

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 25/02/2021 10:58 (SGT)
Date of Accident 20/02/2021 17:30 (SGT)
Exact Location of Accident Jurong East, Singapore
Additional Location Information Jurong East Street 21 Carpark
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC5634D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KHALIL BIN ITHNIN
NRIC No S1564273D
Email Address KHALIL.ITHNIN@GMAIL.COM
Mobile Phone No (Phone) +65-96499545
Alternative Phone No +65-96499545

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
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 ThirdPartyFireTheft
Fleet Policy No
Policy Number d19mpc0004883_01
Cover Note Number -

DRIVER

Name of Driver KHALIL BIN ITHNIN
NRIC No S1564273D
Date Of Birth 29/12/1962
Occupation Indoor

Date Of Driving Pass	19/03/1996
Driving experience	24 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96499545
Alt. Phone Number	+65-96499545
Email Address	KHALIL.ITHNIN@GMAIL.COM
Address	725 WOODLANDS AVE 6
Address complement	#10-490
Postcode	730725
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	Collision - Head to Rear
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?	No
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	son
Gender	Male

PASSENGER 2

Name	wife
Gender	Female

DETAILS OF POLICE ACTION

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

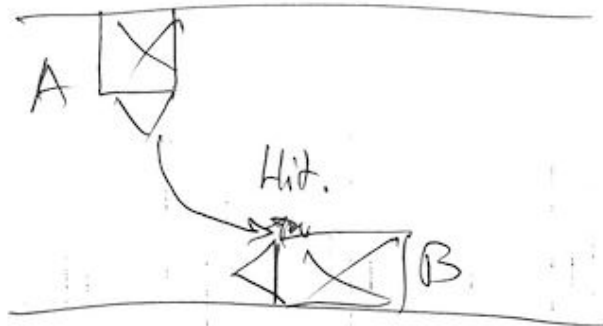
CIRCUMSTANCES OF ACCIDENT

Please refer to statement 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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out of my parking lot and did not notice the lorry park the other side & hit onto the driver side.

A - SJC 5634D

B - GBT 7468L

DECLARATION

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

Paul

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.:













☒ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident: 20 Feb 21 Time: 1730pm Location of Accident: Jwong East St. 21

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SJC 5634D
Name of Policyholder: Khalil Bin Hhmin
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S1564275D
Address: 725 Woodlands Ave 6 #10-490
Contact Number: Tel: 96499545
Occupation: Insurance Asset Officer

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Honda Civic
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:

Exact Purpose for which vehicle was being used at the time of accident

Are you claiming under your own insurance policy?

☐ Yes ☐ No Remarks:
☐ Private ☐ Commercial ☐ Motorcycle

Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: India
Type of Policy: ☐ Comprehensive ☒ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☐ No
Policy Number:

DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

Occupation

Driving Pass Date

Gender

☒ Male ☐ Female
Tel: Hp:

Contact Number

Address

Email Address

khalil.ithmin@gmail.com
☐ Yes ☐ No

Was driver an employee of the Insured's Company?

If No, relationship of Driver with the Insured.

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)

Weather Conditions

☒ Clear ☐ Raining ☐ Others:
☐ Wet ☒ Dry ☐ Others:

Road Surface

Damage Area

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

☒ No ☐ Yes

Was anybody injured in the accident? (Including Witness)

☒ No ☐ Yes

Was any other vehicle(s) or property damaged?

☒ No ☐ Yes

Was there any camera video footage (in car)?

☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No ☐ Yes

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

☒ No ☐ Yes

If Yes, against whom?

Phat

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED**Other Vehicle or Property 1 (VEHICLE B)**

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes☐ No**DETAILS OF INJURED PERSON 2**

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

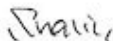
Were Seat Belts Worn?

☐ Yes☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes☐ No**Declaration**

I/We declare that the above particulars & information provided above are true in every aspect.



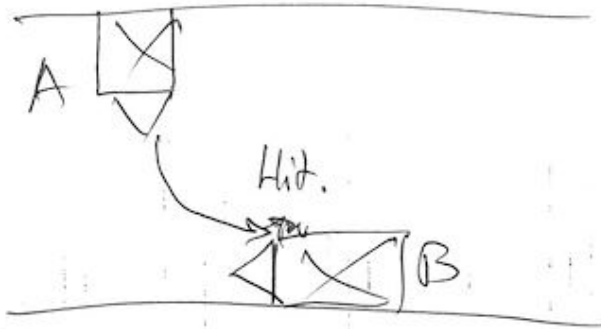
Date & Time

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving out of my parking lot and did not notice the lorry park the other side & hit onto the driver side.

A - SJC 5634D

B - GBT 7468L

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Date & Time:

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

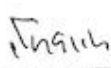
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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 making of correspondence, statements, invoices, reports or updates 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.:



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST Reg. No. M2-0070006-X
 64 | Cecil Street | #04 | #05 | #06-02 | IOH Building | Singapore 049211
 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.: D19MPC0004883_01		COVER: Third Party Fire & Theft
1. Index Mark and Registration Number of Vehicle	: SJC5634D	
Chassis No	: RN61059307	
2. Name of Policyholder	: KHALIL BIN ITHNIN @ KHALIL BIN ABDUL LANI	
3. Effective date of Insurance	: 22 Feb 2021	
4. Expiry date of Insurance	: 21 Feb 2022	
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.		
Hire Purchase Company	Tokyo Century Leasing (Singapore) Pte Ltd	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON ALL CLAIMS 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	: A000042/Prime Insurance Agency Pte. Ltd.	
Date of Issue	: 10/02/2021 17:15:24	
MX1-Private Car (Insured Driving)		
	For India International Insurance Pte Ltd Authorised Signatory	