

# 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 ..... 14/06/2021 13:45 (SGT)  
Date of Accident ..... 13/06/2021 12:12 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ANG MO KIO STREET 12 & AVENUE 3 JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNA 433M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... GLENN CHOW WEI CHAI  
NRIC No ..... SXXXX965D  
Email Address ..... JASONKCAPL@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90710181  
Alternative Phone No ..... +65-90710181

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 325i  
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 ..... 2497

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MPC0003372  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GLENN CHOW WEI CHAI  
NRIC No ..... SXXXX965D

Date Of Birth .....	02/12/1976
Occupation .....	Indoor
Date Of Driving Pass .....	16/09/2004
Driving experience .....	16 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90710181
Alt. Phone Number .....	+65-90710181
Email Address .....	JASONKCAPL@GMAIL.COM
Address .....	BLK 890B TAMPINES AVENUE 1
Address complement .....	#14-329
Postcode .....	522890
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? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	CHIN SIEW TENG
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 THE SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	AT OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJJ 7116H
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

## IMPORTANT NOTICE

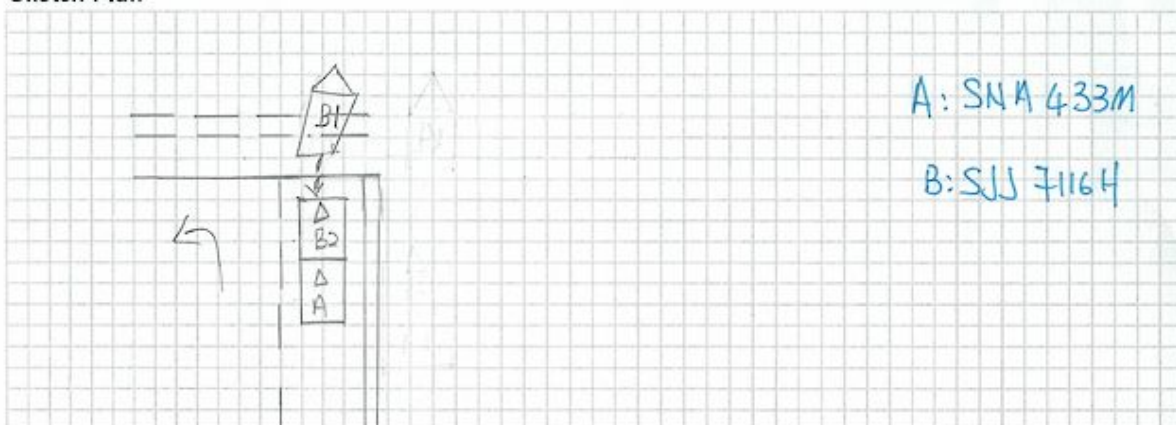
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 Person

## Sketch Plan



## Describe Circumstances of the Accident

On. 13.06.2021 at about 12.12pm. I was travelling along  
Ang Mo Kio St 12 @ Ave 3 Junction. I was stationary due to the  
traffic light. Suddenly Vehicle B reversehit my vehicle.

