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SN09231K0009 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 20/01/2023 16:53 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (20/01/2023 16:53 (SGT))



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 Actual 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.

- 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 20/01/2023 16:53 (SGT) Reported by Driver Date of Accident 19/01/2023 04:50 (SGT) **Exact Location of Accident** 465 North Bridge Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP8139B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner DESTINY SOLUTION SERVICES PTE. LTD. Company Reg No 2XXXXX231R **Email Address** fullstop423@gmail.com Mobile Phone No (Phone) +65-88385252 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Canter Variant 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? No - Claiming third party

Vehicle Category Commercial vehicle Transmission Auto CC 2998

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D23MCV0001080

DRIVER

Name of Driver KHING THIAM CHAI NRIC No SXXXX469C Date Of Birth 08/11/1970 Occupation Outdoor

Date Of Driving Pass	31/08/2006
Driving experience	16 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88385252
Alt. Phone Number	-
Email Address	fullstop423@gmail.com
Address	BLK 295A COMPASSVALE CRESCENT #5-219
Address complement	•
Postcode	541295
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	-
insurance Company of Other Vehicle Owned by Driver	•
GENERAL INFORMATION OF THE ACCIDENT	
T 100 27 A 27	
Type of Accident Weather Conditions	Hit and run / Vandalism / Damaged whilst parked
	Clear
Road Surface	Dry
OTHER INFORMATION	
W	
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)	0
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 No
If yes, against whom?	No
ii yes, against whom:	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	V
Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vahiola Pagiatratian Number	211.22777
Vehicle Registration Number Vehicle Manufacturer	SHA8277R
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	- Taxi
	IUAI

Contact Number

Name of 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.
- 3. 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>.
- 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.
- 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.
- 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 Signatura Date & Time:

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

SKETCH PLAN 40517 NORTH BOUDGH BOAD

A: 1981398

B: SHA 8277A

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)
Date of Accident: 1/2 / 01 /2023 (dd/mm/yy)
Vehicle No.: YP 61398 Vehicle Make & Model:
Exact location of Accident: 465A North Beach Rd
Policyholder's Name: DESTILLY Soly Tion Shlotchs Mic/UEN: 202205213R
Driver's Name / IC No.: Khing Thiam Chai 57639469 (As Above)
Driver's Contact No.: SSSSSSSSCompany Contact No (Company Veh Only):
Driver's Address.
Email address: Fullshop 4236 Gmont. Com Insurance Company: India
Relationship between Owner & D
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle
Was being used at time of aecident? Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose *No. of Passengers (Including Driver):
*Passanger Name: Gender: Male / Female *Passanger
Name: Gender: Male / Female *Passang
Gender: Male / Female *Passang
Name: Gender: Male / Female *Passang Gender: Male / Female *Passang Gender: Male / Female Weather condition & Road conditions? (On the day of accident)
Name: Gender: Male / Female *Passang Gender: Male / Female
Name: Gender: Male / Female *Passang Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No
Name: Gender: Male / Female *Passang Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No Any Injuries: Yes / No Injuries Sustain: Injured Person in Which Vehicle:
Name: Gender: Male / Female *Passang Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No
Name: Gender: Male / Female *Passang Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details:
Name:
Name:
Name: Gender: Male / Female *Passang Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No Any Injuries: Yes / No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station: The Other Party(s) Details: 1. Driver's Name / IC No: Vehicle No: Vehicle No: Driver's Contact No: Insurance Company: Driver's Contact No: Insurance Company:
Name:



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

COVER: Comprehensive

Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 Website www.iii.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.: D23MCV0001080

1. Index Mark and Registration Number of Vehicle

YP8139B

Chassis No

FEB21EA25019

2. Name of Policyholder

DESTINY SOLUTION SERVICES PTE. LTD.

3 Effective date of Insurance

10 Jan 2023

Expiry date of Insurance

17 Jan 2024

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.

Limitations as to use*

- 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.

The Policy does not cover

- 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.

*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 Section I : SGD600.00

Windscreen Excess: SGD100.00

Hire Purchase Company : MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

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

: A000041/P & C INSURANCE AGENCY

Date of Issue

: 20/01/2023 11:11:20

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd

Nalini Venugopal MD & CEO