

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 03/11/2021 16:38 (SGT)
Date of Accident 01/11/2021 20:35 (SGT)
Exact Location of Accident Raffles Blvd, Singapore
Additional Location Information NICOLL HIGHWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ461K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SHAW DEBORAH SUNITA
NRIC No S8119007J
Email Address smurfmania@gmail.com
Mobile Phone No (Phone) +65-97767957
Alternative Phone No +65-97767957

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Polo
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 1197

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D19MPC0000147_02
Cover Note Number -

DRIVER

Name of Driver SHAW DEBORAH SUNITA
NRIC No S8119007J

Date Of Birth	28/06/1981
Occupation	Indoor
Date Of Driving Pass	27/03/2014
Driving experience	7 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97767957
Alt. Phone Number	+65-97767957
Email Address	smurfmania@gmail.com
Address	8A TANJONG RHU ROAD #04-02
Address complement	-
Postcode	436889
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	AFTER RAIN
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20211102/2019.

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	SLQ2977L
Vehicle Manufacturer	-
Vehicle Model	-
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PMD RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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)**

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' 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.

<p><i>Deband</i></p> <p>Policyholder's Signature / Date & Time</p>	<p><i>Deband</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p> <p>A: SK2461K B: SLA 2977L C: PMD Rider</p> <p>Raffles Blvd X Nicoll Highway</p> <p><i>Deband</i></p>		

Feedback

Refw to police report no. T/207/1102/2019

We declare the foregoing particulars are true in every respect.

