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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

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

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 Form by insurance companies is not an admission of policy hability of 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

18/08/2021 14:46 (SGT) Date of Submission 17/08/2021 07:27 (SGT) Date of Accident Yishun Ave 1, Singapore **Exact Location of Accident** SLIP ROAD TOWARDS YISHUN AVENUE 4 Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

Mazda

SKJ7385K Vehicle Registration Number

INSURED/POLICYHOLDER

No Is company? Name Of Registered Owner NG LEE HIA SXXXX753A NRIC No gladdyschan@hotmail.com Email Address (Phone) +65-97352142 Mobile Phone No +65-97352142 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer 2 Model Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private car Vehicle Category Auto Transmission 1498 CC

INSURANCE COMPANY

India International Insurance Pte Ltd Name of Insurance Company ThirdParty Type of Coverage Fleet Policy Policy Number D20MPC0002267_01 Cover Note Number

DRIVER

CHAN YUNRU Name of Driver SXXXX551Z NRIC No

| Date Of Birth | 12/04/1992 |
|--|--|
| Occupation | Indoor |
| Date Of Driving Pass | 07/02/2012 |
| Driving experience | 9 YEARS AND 6 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-97352142 |
| Alt. Phone Number | |
| Email Address | gladdyschan@hotmail.com |
| Address Address | BLK 540 SERANGOON NORTH AVENUE 4 #12-113 |
| Address complement | |
| Postcode | 550540 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| If No, Relationship of the Driver with the insured | No |
| Does Driver Own Other Vehicles? | 140 |
| Vehicle Registration Number of Other Vehicle Owned by Driver | |
| Insurance Company of Other Vehicle Owned by Driver | |
| insurance Company of Other Vernore Strings Systems | |
| | |
| GENERAL INFORMATION OF THE ACCIDENT | |
| | |
| Type of Accident | Collision - Head to Rear |
| Marthar Conditions | Clear |
| Road Surface | Dry |
| Tiodd Garlage | |
| | |
| OTHER INFORMATION | |
| | W |
| 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 vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |
| If yes, against whom? | |
| | |
| CIRCUMSTANCES OF ACCIDENT | |
| | |
| PLEASE REFER TO SKETCH PLAN | |
| | |
| ATTACHMENT(S) | |
| ATTACTIME (0) | |
| " 11 f 11 - ah - ah - ah - ah - ah | Voc |
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No No |
| Was there any audio recorded? | No |
| | |
| DETAILS OF OTH | HER VEHICLE PROPERTY 1 |
| | |
| Vehicle Registration Number | SJS1942G |
| Vehicle Manufacturer | Chevrolet |
| CARLOT THE PARTIE AND A STATE OF THE STATE O | |
| Vehicle Model Vehicle Variant | |
| Vehicle Colour | |
| VACICIA LOIOUI | 200 |

Private car

Accident report SN09218I0006

Address

Vehicle Colour

Vehicle Category
Name of Driver
Contact Number

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.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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. 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.
- 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)

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/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' 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 & Driver's Signature (If driver is not the policyholder) / Date
Time
Sketch Plan

ISLIGHT WALL SUP RO NWORDS

Witnessed by Reporting Centre
Personnel

USHWU WALL SUP RO NWORDS

USHWU AVA Y

A CE

A) SKJ7385K

(B) SJS1942G

Describe Circumstances of the Accident On 18 August 2021 at 0727, my car (sk) 7385k) was stationary at the filter lare from Yishum Avel to Yishun Ave 4. The other car (&JS14429) hit my car from behind.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date :

