SC0K214N0002 / Connect3 ENTRY DATE & TIME: 23/04/2021 14:16 (SGT) SUBMITTED BY: Vivian VERSION: 1 (23/04/2021 14:16 (SGT))

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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 23/04/2021 14:16 (SGT) Date of Accident 20/04/2021 17:25 (SGT) Exact Location of Accident 2 Simei Street 3, Singapore 529889 Additional Location Information CHANGI GENERAL HOSPTIAL CAR PARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SMC3952M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOO TECK KANG NRIC No. SXXXX152I Email Address EUGENELOOS@GMAIL.COM Mobile Phone No (Phone) +65-81383190 Alternative Phone No +65-81383190

VEHICLE PARTICULARS

Manufacturer

Model C-hr 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 Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D19MPC0003209_01 Cover Note Number

DRIVER

Name of Driver LOO SHI JUN NRIC No. SXXXX058A

Date Of Birth 09/04/1990 Occupation Outdoor Date Of Driving Pass 30/01/2009 Driving experience 12 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-81383190 Alt. Phone Number Email Address EUGENELOOS@GMAIL.COM Address BLK 874A TAMPINES STREET 84 #08-119 Address complement Postcode 521874 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SFL9833U Vehicle Manufacturer

Private car

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

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

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 aforecald.
- B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and convent 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 (all insurers' lavyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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, invokes, 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")
- 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 Parsonal 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 to 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 & Timer

Reporting Centre Personnel's Signature

Name:

NRIC/TIN No.:



