

SN: 092/350003

TP Insurer:

Confirmed by: (

Insured/Driver Liability: (%) [Note- Est Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Drive-In () / Towed-In () ; Invoice: VHS () / NO () ; Towing Co ()

1) Apply for Transport Allowance () / Courtesy Car ()

Injury :

MA2101617

Driver/Owner:

Control No:

Estimated Portion:

Checked by (Engr-In-Charge):

Word Lists @ 600 points

2011

2/3

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	05/03/2021 17:28 (SGT)
Date of Accident	04/03/2021 13:15 (SGT)
Exact Location of Accident	120 Bukit Merah Lane 1, Singapore 150123
Additional Location Information	GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1639K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIN KIAT FONG
NRIC No	SXXXX004C
Email Address	hancarrepairs@gmail.com
Mobile Phone No	(Phone) +65-97777266
Alternative Phone No	+65-97777266

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	D19MPC0001819_01
Cover Note Number	-

DRIVER

Name of Driver	HAN ZHENGUANG DAVID
NRIC No	SXXXX419F

Date Of Driving Pass	25/01/2006
Driving experience	15 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97777266
Alt. Phone Number	-
Email Address	hancarrepairs@gmail.com
Address	BLK 333 CLEMENTI AVENUE 2 #08-84
Address complement	-
Postcode	120333
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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 SKETCH PLAN

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	BARRIER
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

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

SKETCH PLAN

IMPORTANT NOTICE

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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 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.
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.

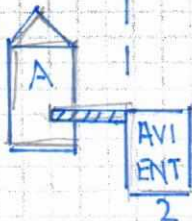
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ALEXANDRA VILLAGE GENTRY REF: AVI ENT 2



Alexandra Village.

Car A - SLN1639K

Describe Circumstances of the Accident

I drive my car along alexandra Village to buy lunch.

And when I enter the gantry AVI ENT 2, while entering
half way suddenly the gantry barrier hit onto my
car.

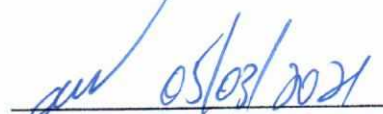
Declaration

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



05/03/2021

Witnessed by Reporting Centre
Personnel

PERSONAL PARTICULARS

Date of Accident: 04/03/2021

Time of Accident: 1:15 (24Hrs) pm

Vehicle No: SLN 1639 K

Vehicle Make/Mod: Honda Odyssey

Exact Location of Accident: Alexandra Village Gantry Ref: AV1 ENT 2

Owner's Name/NRIC: Chin Kiat Fong 31736004 C

Driver's Name/NRIC: Han Zhenguang David 58637419 F

Driver's Contact: 97777266

Insurance Co & Policy No: DI9MPC0001819-01

Driver's Email Address: hancarepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: _____

Vehicle No: Gantry barrier AV ENT 2

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____


* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

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.: D19MPC0001819_01		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SLN1639K	
Chassis No	: JHMRC1890GC209717	
2. Name of Policyholder	: CHIN KIAT FONG	
3. Effective date of Insurance	: 25 Apr 2020	
4. Expiry date of Insurance	: 24 Apr 2021	
5. Persons or Classes of Persons entitled to drive*	<p>(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.</p> <p>(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</p>	
6. Limitations as to use*	<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</p> <p>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.</p>	
<p>*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.</p>		
<p>Insured & Named Drivers Excess Sect I : SGD1,000.00 Unnamed Drivers Excess Sect I : SGD1,500.00 Windscreen Excess : SGD100.00</p>		
<p>Hire Purchase Company : Maybank</p>		
<p>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.</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>		
Agent/Broker : A000030/Drivers' Choice (Pte Ltd) Date of Issue : 06/03/2020 15:28:37 MX1-Private Car (Insured Driving)	<p>For India International Insurance Pte Ltd</p> <div style="text-align: center;">  <hr style="width: 100%; border: 0.5px solid black;"/> Authorised Signatory </div>	

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SLN 135000K Vehicle Registration No: SLN 1639K
Name (as shown in NRIC): THAN ZHANG GUAN DANIC NRIC/FIN/Passport No: 8XXXX 419K
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 9777 2166
Email Address: _____
Date of Accident: 04/03/2021 Time of Accident: 13:15
Place of Accident: 120 BUKIT MELATI LANE 1 GATEWAY
Insurance Company: INDIA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To transfer Insured Vehicle Number to SLN 1639K

Policyholder / Driver's Signature
Date:

05/03/2021

Reporting Centre Personnel's Signature
Name: