SS1Y215R000I / SME MOTOR PTE LTD ENTRY DATE & TIME: 27/05/2021 16:32 (SGT) SUBMITTED BY: Chia Pei Ying VERSION: 1 (27/05/2021 16:32 (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.

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 Submission27/05/2021 16:32 (SGT)Date of Accident25/05/2021 13:35 (SGT)Exact Location of AccidentCompassvale Rd, SingaporeAdditional Location Information-Country/State of LossSingapore

# **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SMY3833H

Manufacturer

### INSURED/POLICYHOLDER

Is company?NoName Of Registered OwnerCHAN KOK BOONNRIC NoSXXXX047DEmail Addresschankokboon@gmail.comMobile Phone No(Phone) +65-96832660Alternative Phone No+65-96832660

# VEHICLE PARTICULARS

Model Wish
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 2000

# INSURANCE COMPANY

Name of Insurance Company
India International Insurance Pte Ltd
Type of Coverage
Comprehensive
Fleet Policy
No
Policy Number
D21MPC0000946
Cover Note Number
-

# DRIVER

Name of Driver LEE YEN SAN LENA NRIC No SXXXX920J

Date Of Birth 08/03/1980 Occupation Indoor Date Of Driving Pass 05/02/2007 Driving experience 14 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-97934706 Alt. Phone Number Email Address lee.lena80@gmail.com Address BLK 565 HOUGANG ST 51 #05-480 Address complement Postcode 530565 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No 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? No DETAILS OF POLICE ACTION Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 25/05/2021 AT ABOUT 1335HRS. I WAS STATIONARY AT THE JUNCTION OF COMPASSVALE ROAD, I WISH TO STATE THAT THE TRAFFIC LIGHT IS RED. OUT OF A SUDDEN, I FELT AN IMPACT BEHIND. VEHICLE B BUMPED ONTO ME. WE ALIGHTED AND EXCHANGED PARTICULARS. 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 SLX365D

Private car

LEE CHIN MEIN

(Phone) +65-96409289

# @Accident report SS1Y215R000I

Vehicle Manufacturer
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	VEHICLE B
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person	LEE YEN SAN LENA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMY3833H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

# 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.
- 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 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 codies of
  the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 (all 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:
  - 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:

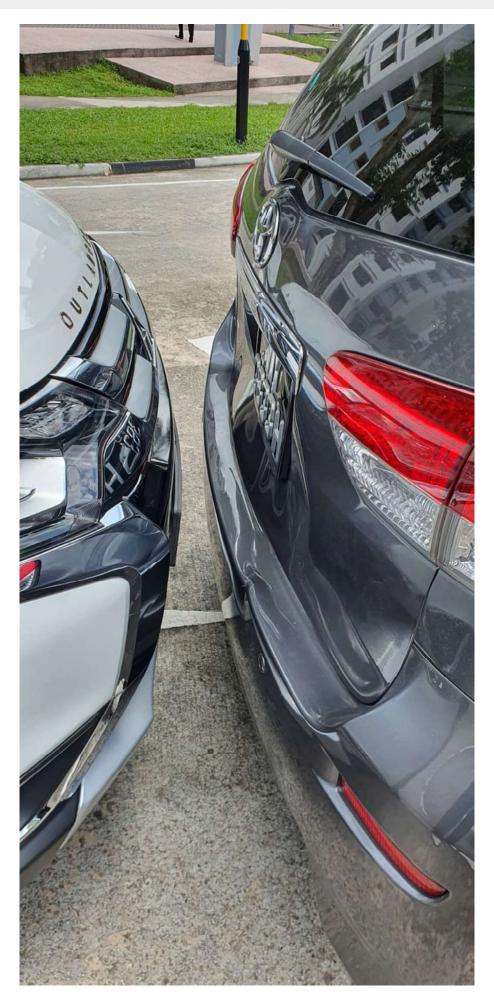
Name: NRIC/FIN No

Reporting Centre Personne's Signature

SKETCH PLAN		Compassionle Rd	Compassion or
DESCRIBE CIRCUMSTANCE		1	
	Empass vale Road. is Red.		
	of a sudden . I	felt an im	pact behind.
Vehicle B	bumbed outs me.		
We	alguted and ax	changed parti	culars.
DECLARATION			
V	rticulars are true in every respect.		
Clase	Ams		
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the possynci Date & Time:	cer) Name	rting Centre Personne 15 yr at =

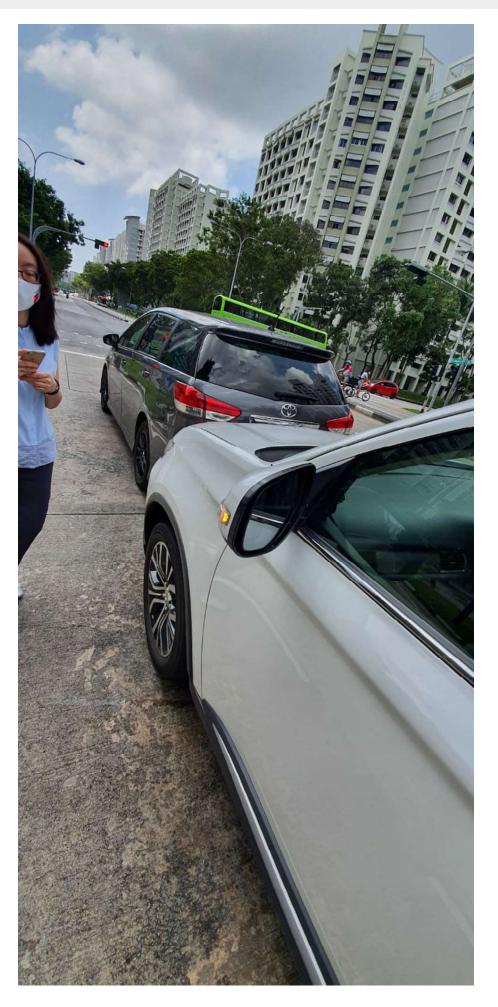






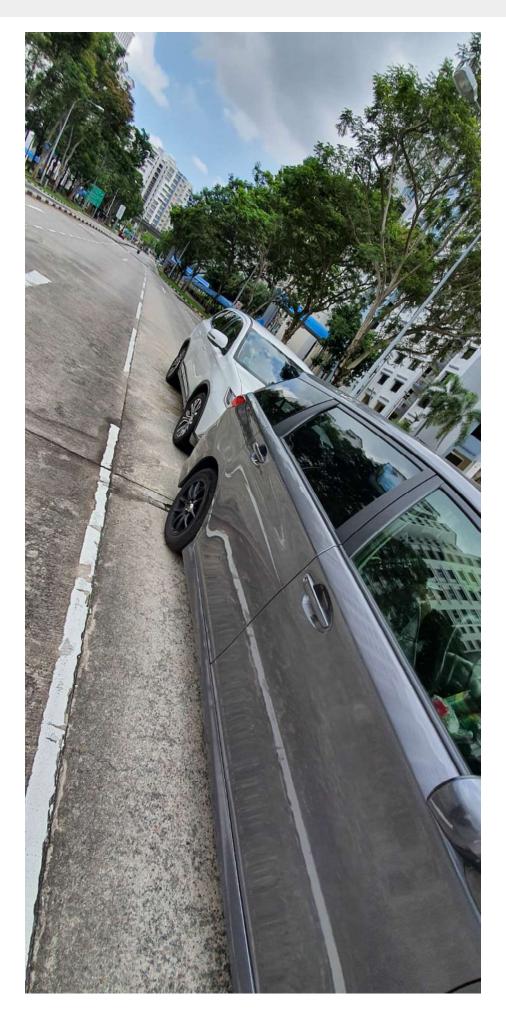














#### INDIA INTERNATIONAL INSURANCE PTETED

COVER: COMPREHENSIVE

Office steers (1961e) Ranad and consequence Fax: (65) 0.22111-1 Website (1950-1950)

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT & HAPTER 1869 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RELLS, 1060 ROAM DE VISSOUET DE LESS (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS RULES, 1950 AMALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

#### CERTIFICATE NO.: D21MPC0000946

: SMV3833H

1. Index Mark and Registration Number of Vehicle

JTDGJ20W805001816

2. Name of Policyholder

: CHAN KOK BOON (ZENG GUOWEN)

3 Effective date of Insurance

: 26 Jan 2021

4. Expiry date of Insurance

: 24 Jan 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 has 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 Velucle 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

#### 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.
- () 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 1893and 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 I Windscreen Excess

: SGD1,250.00

Hire Purchase Company

SGD100.00 SPARK CREDIT 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

FWe HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Ultrid-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

B000057 AETNA INSURANCE BROKERS PTE LTD : 25:01-2021 14:29:07 Agent Broker

Date of Issue

MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

bucywen 25/01/2021 14:29:07

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25/01/2021 14:30:12