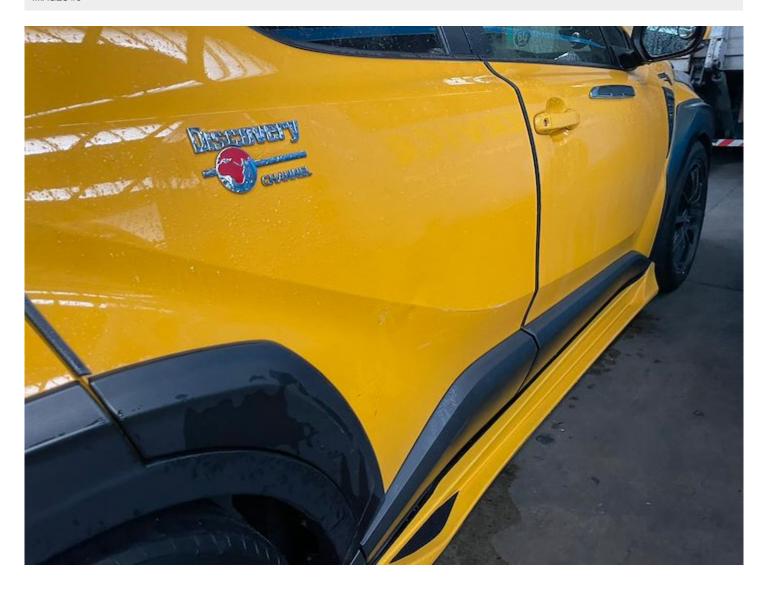
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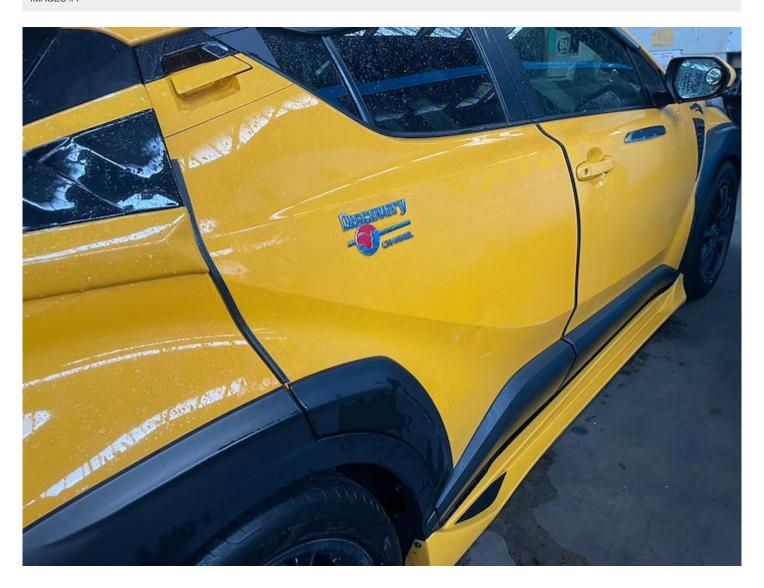
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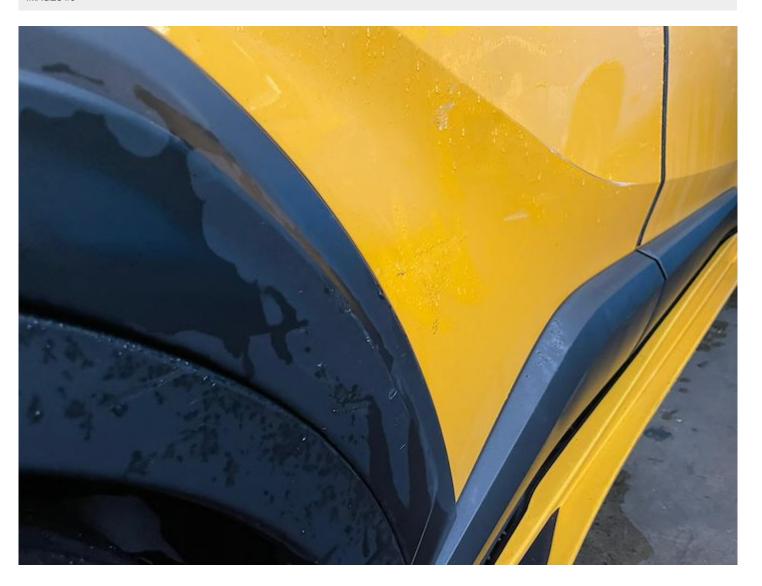
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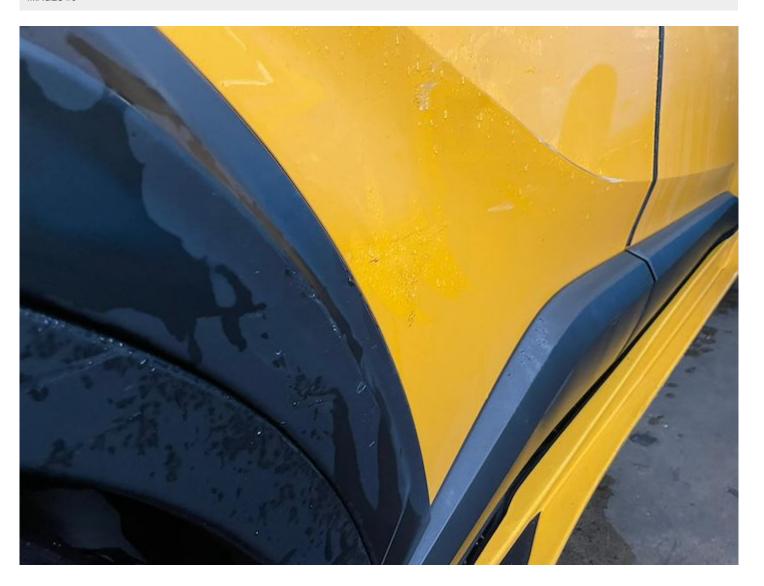


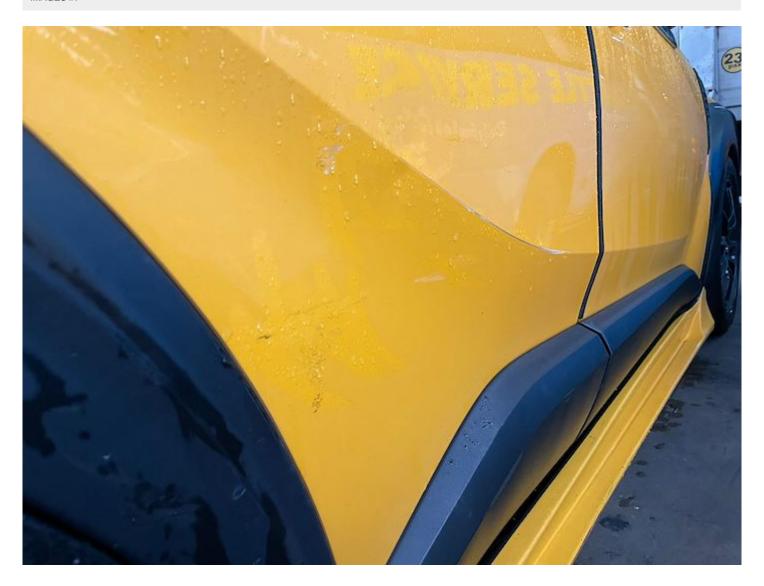


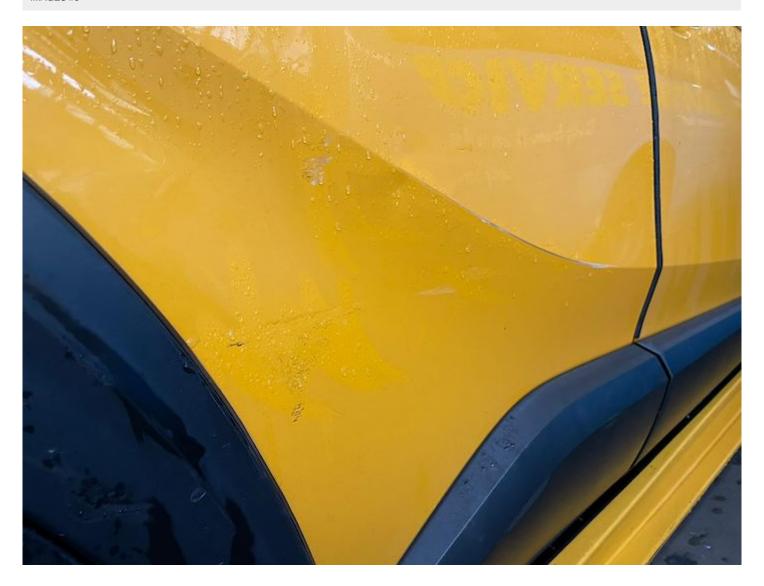


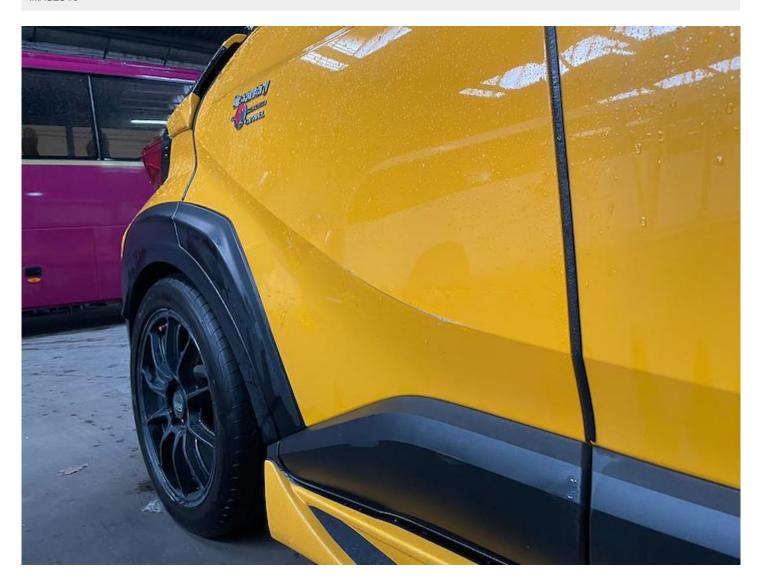


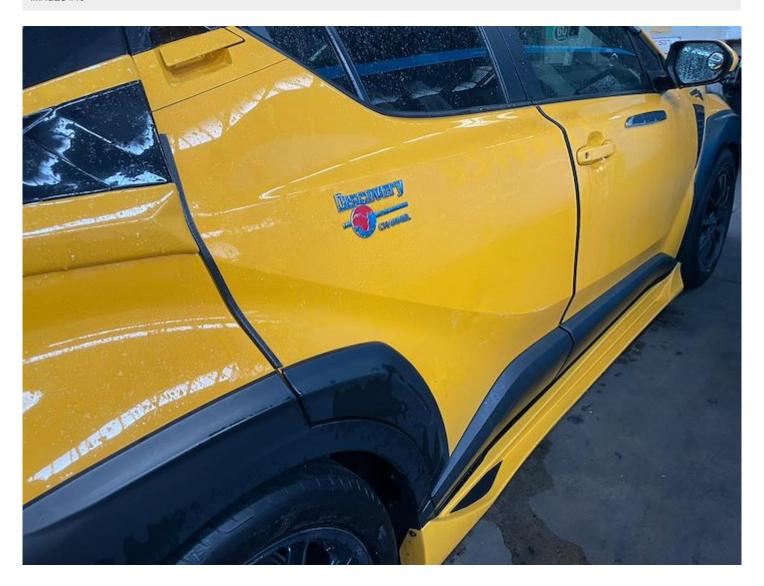


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20210422/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2021 10:33			Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	lars			
Name of Informant: LOO SHI JUN			Address: 874A TAMPINES STREET 84 #08-119 SINGAPORE 52187		
ID Type / ID No.: NRIC NO / S9012058A			Contact No.: Home/Office: Mobile: 81383190		
Nationali SINGAP	Nationality: SINGAPORE CITIZEN		Email: EUGENELOOSJ@GMAIL.COM		
Sex: Male	Age:	Date of Birth: 09/04/1990	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Sales supervisor			Driving Licence Information: Class: Date of Expiry:		

rype of Hit and Run Accident:		Drink Drive: No	Date/Time of Accident: 20/04/2021 17:25	Type of Location Car Park	
Location: SIMEI STRE	ET 3				
Weather:		Road Surface: Dry		Road Speed Limit:	
Weather: Clear Traffic Flow: Dual Carriage	a Way	50,9000		Road Speed Limit: Traffic Volume: Light Anyone conveyed by	

Details of Vo		Make	Model	Color	Conditio	No of
		Indito	MERC	Black		0
SFL9833U	Car		WERC	Didok		1
			_			0
SMC3952M	Car					-

Details of Person Involved	
Any Pedestrian Involved: No	NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20210422/7010

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210422/7010

CONTINUATION OF REPORT

Driver						
Name	LOO SHI JUN			ID No.	S9012058A	
Related Vehicle	SMC3952M (Car)			MC3952M (Car) Contact No. 81383190		
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL		Date	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL		

Brief Details.

My car is parked at the CGH carpark on 20 April 2021. When I came back to my car around 5.25pm, my side car was badly hit and dented. It was a very obvious hit but there was no notes leave behind for me to call. I went back home to trace back my car dash camera video and found this car driver plate number SFL9833U hit my car. The driver even came down to look at my car but did not do anything and walked off. If not for my car video, I would not have found out who knock on my car.





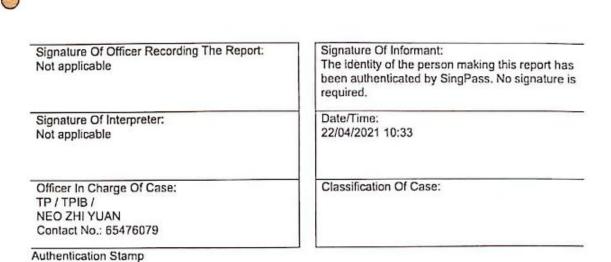


Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210422/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch





NP168



INDIA INTERNATIONAL INSURANCE PTE LTD

Co Reg No 198703792k | GST Reg No. M2 0070006-X 64 | Cecil Street | #01 | #05 | #06-02 | 100 Building | Singapore 049711 Office [65] 63476100 Lettail insurestria coming Tax [65] 62211174 Website www.incoming

CERTIFICATE OF INSURANCE

MOTOR VEHECLES (THIRD PARTY RINKS AND COMPENSATION), ACT (CHAPTER 189).
MOTOR VEHECLES (THIRD PARTY RINKS AND CHAPTENSATION) RELES, 1943 ROAD TRANSPORT ACT, 1943 MALAYSIA).
MOTOR VEHECLES (THIRD PARTY RINKS) 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.: D19MPC0003209_01 COVER: COMPREHENSIVE 1. Index Mark and Registration Number of Vehicle : SMC3952M Chassis No : ZYX102125027 2. Name of Policyholder : LOO TECK KANG 3 Effective date of Insurance : 29 Jun 2020 4. Expiry date of Insurance

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

: 28 Jpn 2021

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.

Use for racing, pace-making, reliability trial, speed-testing-

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 1 SGD750.00 Unnamed Drivers Excess Sect 1 SGD1 250.00 Windscreen Excess * SGD100.00

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, ADDITIONAL EXCESS OF \$2500% ON SECTION I WILL BE APPLICABLE

IAWE HEREHY 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).

A000047 SINCL PTE LTD Agent/Broker 25/06/2020 14 15:27 Date of laute MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory

suguna/25/06/2020 14:15:27

Page 1 of 1 25/06/2020 14:16:44

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