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 21/06/2021 11:30 (SGT) Date of Accident 19/06/2021 17:30 (SGT) Exact Location of Accident Bedok N Dr, Singapore Additional Location Information BEDOK INTERCHANGE OPEN CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK6498X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RAMONE NICOLE KHAN NRIC No. SXXXX762D Email Address rnk9504u@gmail.com Mobile Phone No (Phone) +65-93873733 Alternative Phone No +65-93873733

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel 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? Yes Vehicle Category Private car Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D20MPC0001554-01 Cover Note Number

DRIVER

Name of Driver RAMONE NICOLE KHAN NRIC No. SXXXX762D

Date Of Birth 11/05/1968 Occupation Indoor Date Of Driving Pass 03/01/1994 Driving experience 27 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-93873733 Alt. Phone Number +65-93873733 Email Address rnk9504u@gmail.com Address BLK 19 TECK WHYE LANE #08-31 Address complement Postcode 680019 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 Collided into Property 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Nο 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 19/06/2021 AT AROUND 5.30PM. I WAS DRIVING MY CAR AT BEDOK INTERCHANGE OPEN CARPARK, I WAS TRYING TO ATTACHMENT(S)

PARK MY CAR BUT THE CAR SUDDENLY SKIDDED AND HIT THE METAL RAILING IN FRONT OF ME.

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and 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.
- 6. The report will be forwarded by the insurers of the GA 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 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)

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 shall be collectively referred to as the "Insurers"), the Insurers' law yers/faw 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Time 16 OBAM

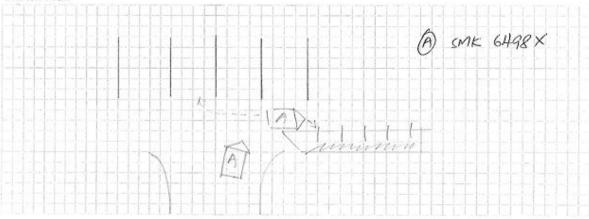
Driver's Signature (If driver is not the policyholder) / Date

& Time / 0 -00841/2

Witnessed by Reporting Centre

Personnel

Sketch Plan



JEC

Describe Circumstances of the Accident

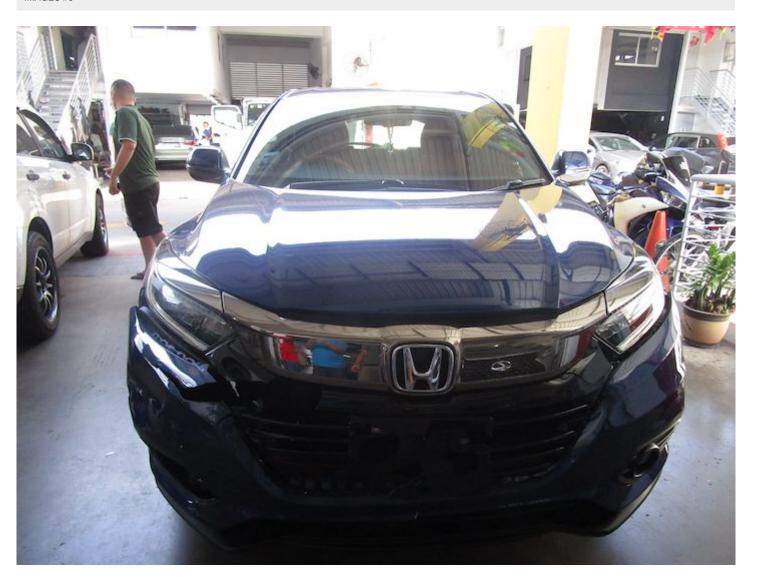
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Witnessed by Reporting Centre

Personnel















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66\$\$0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

1)					
•	PARTICULARS OF PERS	ONMAKINGTHEAMEN	OMENTS:		7. <u>15 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.</u>
	Original Report No :	8814216L000	,v	ehicle Registratio	NO:
	Name(as shownin NRIC):	RAMONE NICOLE A	PROPEL N	RIC/FIN/Passport	No: 7620
		cle Owner) (*) Please del			
	Address :	BUP 19 TECH WA	exe Con	VE # 00-31	Singapore(6800
					93893733
	Contact (Tel) :_		IV	iodile No. :	
	Email Address :	12/11/12/21			19.00
	Date of Accident :	19/06 (2020 BEPOR 1278	т	ime of Accident :	1930
	Place of Accident :	BBOOK PN TO	ROHAN	OB OFEN	CARPTICK
	Insurance Company:		INDI	A	
	10.00		Printescality (See		
		AMEND CIE	00151		



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

COVER: COMPREHENSIVE

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.: D20MPC0001554_01

1. Index Mark and Registration Number of Vehicle

: SMK6498X

Chassis No.

2. Name of Policyholder

: RU11311164

RAMONE NICOLE KHAN

Effective date of Insurance

: 18 Apr 2021

4. Expiry date of Insurance

: 17 Apr 2022

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

(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

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

Account to the second s			
Insured & Name Drivers Excess Section I	SGD	600.00	
Unnamed drivers Excess Section 1	SGD	1,100,00	
Windscreen Excess	SGD	100.00	
Hire Purchase Company	JCWC Credit (S) Pte L		
	JC WC CTed	(S) 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.

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 : A000044/RPA Agency Pte Ltd Date of Issue : 19/03/2021 12:15:43 MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory

hucywen/19/03/2021 12:15:43

Page 1 of 1

49/03/2021 12:16:47