

# 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 ..... 18/06/2022 10:05 (SGT)  
Reported by ..... -  
Date of Accident ..... 17/06/2022 14:45 (SGT)  
Exact Location of Accident ..... Clementi Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBL8731J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... WINWAY SUPPLIES PTE LTD  
Company Reg No ..... 201722021N  
Email Address ..... ACCOUNTS@D-TECHSOLUTIONS.COM.SG  
Mobile Phone No ..... (Phone) +65-92395986  
Alternative Phone No ..... +65-83592815

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
Variant ..... NV350 URVAN PANEL VAN 5AT  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D22MCM0005770

### DRIVER

Name of Driver ..... ALAM KHAIRUL  
Passport No/FIN ..... G6942125W  
Date Of Birth ..... 10/09/1987  
Occupation ..... Outdoor

Date Of Driving Pass .....	20/04/2022
Driving experience .....	2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83592815
Alt. Phone Number .....	-
Email Address .....	ACCOUNTS@D-TECHSOLUTIONS.COM.SG
Address .....	10 MAYO ST
Address complement .....	-
Postcode .....	208309
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

PLS REFER TO THE SKETCH PLAN BY DRIVER

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMG3031A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN HWEE CHONG EDWIN
NRIC No .....	S7715228H

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**

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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  
 Date & Time:



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

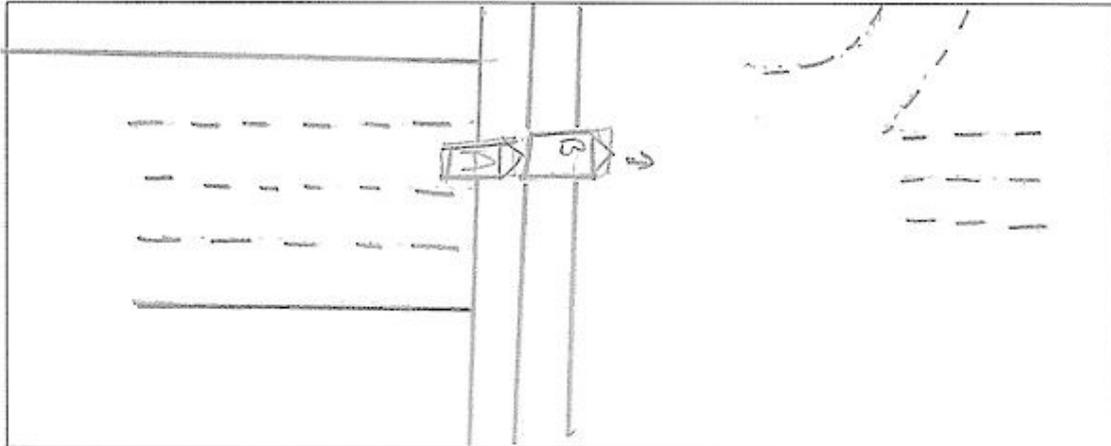
  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

REF: SA1922610001

COMPTON

Date of accident: 17/06/22 Time: 24:5pm Location: Along Clementi Rd  
 My Vehicle A: GTL 8731J Vehicle B: PMG 3031A Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Clementi Rd. Veh B suddenly stop at the traffic light. I can't react on time & hit onto the rear of veh B. NO one is injured.

Claim OD/TP at Ah Lim Motor     Claim OD/TP at other workshop     Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :  
 Email address :  
 & myself :  
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

