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.

- 4. The issue and acceptance of this is form by instrained 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 20/06/2022 13:50 (SGT) Date of Accident 20/06/2022 08:30 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS TUAS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX1819S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN JIK LONG ANTHONY (CHEN RIRONG) NRIC No. S7639368J Email Address ANTTAN80@YAHOO.COM.SG Mobile Phone No (Phone) +65-98710706 Alternative Phone No +65-98710706

VEHICLE PARTICULARS

Manufacturer Citroen Model C4 picasso 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 1600

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number D19MPC0006458_02 Cover Note Number

DRIVER

Name of Driver TAN JIK LONG ANTHONY (CHEN RIRONG) NRIC No. S7639368J

Date Of Birth 28/11/1976 Occupation Indoor Date Of Driving Pass 15/02/1995 Driving experience 27 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-98710706 Alt. Phone Number +65-98710706 Email Address ANTTAN80@YAHOO.COM.SG Address **BLK 6 HOUGANG STREET 32** Address complement #12-11 Postcode 534039 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 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? No 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** D

Vehicle Registration Number	SMA3280D
Vehicle Manufacturer	_
Vehicle Model	
	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Private car
3 ,	r iivale cai
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,
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

4

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



	an 20/0/122 @f-200 Wille trailly 11 112
	on 20/06/22 OB-300m, while travelling along PIZ, Massive traffic, I cait stop in time a hit the front car.
	massive matter (cart stop in) time la hit
	The front car.
1-31-0	
-	
The state of the	
477	
8'91	
	NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
	OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION
se state:	OTHER DAMPING COMMING OF THE POLICY PLEASE CHECK TOOK POLICY FOR MORE INFORMATION
oc oldle.	

Declaration

IWe declare the foregoing particulars are true in every respect.

A

Policyholder's Signature / Date & Time

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

GST Reg. No. 199002379F

Witnessed by Reporting Centre Personnel



















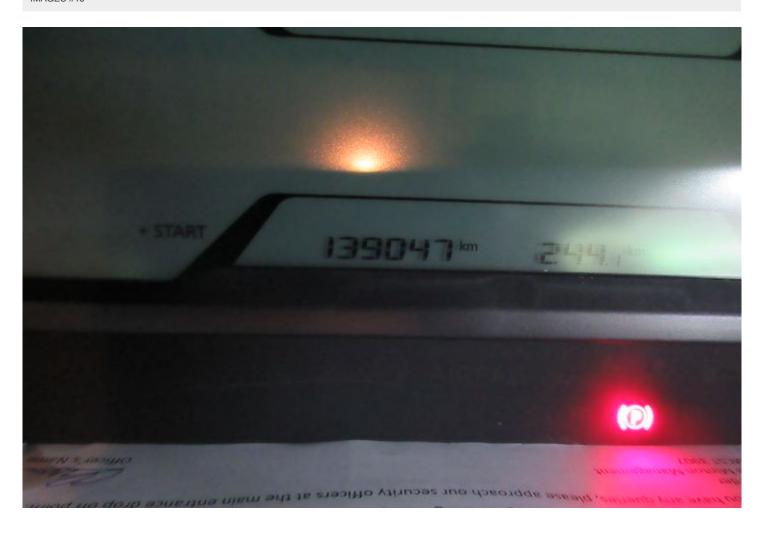














INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711 Email insure@iii.com.sg Office (65) 63476100 Email insure@iii.com. Fax (65) 62244174 Website www.iii.com.sg

COVER: COMPREHENSIVE

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).

SKX1819S

03 Dec 2021

02 Dec 2022

VF73DBHZTFJ821005

TAN JIK LONG ANTHONY

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

CERTIFICATE NO.: D19MPC0006458_02

1. Index Mark and Registration Number of Vehicle

Chassis No

2. Name of Policyholder

3 Effective date of Insurance

4. Expiry date of Insurance

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.

Use for racing, pace-making, reliability trial, speed-testing.

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 and Named Drivers Excess Sect I: SGD600.00 : SGD1,100.00

Unnamed Drivers Excess Sect I

: SGD100.00

Windscreen Excess

Hire Purchase Company

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).

: A000050/Sunmex Enterprise

: 15/11/2021 18:30:02 Date of Issue MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory

SUNMEX ENTERPRISE

8 ENGGOR STREET #24-02

SINGAPORE 079718

TEL: 6220 5977 FAX: 6220 1698

ADMIN/15/11/2021 18:30:02

Page I of I

16/11/2021 10:28:08

