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SN09219E0003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/09/2021 11:26 (SGT)
SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (14/09/2021 11:26 (SGT))



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.

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 Accident 11/09/2021 12:30	SGT) SGT) alk, Singapore 752108
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DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN865S
INCUDED/DOLICYHOLDED	

Audi

Is company? Name Of Registered Owner NRIC No Email Address	No THURAIRAJAN S/O MANOKARAN SXXXX431E rajava@gmail.com
Mobile Phone No	(Phone) +65-87491780
Alternative Phone No	+65-87491780

VEHICLE PARTICULARS

Manufacturer

Model	A4
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1798

INSURANCE COMPANY

Fleet Policy	India International Insurance Pte Ltd Comprehensive No D21MPC0001902
Cover Note Number	**

DRIVER

Name of Driver	THURAIRAJAN S/O MANOKARAN
NRIC No	SXXXX431F
	SXXXX431E

Date Of Birth 17/03/1980 Occupation Indoor Date Of Driving Pass 11/01/2017 Driving experience 4 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-87491780 Alt. Phone Number +65-87491780 **Email Address** rajava@gmail.com Address BLK 679A PUNGGOL DRIVE #17-870 Address complement Postcode 821679 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 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 SHAKTI 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 **GBG9956Y** Vehicle Manufacturer Vehicle Model Vehicle Variant

Commercial vehicle

Vehicle Colour Vehicle Category

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>.
- 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)

l understand, acknow ledge, 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 & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Blk 1088 Camberra Walk Loading Bay

VehicleA: SKN8655 VehicleB: GBG 9956

Describe Circumstances of the Accident
On the Stated date k time, I, vehicle A (SKN8655) was travelling at the stated location
As I was attempting to park into the lotand I had not completely enter the lot, so I wanted
to adjust but I saw theres encoming traffic tence, I came to a stop. Suddenly, vahide & (GIBG 99564)
collided onto the rear left portion of my vehicle caucing damages.
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 11/09/2021 Accident Time: 1330hrs (24-HR-FORMAT)
Accident Place	: BIK1088 Canberry Walk Looding Bay
Vehicle Reg. No (Car plate No.)	: SKN 8655 Vehicle Make/Model: Audi A4
Insurance Company	India International Policy No. Dal MPC0001903
Name of Registered Owner	: Company / Individual Thurnivajan 1 0 manokaran
ID of Registered Owner	: Co Reg No: Owner's NRIC No: S8008431E
	: Co Contact No: Owner's Contact No: 87 49 1780
DRIVER'S Name	: Thurairajan s o manokaraBRIVER'S NRIC No: S& 008431E
DRIVER'S Date of Birth	: 17 march 1980 DRIVER'S License Pass Date 11 Jan 2017
Relationship bet. Owner & Driver	
DRIVER'S Address	: APT BIK679A Runggol Drive #17 - 870 S (8×1679)
DRIVER'S Contact No./ Alt No.	
DRIVER'S Occupation	: INDOOR \OUTDOOR (eg. working inside or outside of an ofc)
Email Address	rajava @ gmail. com
Weather & Road Surface	: CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim-Other Party \ Claim-Own-Insurance
Number of Passengers (including	Driver): 63 Passenger Name: Shalct Gender MF police? YES \ NO Passenger Name: Gender: M/F y car camera; YEST NO Any Injuries: YEST NO Injured Name: Injured Name:
Exact purpose for which vehicle	was being used at the time of accident: Private use \ Work purpose-
	Other Party Driver's Particulars (if any)
Vahicle Reg No: GBG	99567 Vehicle Reg No:
Vehicle MakelModal:	
Name DRIVER:	
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add:
24.	Other Party Driver's Particulars (if any)
Vehicle Reg No:	Vehicle Reg No:
Vehicle Makel Model:	Vehicle MakeWfodel:
Nacie DRIVER	
IC NO DRIVER.	IC No. DETAELS.
DB[VER/S Conject & aid	DRIVER'S Contest & add

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INDIA INTERNATIONAL INSURANCE PTE LTD.

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711 Office (65) 63476100 Email insure@iii.com.sg

COVER: COMPREHENSIVE

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.: D21MPC0001902

: SKN865S

. Index Mark and Registration Number of Vehicle

Chassis No

: WAUZZZ8K8AA124517

2. Name of Policyholder

: THURAIRAJAN S/O MANOKARAN

3 Effective date of Insurance

: 10 Mar 2021

4. Expiry date of Insurance

: 09 Mar 2022

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.

employer or his/her partner.

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 Drivers Excess Sect I: SGD750.00

Unnamed Drivers Excess Sect I

: SGD1,250.00

Windscreen Excess

: SGD100.00

Hire Purchase Company

VM AUTOFINANCE PTE LTD

WARRANTY BENEFIT: FOR ENGINE AND GEAR BOX ONLY

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 : A000087/FINSURETEQ AGENCY PTE LTD

Date of Issue : 10

: 10/03/2021 15:47:49

MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory