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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	15/02/2023 17:47 (SGT) Both Policyholder and Actual Driver 15/02/2023 12:02 (SGT) Singapore SERANGOON NORTH AVENUE 2 BLK 151 CARPARK Singapore
--	--

# **DETAILS OF OWN VEHICLE**

**SLU6153A** 

INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner	No NG YAN TAI

Nama Of Basistanad Owner	140
Name Of Registered Owner	NG YAN TAI
NRIC No	
Email Address	COOCHOOL
	wilqjh@yahoo.com
Mobile Phone No	
Alternative Phone No	(Phone) +65-81135124

#### VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer	Mitsubishi
Model	Lancer
Variant	Laricoi
Exact purpose for which vehicle was being used at time of	-
	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Claiming third party
Venicle Category	Private car
Transmission	Auto
	a traction
CC	1499

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MPC0000825_02

#### DRIVER

Name of Driver	NG YAN TAI
NRIC No	SXXXX466E
Date Of Birth	14/05/1954
Occupation	Indoor

Date Of Driving Pass	
Driving experience	120111070
Gender	10 12/110/110
Mobile Number	Male
Alt. Phone Number	(Phone) +65-81135124
Email Address	
Address	D. (2) = 1100100111
Address complement	THE DERIVOR EINK
Postcode	
Is the driver the policyholder?	537984
If No, Relationship of the Driver with the Insured	Yes
Does Driver Own Other Vehicles?	
Vehicle Registration Number of Other Vehicle Owned by Driver	No
>>#144453FFF41174445FFF4117445FFF41174	
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
	Ely
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	N-
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	·
Number of Passengers (Including Driver)	Yes
Has the driver been approached by unknown person(s)	1
soliciting/offering accident claims assistance?	Ne
Translator's name	No
Translator's ID	*
Translator's ID Translator's phone number	
Translator's email	•
Original language used in the statement	•
DETAILS OF POLICE ACTION	
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 THE ATTACHED STATEMENT	
PLEASE REPER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Vas there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
/ehicle Registration Number	SKV7749G
ehicle Manufacturer	Record Ave 3 T. Tall
ehicle Model	
ehicle Variant	
ehicle Colour	
ehicle Category	Private car
ame of Driver	
ontact Number	(Phone) +65-81012637
	(11010) 100-01012037

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

- Pleas creport 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 withholding of material facts may allow
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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
- 8. Consest under the Personal Data Protection Act (PDPA)

I understaind, acknowledge, agree and consent that:

- (a) My insturer, 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
- (ii) investigating the accident and/or my claims;
- (lii) carrying out and/or dealing with my instructions or responding to any enquirles 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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.

15-2-2023

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

grund 15/2/2023

by Reporting Centre Personnel (Name as in NRIC/ID card)

Serungoon North Avenue 2 Blk 151 Comparte SLU 6153A B+ SKV 77 49 G one wa

On the above stated date and time, I was driving at this Severagoun North Menue 2 BIK ISI Capark. As I turned into the Capark lot driveway suddenly vehicle B came out from the puteing lot of my left hand side and hit my front left the Capark way already and just a few second after antering vehicle B drove out from the putting lot and hit my vehicle.	
claration	

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

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

Withcased by Reporting Centre Personnel (Name as a NRIC/ID card)

	SIT SIA (CIVIEN)
ACCIDENT DATE 15 102 12023	(DD/MM/YYYY), TIME (12:02) (HH:MM)
LOCATION: SEKUNCHOOD	(DD)MM/YYY), TIME-(12 -02)(HH:MM)
	North Avenue 2 Blk 151 Carp
DEIAILS OF VEHICLE	
DIVEHICLE WILMRED C1	11 (1620
DINSURANCE COMPANY: 10 CIPOLICY NUMBER: D201	61534
CIPOLICY MILLIANTE DO	Idia International
CIPOLICY NUMBER: D20 N	1PC 0000825-02
6) MAKE & MODELLA NATE ALSO	VE / THIRD PARTY THIRD PARTY FIRE & THEFT
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IF NO. PLEASE STATE THIRD PAR  2. INSURED / POLICY HOLDER	TY CLAIM REPORTING ONLY
AINAME . NO VOID +	
DINIC /FIN /PARRAGE CAA!	GALGE GMALE FEMALE
C) ADDRESS: APT BLK 982	9466E CONTACT 8113 5124 FD Buangkok Link # 01-27
* CONTINUE TO 3 d = 200	5 5 5 FOR LINK # 01-2 +
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· () adiding distant all NAME As	Above
(1) DI NRIC/FIN/PASSPORT:	(MALE / FEMALE)
The state of the s	The second of th
B) OCCUPATION: VINDOOP ( OUT)	954 100/6/11/000
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4. WAS DRIVER AN EMPLOYER	1210+11976
4. WAS DRIVER AN EMPLOYEE OF T IF NO, RELATIONSHIP OF THE OF 5. GIWEATHER CONDITIONS (CLEAR)	HE INSURED'S COMPANY? (YES!
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6. WAS ANYBODY UN WIRE	TERS
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ME ST MESTAGE OF VEHICLE WITE HOUSE	749 G
	MODEL:
	CONTACT 8101 2637
7. THIRD PARTY VEHICLE	010/2037
Lo of procenge of VEHICLE NUMBER:	MODEL:
Including driver) OF DRIVER'S NAME-	
	CONTACT:
	9

Cimail = wilqjh @yerhoo.com



### 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 04971

Office [65] 63476100 Fax (65) 62244174

Email insure@iii.com.sg Website www.lil.com.sg

# CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CH/ MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 19 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MA

All Accidents must be reported within 24 hours of the incident regardless of whether it will le

# CERTIFICATE NO.: D20MPC0000825 02

COVER: Third Party Fire

1. Index Mark and Registration Number of Vehicle

: SLU6153A

Chassis No

: JMYSRCY2A8U007668

2. Name of Policyholder

: NG YAN TAI

Effective date of Insurance

: 19 Feb 2022

4. Expiry date of Insurance

18 Feb 2023

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 emp

(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 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 Transport Act, 1987 (Malaysia), are not to be included under these headings.

# **Hire Purchase Company**

### MAYBANK SINGAPORE LIMITED

FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENC 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 Vehic Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Agent/Broker

: A000031/Excel Insurance Agency

Date of Issue

: 25/01/2022 20:05:31 M.X. 1 - PRIVATE CAR(INDIVIDUAL) For India International Insurance Pte Ltd

Authorised Signatory