# **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.

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   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 27/09/2021 17:57 (SGT) Date of Accident 27/09/2021 14:00 (SGT) Exact Location of Accident Singapore Additional Location Information CTE Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GV8627R

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Million Auto Rental Pte Ltd Company Reg No

201134025G Email Address grace@millionauto.com Mobile Phone No (Phone) +65-87802962 Alternative Phone No +65-87802962

VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual

CC

**INSURANCE COMPANY** 

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage ThirdParty

Fleet Policy

Policy Number D20MFL0002378\_01

Cover Note Number

DRIVER

Name of Driver Mohamed Salimi B. Musa NRIC No. S7822293Z

Date Of Birth 13/08/1978 Occupation Outdoor Date Of Driving Pass 29/11/2005 Driving experience 15 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-87802962 Alt. Phone Number Email Address grace@millionauto.com Address Blk 990B Jurong West St 93, #05-763 Address complement Postcode 642990 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name Ramli 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 Refer to attached 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 SMA7877G Vehicle Manufacturer

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

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

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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

27/69/21

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

A-GV86278
B-SMA78776

BRADEL FXTT.

Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.

( ) Claim Own Damage (OD) ( ) Claim Third Party (TP) ( ) Reporting Only ( ) Claim OD/TP at other workshop

Describe Circumstances of the Accident

Was driving	on CTE	near Broddel	avit bu	00 to	a. I. Vole al	. 2
infront of my	vehicle - aroun	d one to tw	a kmonst	dictorno	n/p · venici	
to give very of	or viblicles t	oun to wit o	d Braddel	Qualiza	valuate R	510
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stagnant at vechicle cannot	stop in	time been in	the cool	mergency	Drake out	isey
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Declaration					88	
WWe declare the foregoing	particulars are true in e	very respect.				
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		1 1	, ,		Marial.	
		10 mm 27/	09/21		1 41917	4
Policyholder's Signature / D	ate & Driver's Sig	nature (If driver is not the	ne policyholder)	Date Wite	essed by Reportin	na Coet
Time	& Time	to the same of the same of	200071000171		connel	og ochti

















# INDIA INTERNATIONAL INSURANCE PTI LTD

(a) Big No. 1987/037934 ) 684 Big No. M2 optimio, \$ 64 ( Geol Street ) 804 ( 805 ) with 602 ( 1008 haliding ) Suggipore 049771 Office (65) 63476 (60) Email insure (emission course Fig. (65) 622344724 Website www.misomog

COVER: Third Party Only

#### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THERD-PARTY RISKS AND COMPENSATION) ACT I CHAPTER 1891
SOURD VEHICLES (THEOD-PARTY RISKS AND COMPENSATION) RELES, 1996 RUAD TRANSPORT ACT, 1997 MAI AYSIAI
MOTOR VEHICLES (THEOD-PARTY RISKS) RULES, 1998 MAI AYSIAI

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

#### CERTIFICATE NO.: D20MFL0002378 01

1. Index Mark and Registration Number of Vehicle

: GV8627R : JTFUF34Y403000610

2. Name of Policyholder

: MILLION AUTO RENTAL PTE LTD

3 Effective date of Insurance

: 24 Apr 2021

4. Expiry date of Insurance

: 23 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\*
  - (1) Use in connection with the Policyholder's business or Hirer's business.
  - (2) Use for social, domestic and pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired.

# The Policy does not cover

- (1) Use for racing, pace-making, reliability trial, or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
  (3) Use for the carriage of passengers for hire or reward.
- (4) 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 AGE 24 YEARS & ABOVE & WITH MINIMUM 2 YEARS OF DRIVING EXPERIENCE, AN EXCESS OF \$\$2000.00 ON SECTION II FOR SINGAPORE & \$\$3000.00 ON SECTION II FOR WEST MALAYSIA WILL BE APPLICABLE.

FOR DRIVERS BETWEEN 22 & BELOW 24 YEARS OLD & WITH MINIMUM 2 YEARS DRIVING EXPERIENCE, AN ADDITIONAL EXCESS OF S. \$\$500.00 ON SECTION II WILL BE APPLICABLE.

FOR DRIVERS WHO IS 21 YEARS OLD & OR WITH MINIMUM 1 YEAR DRIVING EXPERIENCE, AN ADDITIONAL EXCESS OF S\$1000.00 ON SECTION II WILL BE APPLICABLE.

FOR DRIVERS WHO IS BELOW 21 YEARS OLD & OR WITH LESS THAN 1 YEAR DRIVING EXPERIENCE, AN ADDITIONAL EXCESS OF \$\$2500,00 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 : B000279/FINANCIAL ALLIANCE PTE LTD
Date of Issue : 22/04/2021 10:07:24
M.Z. 301C - GOODS CARRYING - HIRE(Company's use)

For India International Insurance Pte Ltd

Authorised Signator

hueywen 22/04/2021 10:07:24

22/04/2021 10:10:50