPER
NRIC No	SXXXX967F
Email Address	JSPRTAN@YAHOO.COM.AU
Mobile Phone No	(Phone) +65-81020895
Alternative Phone No	+65-81020895

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MPC0004696
Cover Note Number	-

#### DRIVER

Name of Driver	TAN CHIEN HUEI JASPER
NRIC No	SXXXX967F
Date Of Birth	25/11/1978
Occupation	Indoor

Date Of Driving Pass .....	17/11/2001
Driving experience .....	19 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81020895
Alt. Phone Number .....	+65-81020895
Email Address .....	JSPRTAN@YAHOO.COM.AU
Address .....	6 ALEXANDRA VIEW #16-02
Address complement .....	-
Postcode .....	158746
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

REFER TO STATEMENT.

#### 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 .....	SJC5202S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-



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

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKQ9683A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

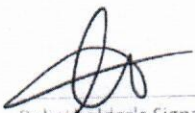
## SKETCH PLAN

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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:



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



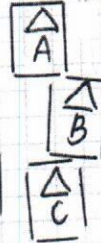
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Vehicle A: SJH 5183L

Vehicle B: SJCS2025

Vehicle C: SKQ9683A

ECPL City after Bedok



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, Vehicle A, SJH 5183L, was travelling straight along the stated venue. Front vehicle made an emergency brake and I immediately apply my brakes as well. About 3 seconds later, I felt a huge impact on my vehicle's rear portion. I then realised I was involved in a chain collision of 3 vehicles.

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  
SINGAPORE  
Serving the region since 1987

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X  
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore  
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.

CERTIFICATE NO.: D20MPC0004696

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle : SJH5183L  
Chassis No : JHMRU1830GX204234
2. Name of Policyholder : TAN CHIEN HUEI JASPER
3. Effective date of Insurance : 16 Aug 2020
4. Expiry date of Insurance : 15 Aug 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 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 & Name Drivers Excess Section I	SGD	600.00
Unnamed drivers Excess Section I	SGD	1,100.00
Windscreen Excess	SGD	100.00
Hire Purchase Company	: OCBC Bank Limited	

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.

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 : A000038/M Plus Consultancy  
Date of Issue : 04/08/2020 17:00:01  
Type: Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory

**SINGAPORE ACCIDENT STATEMENT**

**Accident Details**

Date of Accident: 05/02/2021

Time of Accident: 18:29 (AM / PM) (PM)

Location of Accident: ECP(city) after Bedok exit

Country/State of Loss: SG.

Type of Accident: Head to Rear

Weather Condition: Clear / Raining / Not in List

If Not in List, please specify \_\_\_\_\_

Road Surface: Dry / Wet / Not in List

If Not in List, please specify \_\_\_\_\_

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_

No. of vehicles Involved in the accident (include own vehicle) 03

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: \_\_\_\_\_

Was notice of Prosecution given? Yes / No

If yes, against whom? \_\_\_\_\_

### Details of Own Vehicle

Vehicle Registration No: SJH 5103L

Vehicle Category: Private

Vehicle Manufacturer: Honda Vehicle Model: TRV

Transmission: Manual / Auto Cc: \_\_\_\_\_

No. of passengers (including driver) 01

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

### Own Vehicle Policy

Handling Insurer: india

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Tan Chien Hwei Jasper

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 37035967F

Email: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Alt. No Type: Home / Office / Not in List

If Not in List, please specify \_\_\_\_\_

Owner Alt Phone No: \_\_\_\_\_

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name \_\_\_\_\_

Gender: Male / Female

Passenger Name \_\_\_\_\_

Gender: Male / Female

### Injured Person's Details

Was anyone injured in the accident? Yes / ☒ No

Any injured conveyed to hospital by Ambulance? Yes / ☒ No

If yes, please provide:

(i) Name: \_\_\_\_\_

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? \_\_\_\_\_

(iv) Full Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Witness Details

Was there any witnesses? Yes / ☒ No

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_

### Files

Are accident photos available for attachment? Yes / ☒ No

Was there any video captured? Yes / ☒ No

Was there any audio captured? Yes / ☒ No

### Driver's Information

Is the driver the policy holder? Yes / No

Name of Driver: AS ABOVE

Gender: Male / Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: 87835967f

Date of Birth: 25/11/1978

Driving Pass Date: 17/11/2001

Mobile No: 81020895

Email: jsprtan@yahoo.com.au

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Occupation: Indoor / Outdoor

Driver Owner Relationship owner

Does Driver own other vehicles? Yes / No

If yes, please provide Vehicle Registration No: \_\_\_\_\_

Handling Insurer: \_\_\_\_\_

### TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No

If yes, please provide:

- (i) Vehicle Registration No: SJC 52025 <sup>(B)</sup> → 01 female
- (ii) Vehicle Category: \_\_\_\_\_
- (iii) No. of passengers (including driver) SKQ 9683A <sup>(C)</sup> → 01 male