

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	06/09/2021 17:58 (SGT)
Date of Accident	04/09/2021 08:50 (SGT)
Exact Location of Accident	Seletar West Link, Singapore
Additional Location Information	Turning to Yishun Ave 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8832M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Yu Yeo Construction Pte Ltd
Company Reg No	200010052C
Email Address	jimmy.yuyeo@gmail.com
Mobile Phone No	(Phone) +65-96955808
Alternative Phone No	+65-96955808

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MCV0002035_01
Cover Note Number	-

DRIVER

Name of Driver	Talukdar Mohammad Muktar Hossain
Passport No/FIN	G2744808P

Date Of Birth	20/07/1991
Occupation	Outdoor
Date Of Driving Pass	06/01/2021
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84214570
Alt. Phone Number	-
Email Address	jimmy.yuyeo@gmail.com
Address	C/O 51 Admiralty West Road Cochrane Lodge 1
Address complement	-
Postcode	757443
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 vehicle 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	Unknown
Gender	Male

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 sketch plan

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	SMW1018T
Vehicle Manufacturer	Nissan
Vehicle Model	Sylphy
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**

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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
 06 SEP 2021

Sketch Plan

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

 Witnessed by Reporting Centre Personnel
 Angie Soh

	Seletar West Link Turning Vishnu Avenue 1 Vehicle A - GBE 8832 M Vehicle B - SMW 1018 T
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Describe Circumstances of the Accident

On 4 September 2021 approximately 0850 hour, I was driving along Seletar West Link
 Turning Yuhun Avenue 1. Vehicle B have hard brake and my vehicle it's too late to
 brake so my vehicle have hit vehicle B rear cause vehicle B rear have damaged.

- ~~Car~~ Repair @ Car Times.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

06 SEP 2021

Mukhtar Hozzaem

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

Witnessed by Reporting Centre
Personnel

Angie Soh











INDIA INTERNATIONAL INSURANCE PTE LTD
 410, Singapore Street, Singapore 040410
 Tel: (65) 6334 1111 Fax: (65) 6334 1112
 Email: info@india-international.com.sg
 Website: www.india-international.com.sg

CERTIFICATE OF INSURANCE
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1987 (MALAYSIA)

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

CERTIFICATE NO.: D20MCV0002035_01 **COVER: Comprehensive**

1. Index Mark and Registration Number of Vehicle	: GBE8832M
Chassis No	: JTFAT35V20K206265
2. Name of Policyholder	: YU YEO CONSTRUCTION PTE LTD
3. Effective date of Insurance	: 21 Apr 2021
4. Expiry date of Insurance	: 20 Apr 2022
5. Persons or Classes of Persons entitled to drive*	

Any person who is driving on the Policyholder's order or with their 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*

- a) Use in connection with the Policyholder's business.
- b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- c) Use for social, domestic and pleasure purposes.

The Policy does not cover

- a) Use for hire or reward.
- b) Use for racing, pace-making, reliability trial or speed-testing.
- c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*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 1 : SGD600.00
 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 1 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 : A000078/INSURANCE SOLUTIONS HUB & CONSULTANCY AGENCY PTE LTD
 Date of Issue : 01/04/2021 09:58:13
 M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd
 [Signature]
 Authorised Signatory

santhi/01/04/2021 Page 1 of 1 01/04/2021 09:58:13