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

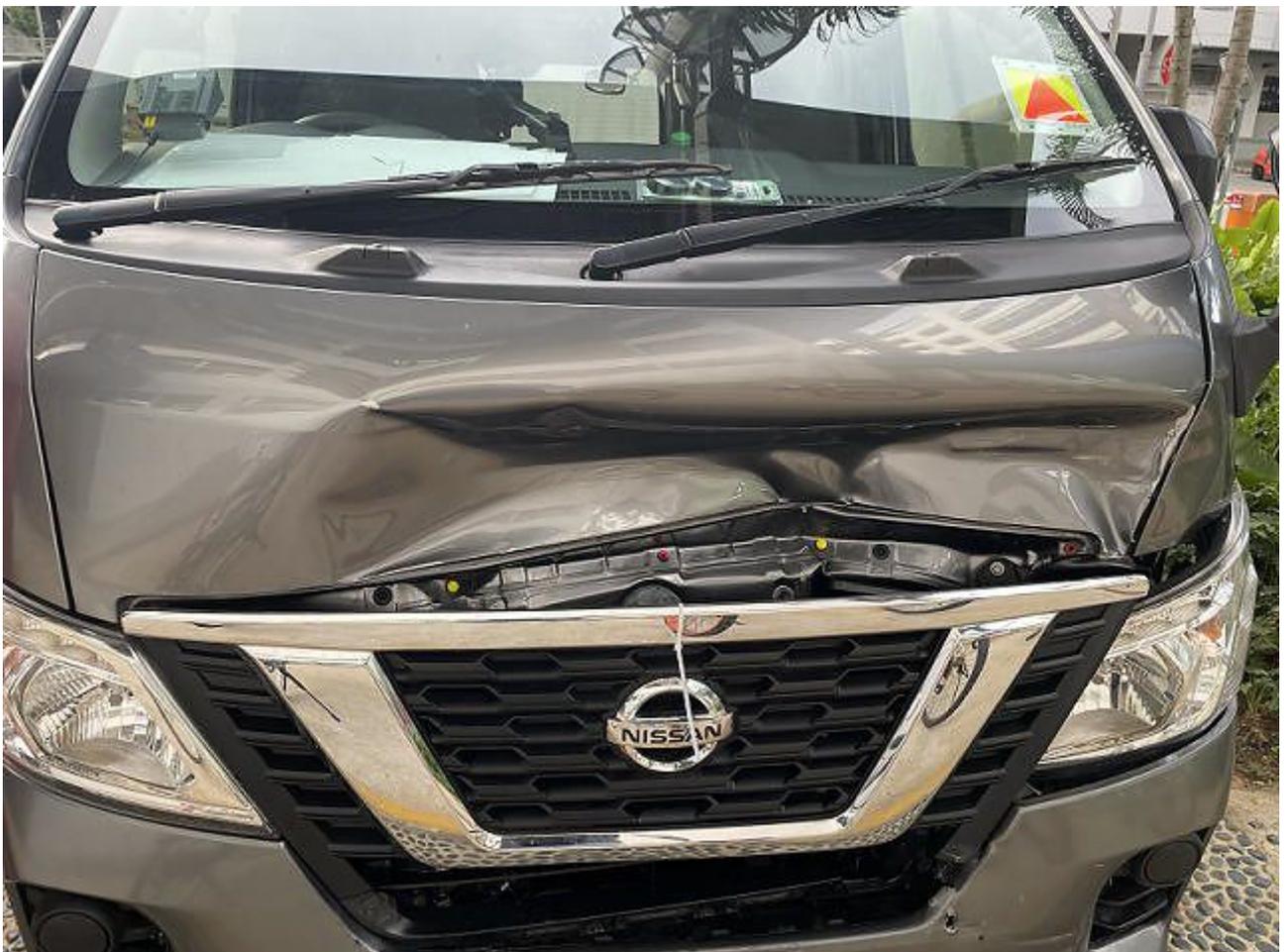
X Ruby  
 Policyholder's Signature  
 Date & Time:



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

Zila  
 Ah Lim Motor Company  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