Feb 1961

Palawan

Witnessed by Reporting Centre
Personnel



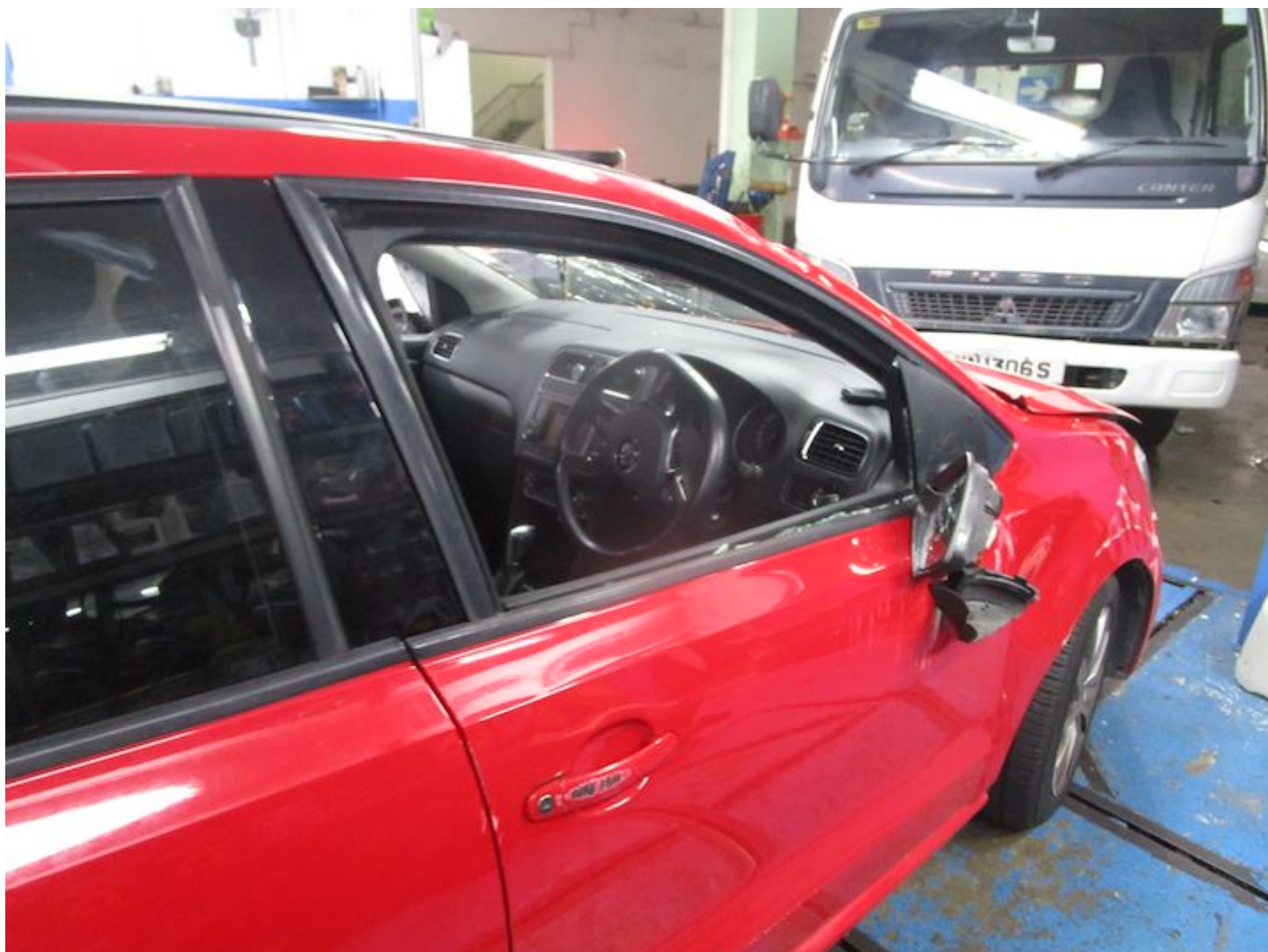










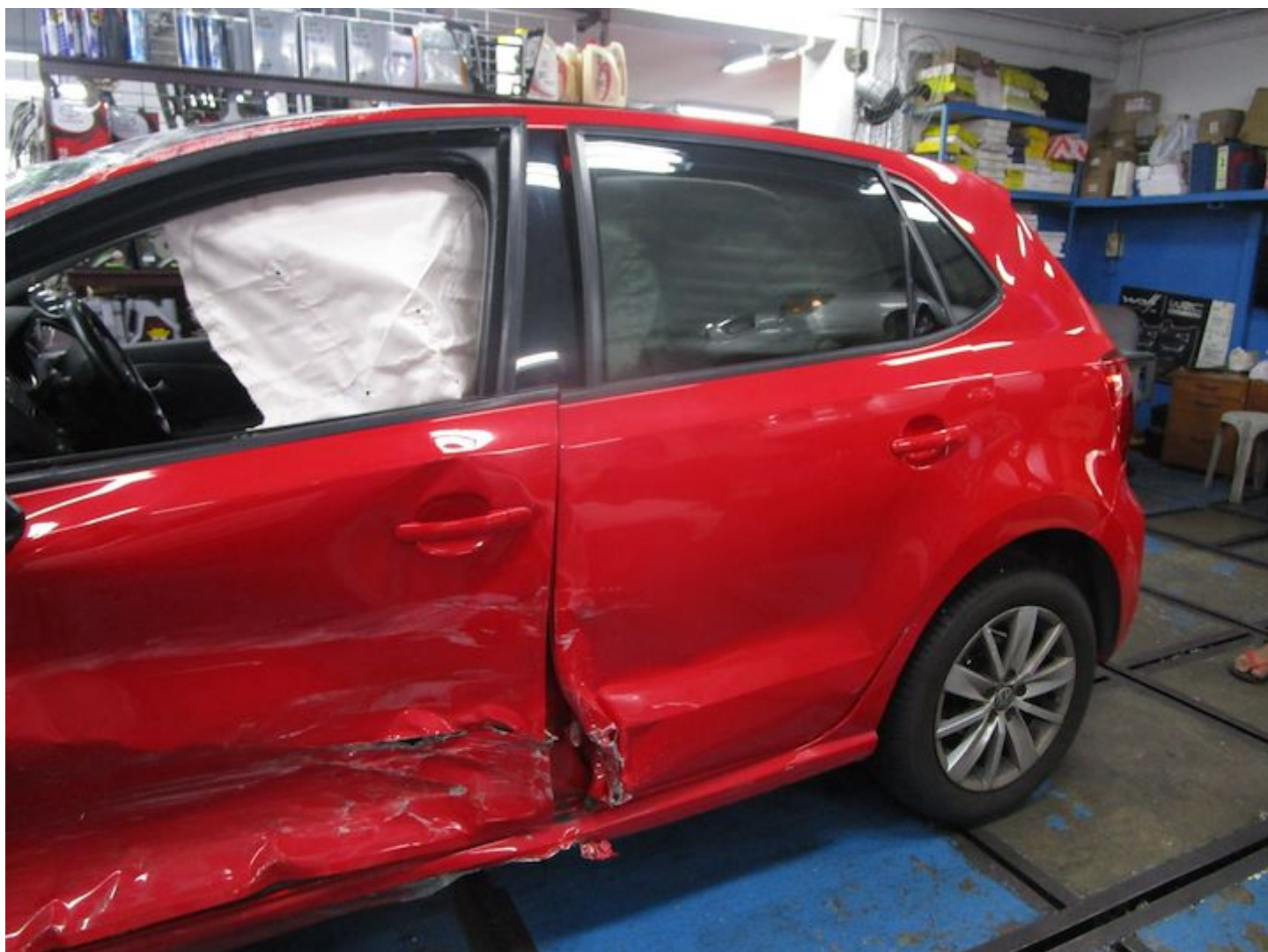

















**SINGAPORE
POLICE FORCE**


T/20211102/2019

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 4

Report No. T/20211102/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2021 10:48		Vide Report No.: A/20211101/0102		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: SHAW DEBORAH SUNITA			Address: 8A TANJONG RHU ROAD #04-02 CRYSTAL RHU SINGAPORE 436889		
ID Type / ID No.: NRIC NO / S8119007J			Contact No.: Home/Office: Mobile: 97767957		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 28/06/1981	Type of Informant: Driver		
Race: European			Language:		Institution / School Name:
Occupation: CHILDCARE PRINCIPAL			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/11/2021 20:35	Type of Location: X-Junction
Location: RAFFLES BOULEVARD				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKZ461K	Car	VOLKSWAGO N	POLO GP 1.2 TSI A/T 6C13EZ SR LED	Red	Seriously Damaged	0
SLQ2977L	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20211102/2019

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Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20211102/2019

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ461K	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0000147_02	06/01/2021	05/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SHAW DEBORAH SUNITA		ID No.	S8119007J
Related Vehicle	SKZ461K (Car)		Contact No.	97767957
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	Ng Kai Loon		ID No.	NIL
Related Vehicle	SLQ2977L (Car)		Contact No.	96998503
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

Brief Details.

On 01/11/2021 at about 2045hrs, I was driving my vehicle bearing the plate number (SKZ461K) along Raffles Blvd x Nicoll Highway on the first lane. While I was driving, I suddenly felt an huge impact on the left side of my vehicle. My vehicle was then overturned. I managed to get out of my vehicle after several attempts. The vehicle that hit me was SLQ2977L.

Subsequently, I saw a crowd attending to one PMD rider which I believed my vehicle might have hit him due to the said impact caused. One ambulance came and conveyed the PMD rider.

