

# 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 ..... 21/04/2022 10:40 (SGT)  
Date of Accident ..... 21/04/2022 08:07 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... MSCP OF 463 BUKIT BATOK ST 41 (S) 650463  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLS8175J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SUPERSONIC MAINTENANCE SERVICES PTE LTD  
Company Reg No ..... 198401357W  
Email Address ..... CHARLOTTEFOO@SUPERSONIC.COM.SG  
Mobile Phone No ..... (Phone) +65-97545744  
Alternative Phone No ..... (Home) +65-64677444

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D19MPC0004884-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHARLOTTE FOO  
NRIC No ..... S9446370Z

Date Of Birth .....	21/11/1994
Occupation .....	Indoor
Date Of Driving Pass .....	20/06/2015
Driving experience .....	6 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97545744
Alt. Phone Number .....	-
Email Address .....	CHARLOTTEFOO@SUPERSMS.COM.SG
Address .....	BLK 463A BUKIT BATOK ST 41 #03-17
Address complement .....	-
Postcode .....	651463
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) .....	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? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED SKECTH PLAN AND STATEMENT.

#### 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


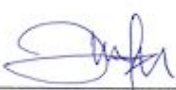

Vehicle Registration Number .....	SLK9560R
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Corolla
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	QUEK QUO ZHEN
NRIC No .....	S8608323Z
Contact Number .....	(Phone) +65-96382620
Address .....	BLK 463 BUKIT BATOK ST 41 #13-43

Address complement .....	-
Postcode .....	652463
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

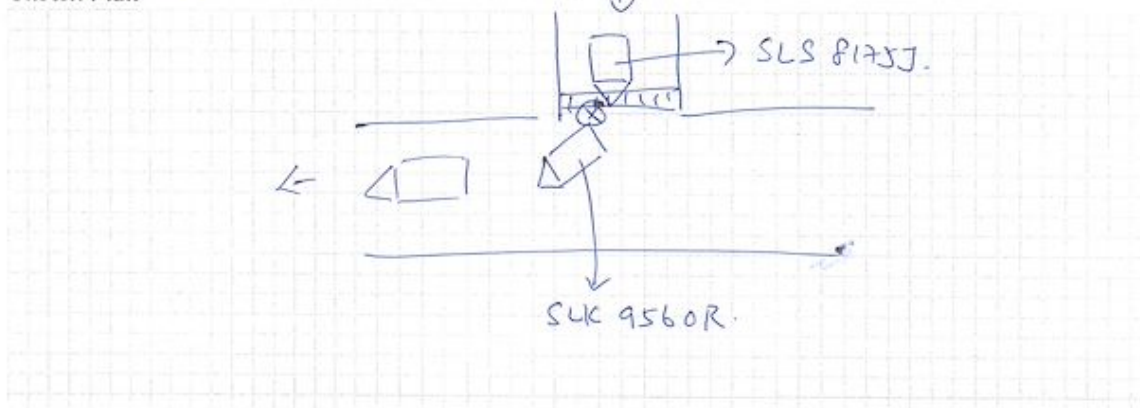
## SKETCH PLAN

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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' 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	 Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan



## Describe Circumstances of the Accident

I WAS DRIVING DOWN VEHICLE NO. SL88175J AT THE MULTI-STOREY CARPARK AND THERE WAS A SUDDEN HALT AS A FEW VEHICLES AHEAD OF ME STARTED BRAKING. AS I STEPPED ON MY BRAKE, THE VEHICLE WAS ON A ROAD HUMP AND HAD SKIDDED, THEREFORE BUMPING INTO VEHICLE NO. SLK9560R'S REAR BUMPER WHICH DISLOADED.

## Declaration

We declare the foregoing particulars are true in every respect.

