

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 15:21 (SGT) |
| Date of Accident | 13/06/2021 15:07 (SGT) |
| Exact Location of Accident | Near 8 Kim Keat Rd, Singapore 328845 |
| Additional Location Information | KIM KEAT RD TOWARDS BALESTIER RD. |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLU7340U |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | LEE TECK MENG |
| NRIC No | SXXXX926I |
| Email Address | ALVINLTM@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-97468427 |
| Alternative Phone No | +65-97468427 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Sienta |
| 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 | 1496 |

INSURANCE COMPANY

| | |
|---------------------------------|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | D19MPC0006144_01 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | LEE TECK MENG |
|----------------------|---------------|

| | |
|--|----------------------|
| Date Of Birth | 29/02/1972 |
| Occupation | Indoor |
| Date Of Driving Pass | 03/06/1991 |
| Driving experience | 30 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-97468427 |
| Alt. Phone Number | +65-97468427 |
| Email Address | ALVINLTM@HOTMAIL.COM |
| Address | 1 FERNVALE CLOSE |
| Address complement | #07-04 |
| Postcode | 797485 |
| 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 | Side Swipe |
| 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) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | Yes |

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

KINDLY REFER TO SKETCH PLAN ATTACHED.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------------------|
| Vehicle Registration Number | GBH1454B |
| Vehicle Manufacturer | Nissan |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | SIN KIM CHUAH |
| NRIC No | SXXXX952A |
| Contact Number | (Phone) +65-88566835 |

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

Describe Circumstances of the Accident

13 Jun 2021, 1506 hrs

I was fitting my car (SLY 7340U) at the position of the position No. 8 Kim Keat Road, from left lane to right lane. I was moving out slowly, carefully and checking of oncoming traffic from the rear. I noticed a Van (GBH 1454B) from right has completely stopped just before the yellow box, therefore, I drove forward to right lane slowly. I were checked as the driver forward of the van forward (Sin. Kim Chuah, S1326952A) of the van forward (GBH 1454B) suddenly accelerates and moving the van forward crashing into my car. I have evidence that he was distracted and did not paying attention on the road condition and causing the accident to happen.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

| | |
|---------------------------------|-----|
| Reporting Only | |
| Claim OD | |
| Claim TP | YES |
| Claim OD / TP at other workshop | |

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

14 Jun 2021

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


 Witnessed by Reporting Centre Person

SKETCH PLAN

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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.

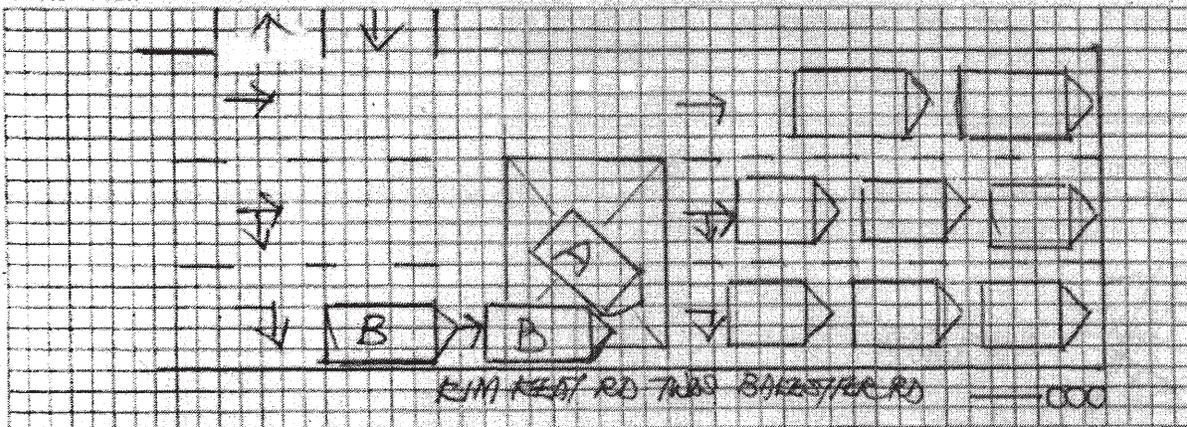
14 Jun 2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SL4 7340 U

B: GBH 1454 B (OUT OF SUDDENLY MOVING INTO VAN AND HIT INTO MY CAR)

TRAFFIC LIGHT ROAD



INDIA
INTERNATIONAL
INSURANCE
SINGAPORE
Serving the region since 1967

ACCIDENT REPORTING CENTRE
& AUTHORISED WORKSHOP:
HUP MOTOR TRADING & SERVICE
BLK 9004 TAMPINES STREET 93
#01-120 SINGAPORE 528838
TEL: 67840039 (24 hrs) HP: 98154655
Email: hupmotor@gmail.com

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@iii.com.sg
Fax (65) 62244174 Website www.iii.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.: D19MPC0006144_01 **COVER: COMPREHENSIVE**

- 1. Index Mark and Registration Number of Vehicle : SLU7340U
Chassis No : MHFZ28H3500045163
- 2. Name of Policyholder : LEE TECK MENG
- 3. Effective date of Insurance : 12 Dec 2020
- 4. Expiry date of Insurance : 11 Dec 2021

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.

Insured & Named Driver Excess Sect I : SGD600.00
Unnamed Driver Excess Sect I : SGD1100.00
Windscreen Excess : SGD100.00

Hire Purchase Company : United Overseas Bank Limited

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.

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 : A000038/M Plus Consultancy
Date of Issue : 12/11/2020 11:55:12
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd



Authorised Signatory