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

Witnessed by Reporting Centre

ACCIDENT STATEMENT

| ACCIDENT DATE: 17 / 08 / 2021 1(DD/MMMY) | (), TIME: (07: 27) (HH:MM) |
|--|----------------------------------|
| Yishun Ave 1 - Yishun Ave 4 | |
| . LOCATION: | |
| *** | |
| 1. DETAILS OF VEHICLE SKJ7185K | |
| a) VEHICLE NUMBER: | 4.0 |
| DINSURANCE COMPANY: India Internation | tisual Insurance |
| c)POLICY NUMBER: | |
| d)POLICY TYPE: (COMPREHENSIVE / THIRD PA | DTY / TUTOD D A DTY EIDE & THEET |
| | KIT THIND I ANTITING WITHGIT |
| e)MAKE & MODEL: WAZOO 2 | |
| FITYPE: (SALOON / COUPE / MPV /V AN / LORE | |
| g) VEHICLE CATEGORY: (PRIVATE / COMMERC | CIAL / MOTORCYCLE) |
| h) PURPOSE OF USING AT ACCIDENT TIME: | |
| HARE YOU CLAIMING UNDER YOUR OWN INSU | JRANCE (YES/KOD) |
| IF NO. PLEASE STATE (THIRD PARTY CLAIMS R | EPORTING ONLY) |
| ANAME . NG LEE HIA | San February |
| | MALE FEMALE |
| | CONTACT: 97352742 |
| | |
| | 2 Spore 55.0540 · |
| *CONTINUE TO 3.d IF DRIVER ALSO POLICY H | OLDER . |
| HO O PASSON DE DRIVER CHAN YUNE | |
| () including diame) | (MALE / FEMALE) |
| DINRIC/FIN/PASSPORT: 34919912 | CONIACI |
| CIADDRESS: WIR 540 Sevengoon NHA | 706 + 31- 11- |
| , "d)DATE OF BIRTH: (12/ 04/ 1992)(DD. | (MM/YYYY) |
| GOCCUPATION: ANDOORY OUTDOOR! | |
| FIYEARS OF DRIVING EXPRERIENCE: 97 | 2012 |
| 4. WAS DRIVER AN EMPLOYEE OF THE INSUR | T- |
| IF NO, RELATIONSHIP OF THE DRIVER WIT | |
| 5. GIWEATHER CONDITION: (CLEAR) RAINING / | |
| b)ROAD SURFACE: OR / WET / OTHERS | 0111213 |
| 6. WAS ANYBODY INJURED (YES (NO) | |
| 7. a) REPORTED TO POLICE (YES (NO) | |
| IF YES, PLEASE STATE WHICH POLICE STATION | J: |
| C THEO PARTY VEHICLE | chevalet |
| the of prosonger of VEHICLE HUMBER: SJS19429 | MODEL: |
| (Including shiver) b) DRIVER'S NAME: | |
| C) NRIC/FIN/PASSPORT: | CONTACT: |
| 9. THIRD PARTY VEHICLE | |
| We of passenger of VEHICLE NUMBER: | MODEL: |
| o les et passanger al Delles MANE | |
| (Induding driver) fl NRIC/FIN/PASSPORT: | CONTACT: |
| | |
| | |
| * * * | î |
| 3 | chan@hotmail.com |
| i anddys | chan Chot Mall. Com |
| cimail = gladays | |
| jax = | |
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| VIDEO = | * |



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@ili.com.sg Fax (65) 62244174 Website www.til.com.sg

COVER: Third Party Only

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THEIR-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 199)
MOTOR VEHICLES (THEIR-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THEIR-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.: D20MPC0002267_01

1. Index Mark and Registration Number of Vehicle

SKJ7385K

Chassis No.

JM0DY10Y200203303 :

2. Name of Policyholder

NG LEE HIA

Effective date of Insurance

: 07 May 2021

4. Expiry date of Insurance

06 May 2022

5. Persons or Classes of Persons entitled to drive*

Any person other than the Policyholder 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

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.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON SECTION II 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 : B000011/LCH LOCKTON PTE LTD

Date of Issue MX12 - Private Car (Insured Not Driving)

: 16/04/2021 16:34:53

For India International Insurance Pte Ltd

Authorised Signatory