COMPLETED 17/06/2022









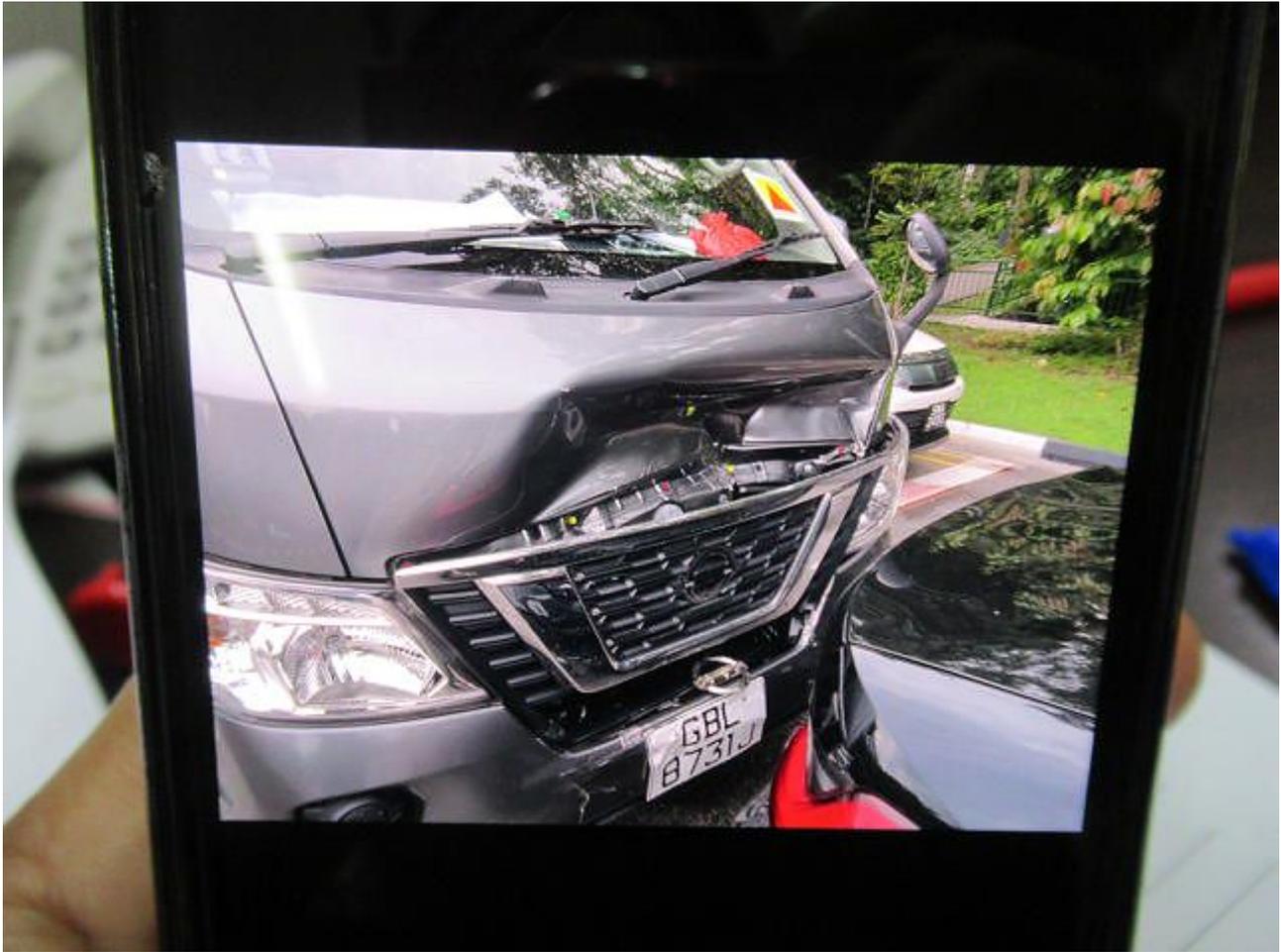








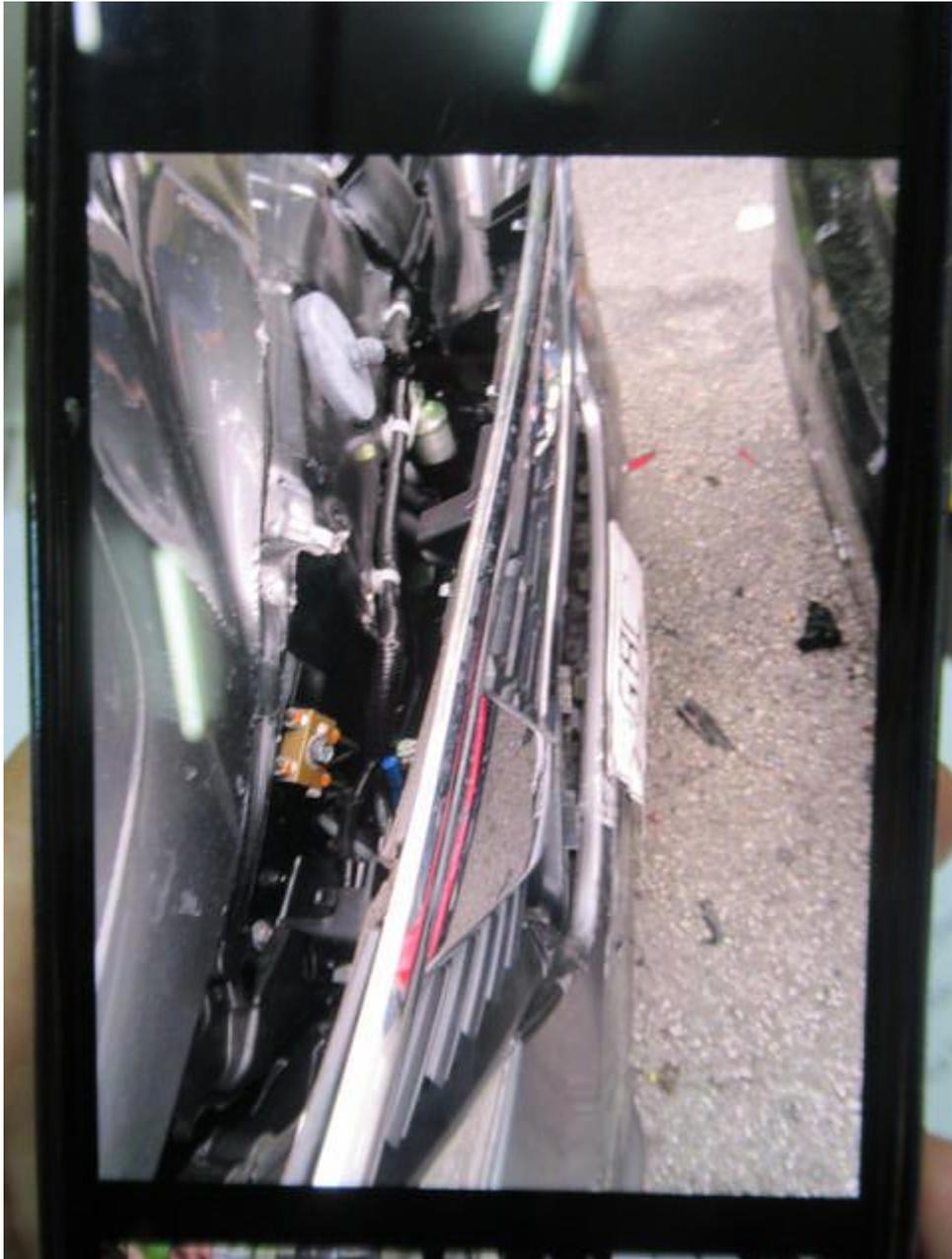




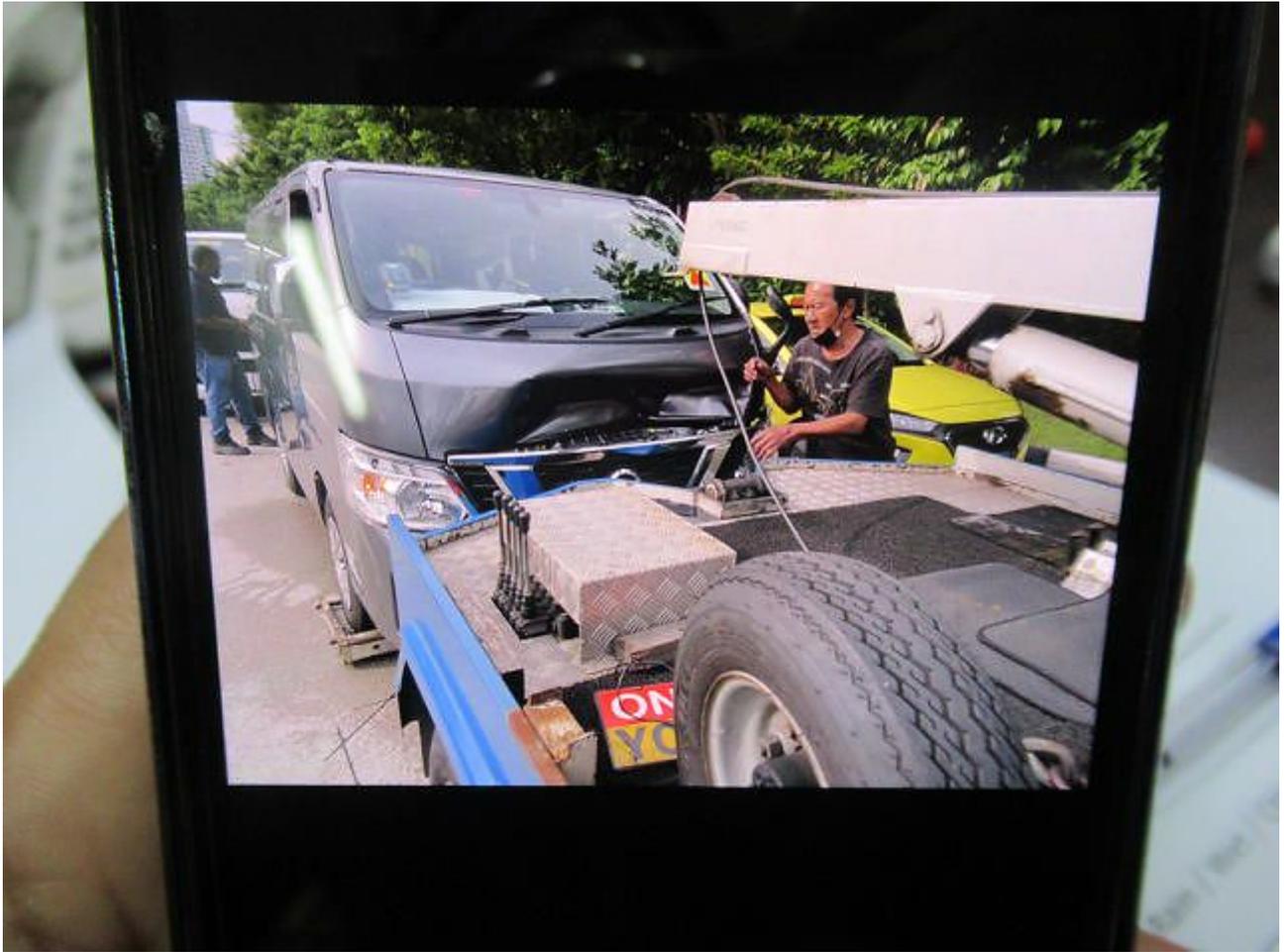


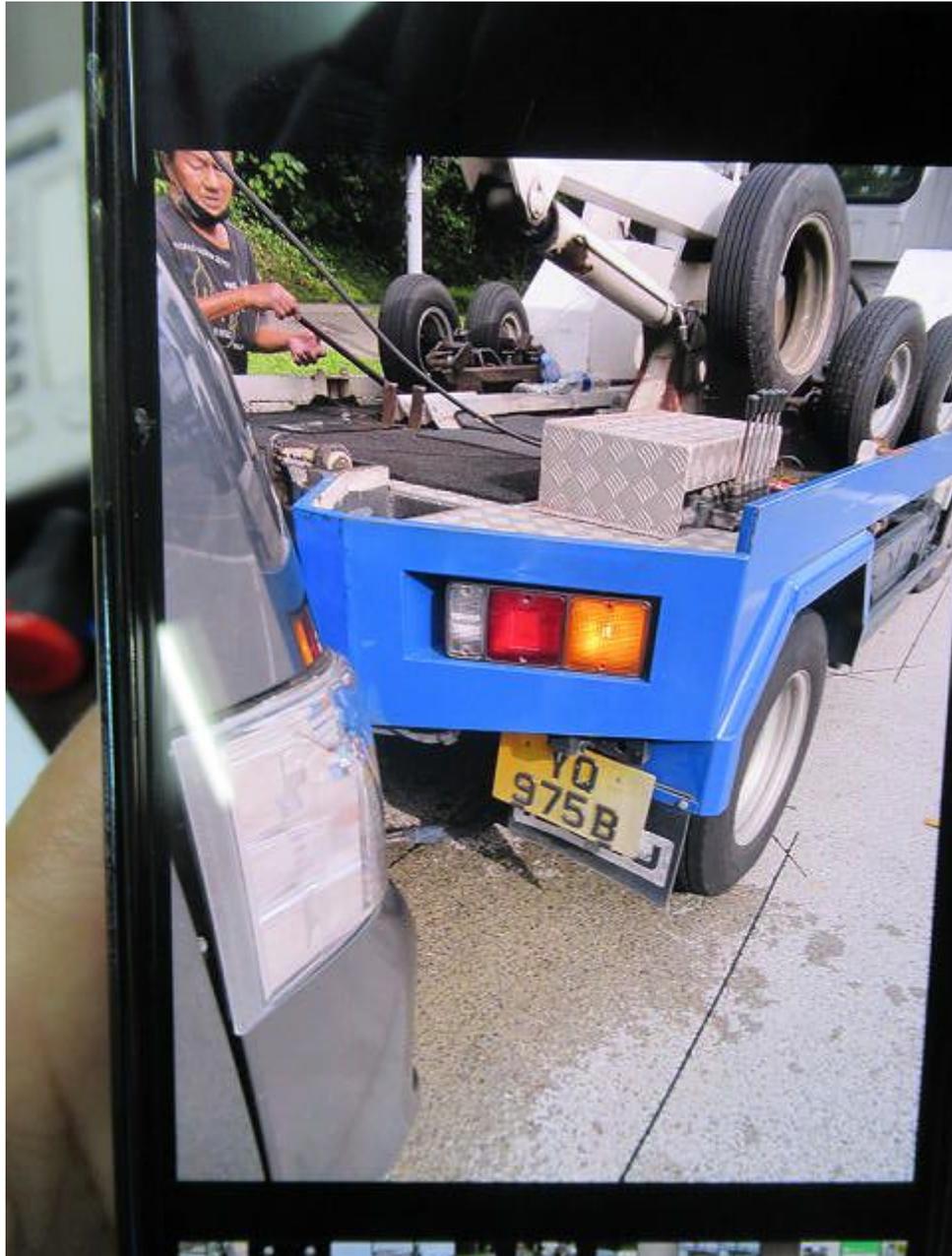














INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 1987037923 | GST Reg. No. M2-0070506-X  
64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711  
Office (65) 63476100 Email insure@iic.com.sg  
Fax (65) 62244174 Website www.iic.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.

<b>CERTIFICATE NO.:</b> D22MCV0005770	<b>COVER:</b> Comprehensive
<p>1. Index Mark and Registration Number of Vehicle : GBL8731J Chassis No : JN1MA2E26Z0000537</p> <p>2. Name of Policyholder : WINWAY SUPPLIES PTE. LTD</p> <p>3. Effective date of Insurance : 31 May 2022</p> <p>4. Expiry date of Insurance : 30 May 2023</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>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.</p> <p>6. Limitations as to use*</p> <p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p><b>The Policy does not cover</b></p> <p>a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>	
<p>Excess Section 1 : SGD 600.00 Windscreen Excess : SGD 100.00 Hire Purchase Company : N.A</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION 1 WILL BE APPLICABLE.</p>	
<p>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).</p>	
<p>Agent/Broker : A000091/PAN PAC CREDIT PTE LTD Date of Issue : 02/06/2022 15:04:10 M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p>	<p>For India International Insurance Pte Ltd</p>  <hr style="width: 100%;"/> <p>Authorized Signatory</p>