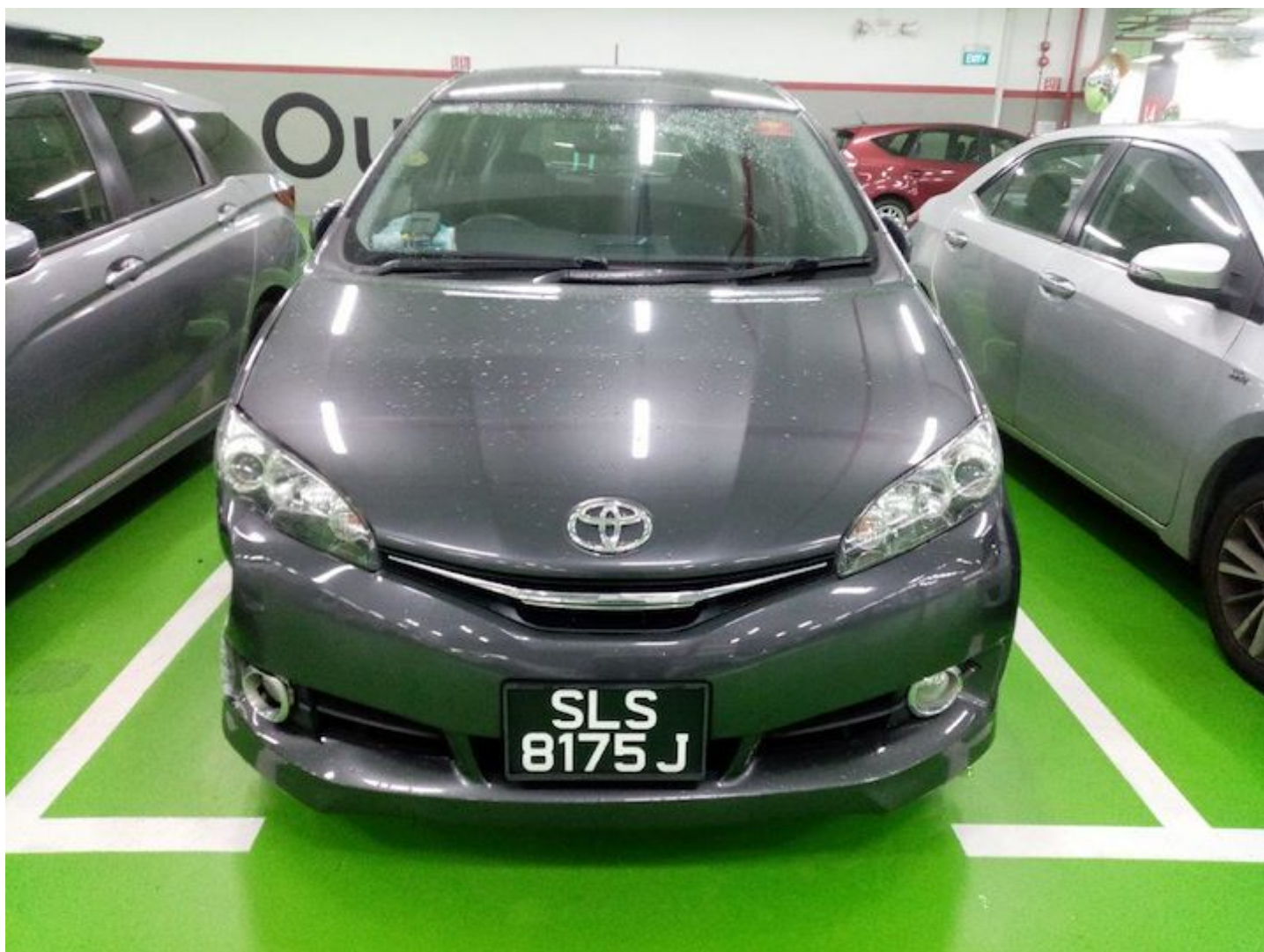


Driver's Signature (If driver is not the policyholder) / Date & Time

21/04/21, 0956 HRS

Witnessed by Reporting Centre Personnel

















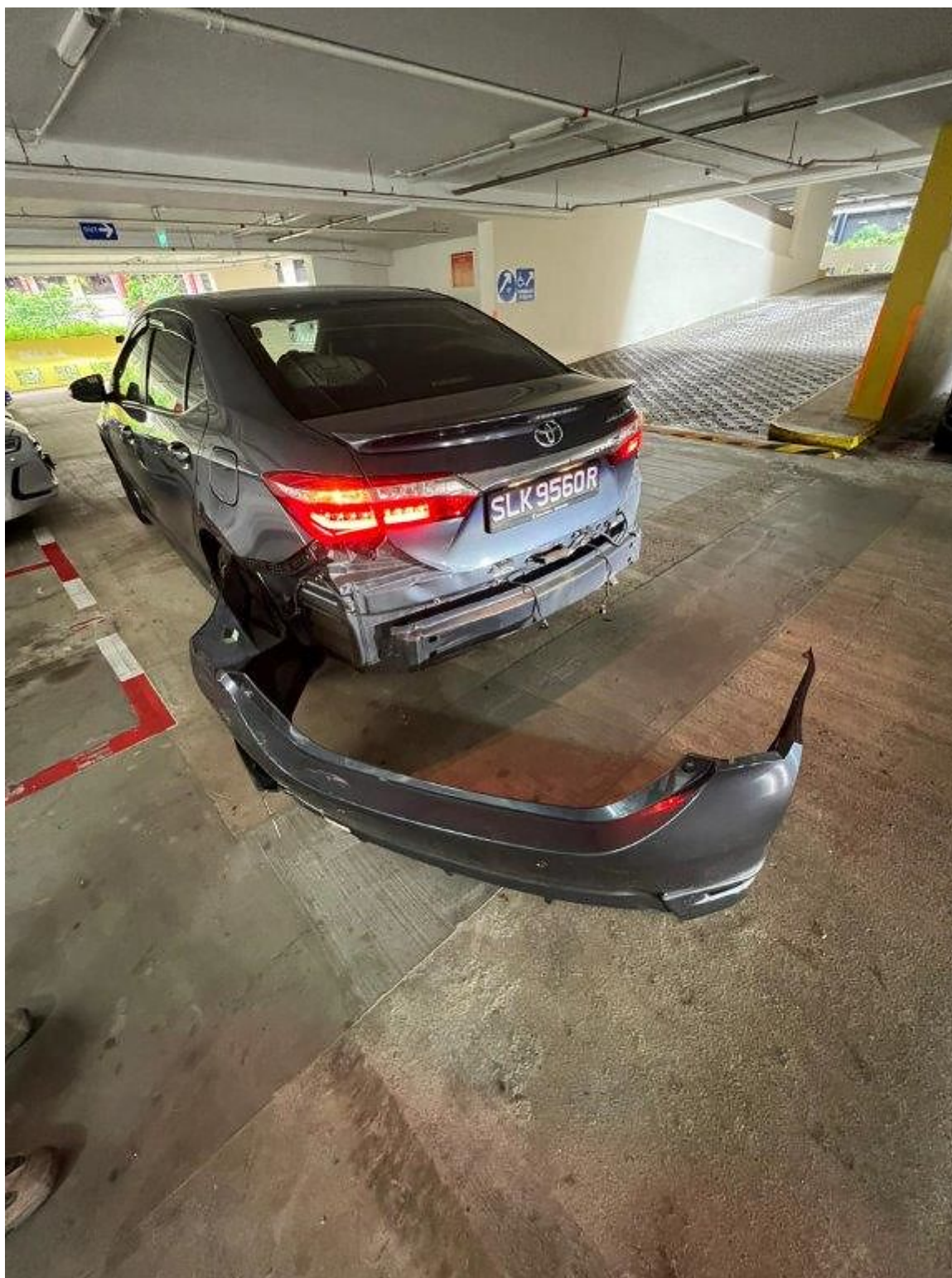




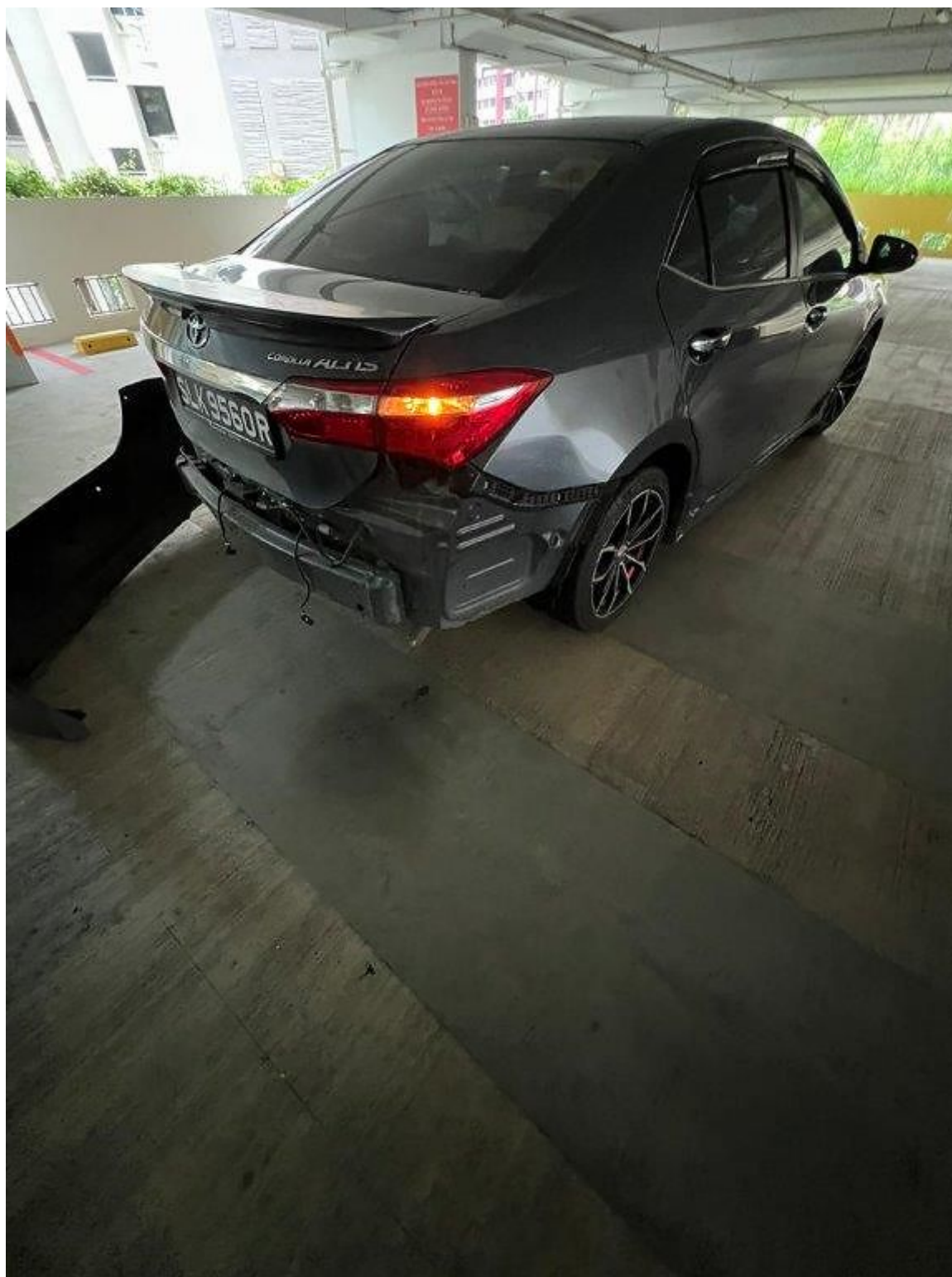


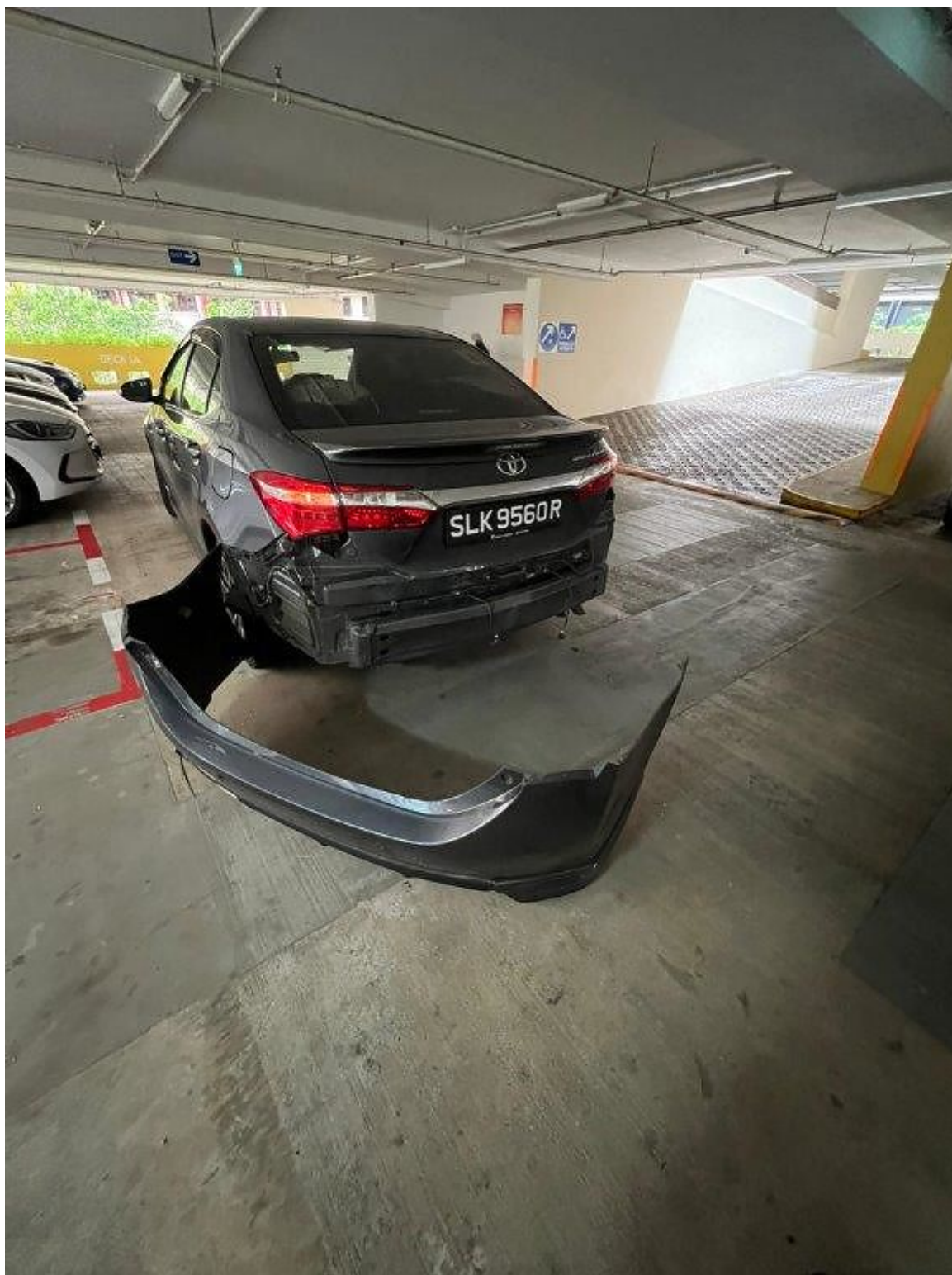




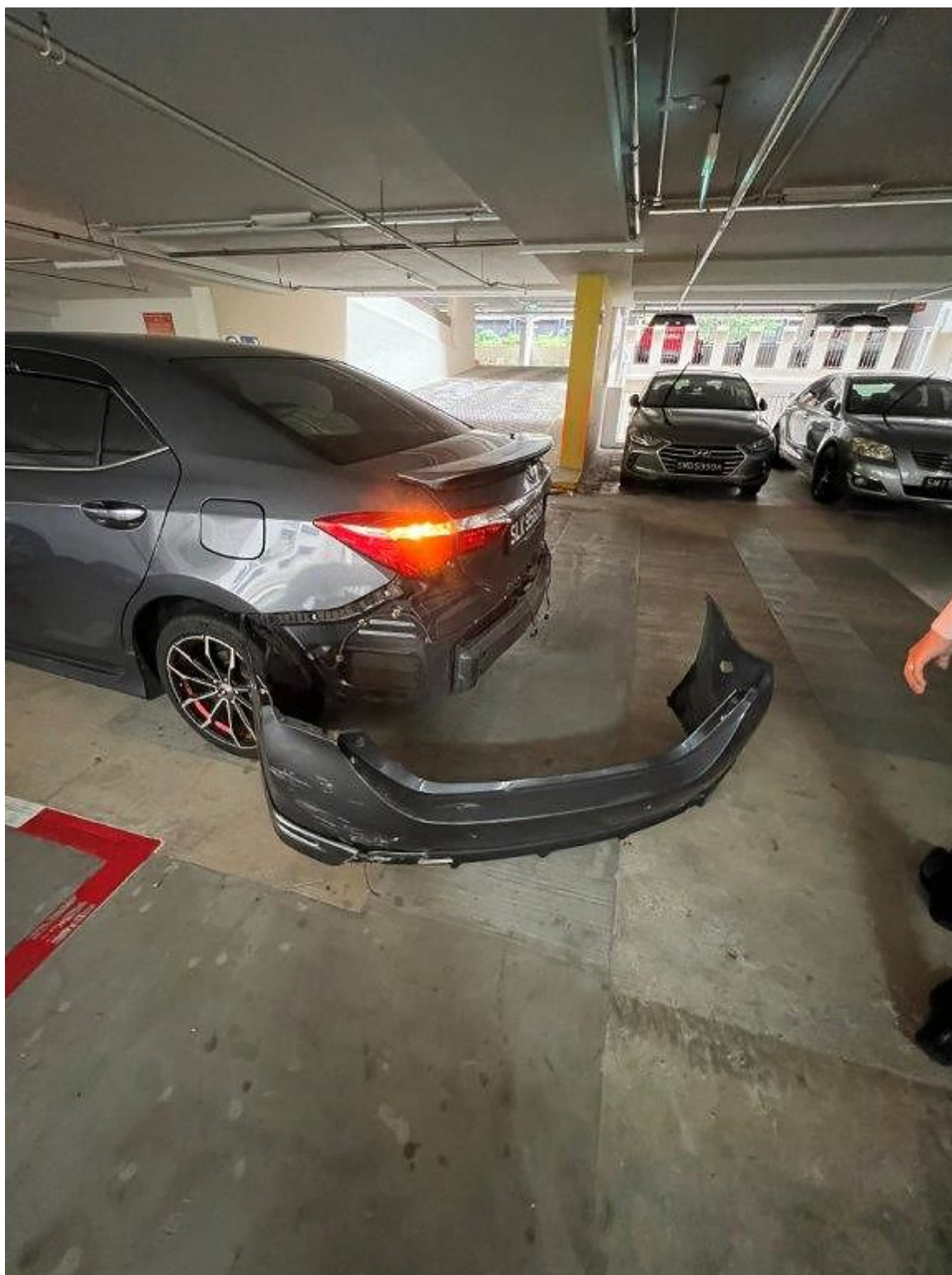


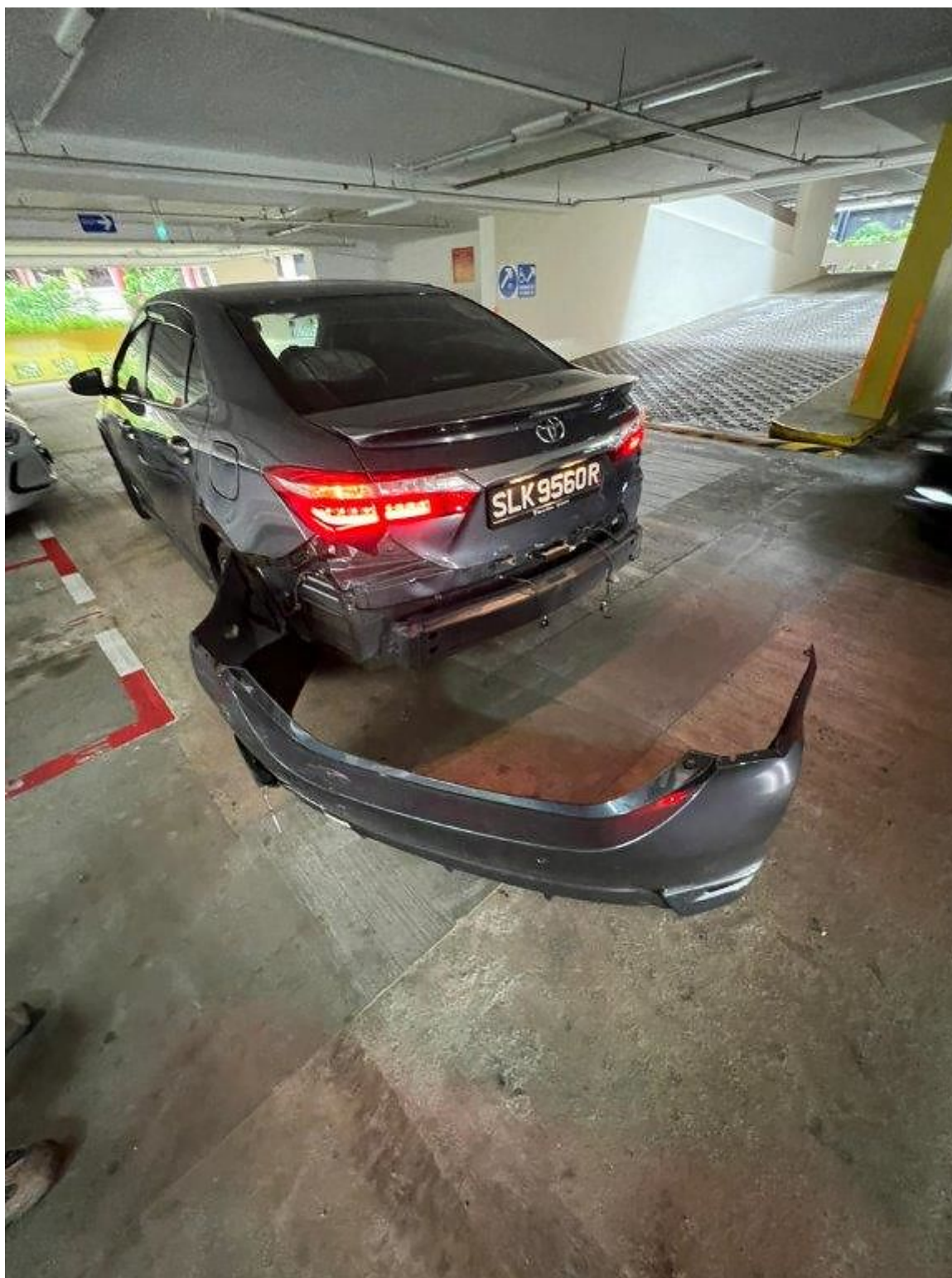














INDIA INTERNATIONAL INSURANCE PTE LTD

Co Reg No: 199707928 / SEI Reg No: MZ 0070000-2  
 01, Canal Street, #04-01/05, 04-02 / 01B Building, Singapore 049514  
 Office: (65) 63476190 Email: asiainternl.com.sg  
 Fax: (65) 62244174 Website: www.iiinsg.com

## 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.

<b>CERTIFICATE NO.: D19MPC0004884_02</b>		<b>COVER: COMPREHENSIVE</b>
1. Index Mark and Registration Number of Vehicle	: SLS8175J	
Chassis No	: JTDGG20W70J007810	
2. Name of Policyholder	: SUPERSONIC MAINTENANCE SERVICES PTE LTD	
3. Effective date of Insurance	: 06 Oct 2021	
4. Expiry date of Insurance	: 05 Oct 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* Use only for social, domestic and pleasure purposes and for the Policyholder's business. <b>The Policy does not cover</b> 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.		
Excess Sect I (For Employee) : SGD750.00 Excess Sect I (For Non-Employee) : SGD1,250.00 Windscreen Excess : SGD100.00 Hire Purchase Company : N/A FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 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 : B000019/TIMES INSURANCE BROKERS PTE LTD Date of Issue : 16/09/2021 15:12:06 MX4 - Private Car (Company)		For India International Insurance Pte Ltd  Authorized Signatory