Later, the driver of vehicle SLQ2977L came and provided me his particulars.

I wish to state that the whole incident happened too fast. Traffic Police had came to the scene and provided me with a case card. (A/20211101/0102)



**SINGAPORE
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T/20211102/2019

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Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20211102/2019

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211102/2019

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Report No. T/20211102/2019

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report

G /

Sgt 1 MUHAMMAD FAZLI IDHAM
BIN MOHD YAZID

Signature Of Informant:

Deborah

Signature Of Interpreter:

Not applicable

Date/Time:

02/11/2021 10:48

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN
JUNID

Contact No.: 65476247

Classification Of Case:



SIGNATURE



INDIA
INTERNATIONAL
INSURANCE
SINGAPORE
Serving the region since 1987



陳兄弟保險代理有限公司

TAN BROTHERS INSURANCE AGENCIES PTE LTD

10 ANSON ROAD, #11-16

INTERNATIONAL PLAZA SINGAPORE 079003

TEL: (65) 6220 1822 FAX: (65) 6224 8806

E-MAIL: tan.brothers@tbsgroup.com.sg

Co. Reg. No. 198703792K | GST. Reg. No. M2-0078806-X

61 Cecil Street | #04 | #05 | #06-02 | 108 Building | Singapore 049711

Call (65) 63476100 Email insure@iil.com.sg

FAX (65) 62244174 Website www.iil.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.: D19MPC0000147_02		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SKZ461K	
Chassis No	: WVWZZZ6RZGU024854	
2. Name of Policyholder	: SHAW DEBORAH SUNITA	
3. Effective date of Insurance	: 06 Jan 2021	
4. Expiry date of Insurance	: 05 Jan 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.	
(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 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 Driver Excess Sect I : SGD 600.00		
Unnamed Driver Excess Sect I : SGD 1,100.00		
Windscreen Excess : SGD 100.00		
Hire Purchase Company : N/A		
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 : A000052/TAN BROTHERS INSURANCE AGENCIES PTE LTD		For India International Insurance Pte Ltd
Date of Issue : 11/12/2020 11:06:44		
MX1-Private Car (Insured Driving)		
		 Authorised Signatory