

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	26/05/2022 17:54 (SGT)
Date of Accident	26/05/2022 07:06 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	ANG MO KIO STREET 22 TURNING TOWARDS ANG MO KIAO AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP4089R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MASWARI BIN SUHRI
NRIC No	S1402412C
Email Address	YAMADABERGZ@GMAIL.COM
Mobile Phone No	(Phone) +65-96325659
Alternative Phone No	+65-96325659

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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	1599

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MPC0001392_02
Cover Note Number	-

DRIVER

Name of Driver	MASWARI BIN SUHRI
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NRIC No	S1402412C
Date Of Birth	19/01/1960
Occupation	Indoor
Date Of Driving Pass	26/05/2000
Driving experience	22 YEARS
Gender	Male
Mobile Number	(Phone) +65-96325659
Alt. Phone Number	+65-96325659
Email Address	YAMADABERGZ@GMAIL.COM
Address	BLK 233 ANG MO KIO AVE 3 #05-1222
Address complement	-
Postcode	560233
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	PASSENGER
Gender	Female

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

KINDLY REFER TO ACCIDENT REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

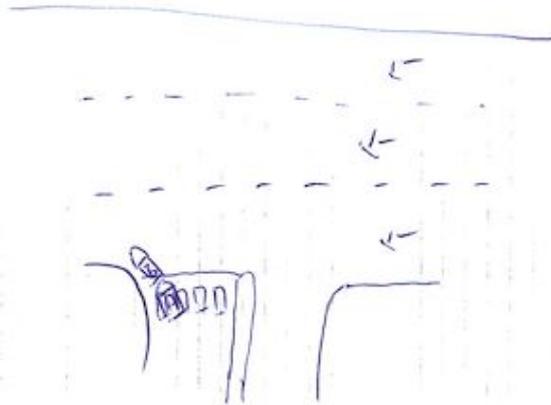
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND3111G
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	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

A => SJP4089R.
 B => SND3111G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/05/2022, I was travelling down
 Any no k20 ST 22. I was turning to Any no k20
 Ave 1. vehicle B is in front of me. As vehicle
 B is turning out to Any no k20 Ave 1, he
 suddenly jammed his brakes. I could not stop on
 time and knocked onto his rear bumper. There is
 only a slight damage on the rear, right side of
 vehicle B's bumper.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time:

Driver's Signature:
 (if driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature
 Name:
 NRIC/IN No.:















Personal Particulars

Date of Accident: 16/05/2027 (dd/mm/yy) Time of Accident: 7:06 (24 Hrs)
 Vehicle No: SJP 4089R Vehicle Make/Model: mitsubishi Lancer 1.6 CS6
 Exact Location of Accident: ANH MO KIO ST 22 AVE 1.
 Owner's Name / IC No: MASVARI BIN SUHRI
 Owner's Contact No: 96325659 Owner's Email: yamadabergz@gmail.com
 Driver's Name / IC No: _____
 Driver's Contact No: _____ Driver's Email*: _____
 Relationship between Owner & Driver: Spouse/Children/Friend/Parents/ III
 Others please specify: _____ Insurance Company & Policy No: DIA MPC 0001392_02
Does the driver own any other vehicle?
 Yes / No If Yes, Vehicle no. _____ & Insurance Company & Policy No: _____
What do you wish to claim? (Please circle one only) *Number of passengers (Including Driver): 2
 Own Insurance / Third Party / Reporting Only Passenger FEMPLE
Exact purpose for which the vehicle was being used at the time of accident?
 Private use / Work purpose
Weather condition & Road Conditions?
 Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet
Occupation Any Witness? *Any Video?
 Indoor / Outdoor Yes / No If Yes, please specify _____ Yes / No
Any Injuries? (Police report is required if mc is above 3 days) *Seat Belt?
 Yes / No If Yes, which police station, which part? _____ Yes / No
Third Party (Vehicle B) details:
 Driver's Name/IC No : _____ Vehicle No: SAC SND31114
 Third Party Insurance : _____ Driver's Contact No : _____
Other's Vehicle Involved (If applicable)
 Vehicle C: _____ Vehicle D : _____ Vehicle E : _____
Was any foreign vehicle involved in this accident?
 If yes, Foreign Vehicle Registration Number: _____

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



 Policyholder's Signature
 Date & Time:

 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
Office (65) 63476100 Email msure@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.: D19MPC0001392_02		COVER: Third Party Fire & Theft
1. Index Mark and Registration Number of Vehicle	: SJP4089R	
Chassis No	: JMYSNCS3A8U007650	
2. Name of Policyholder	: MASWARI BIN SUHRI	
3. Effective date of Insurance	: 24 Mar 2021	
4. Expiry date of Insurance	: 23 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.	
(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.		
Hire Purchase Company	Maybank	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON ALL CLAIMS 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	: D000001/Direct Client	<i>For India International Insurance Pte Ltd</i>
Date of Issue	: 10/03/2021 15:14:35	
MX1-Private Car (Insured Driving)		
		
		Authorized Signatory