## 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

  
Witnessed by Reporting Centre  
Personnel













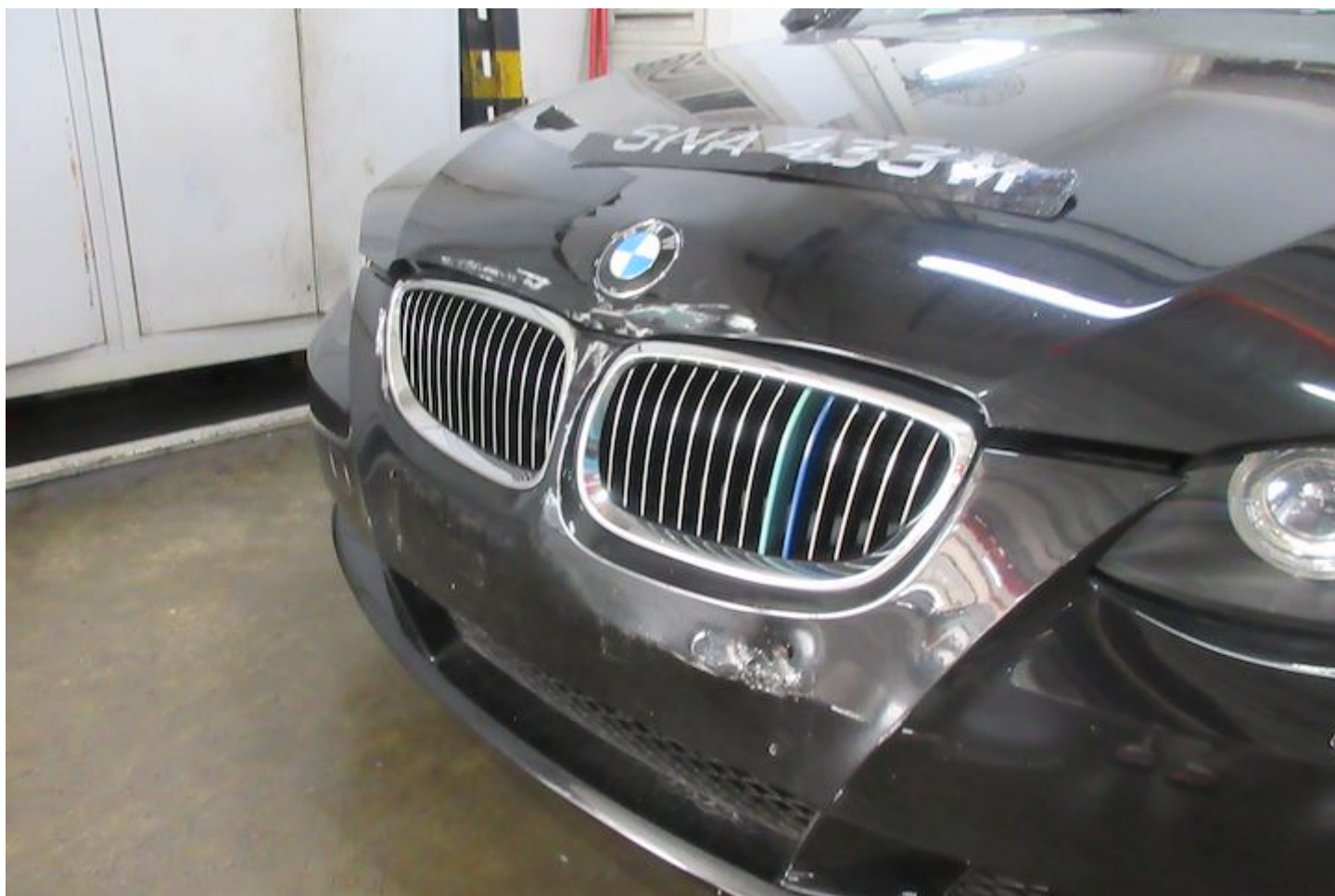




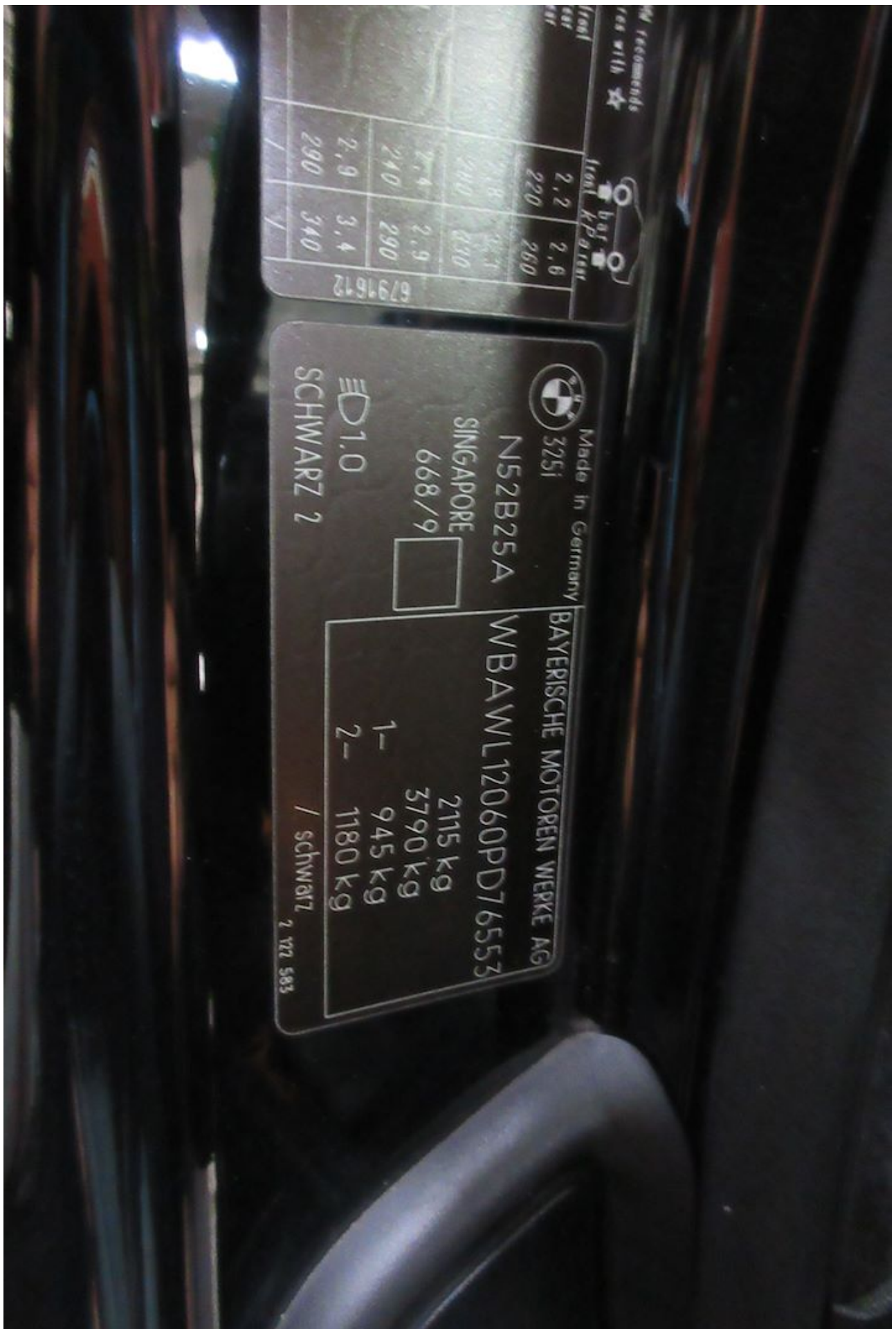
















## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X  
 64 Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711  
 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.: D21MPC0003372

COVER: COMPREHENSIVE

1. Index Mark and Registration Number of Vehicle : SNA433M  
 Chassis No : WBAWL12060PD76553  
 2. Name of Policyholder : GLENN CHOW WEI CHAI  
 3. Effective date of Insurance : 05 May 2021  
 4. Expiry date of Insurance : 04 May 2022

## 5. Persons or Classes of Persons entitled to drive\*

The Policyholder Only.

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.

Excess Sect I for Glenn Chow Wei Chai Only (Within Singapore) : SGD 3,000.00  
 Excess Sect I for Glenn Chow Wei Chai Only (Outside Singapore) : SGD 6,000.00  
 Windscreen Excess : SGD 300.00

Hire Purchase Company : SPARK CREDIT PTE LTD

WARRANTED NO LIABILITY TO ATTACH UNDER THIS POLICY FOR ACCIDENTS OCCURRING WHILST THE INSURED VEHICLE WAS DRIVEN BY PERSONS OTHER THAN INSURED AND THE NAMED DRIVER STATED IN THE SCHEDULE OF THIS POLICY.

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 : B000057/AETNA INSURANCE BROKERS PTE LTD  
 Date of Issue : 10/05/2021 15:07:05  
 MX2-Private Car (Insured Driving)

For India International Insurance Pte Ltd

  
 Authorised Signatory