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 28/02/2023 18:00 (SGT) Reported by Date of Accident 27/02/2023 18:50 (SGT) Exact Location of Accident Singapore Additional Location Information KPE BEFORE FORT ROAD EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number **SLE8995H**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **REVEL AUTO** Company Reg No 53423863K **Email Address** derrick21tan@hotmail.com Mobile Phone No (Phone) +65-98334443 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model STREAM 1.8L A Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto CC 1799

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D23MFL0001311

DRIVER

Name of Driver SYED HAFIDZ HAIRRUDIN BIN SYED MOHAMED ALI NRIC No S8310616F Date Of Birth 07/04/1983 Occupation Outdoor

Date Of Driving Pass 15/12/2010 Driving experience 12 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-84444203 Alt. Phone Number Email Address adaridz@hotmail.com Address APT BLK 36 CHAI CHEE AVE #10-159 (S) 461036 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name **PASSENGER** Gender PASSENGER 2 Name **PASSENGER** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2001Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Taxi
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)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No Address Address Complement	SYED HAFIDZ HAIRRUDIN BIN SYED MOHAMED ALI Male (Phone) +65-84444203 APT BLK 36 CHAI CHEE AVE #10-159 (S) 461036
Post Code	-
Approximate Age Years Old Injuries Sustained	
Injured person in which vehicle?	SI F8995H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	_

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 Actual Driver.
- 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 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 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.

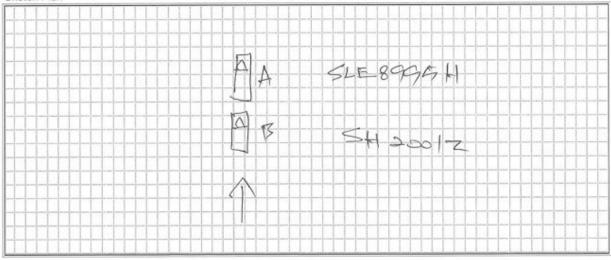
REVEL AUTO UEN 53423863K

Policyholder's Signature / Date & Time

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

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

Sketch Plan



1

Describe Circumstance of the Accident T WAS TERVELLIAL ON KEE TOWNERS FOR RUND EXIN				
WHERE SUPPRICULT IS FRUIT OF THE BRAKE SO INFES				
TO BRAKE MY VEHICLE WARREBY THE VEHICLE BEHIND ME HIM				
MY REME VEHICLES I WAS WIME 2 FEMALE PASSEALER				
DURISH THE ACCIDENT HARREN AROUS 1850 HER. AFTER				
THE ACCIDENT HAPPEN THE MEY DAY I WENT FOR MEDICAL				
CHECK UP.				
Note: Please note that your insurer may have 14days time frame for you to submit an own damage claim under your own policy.				
please check your policy for more information.				

Declaration

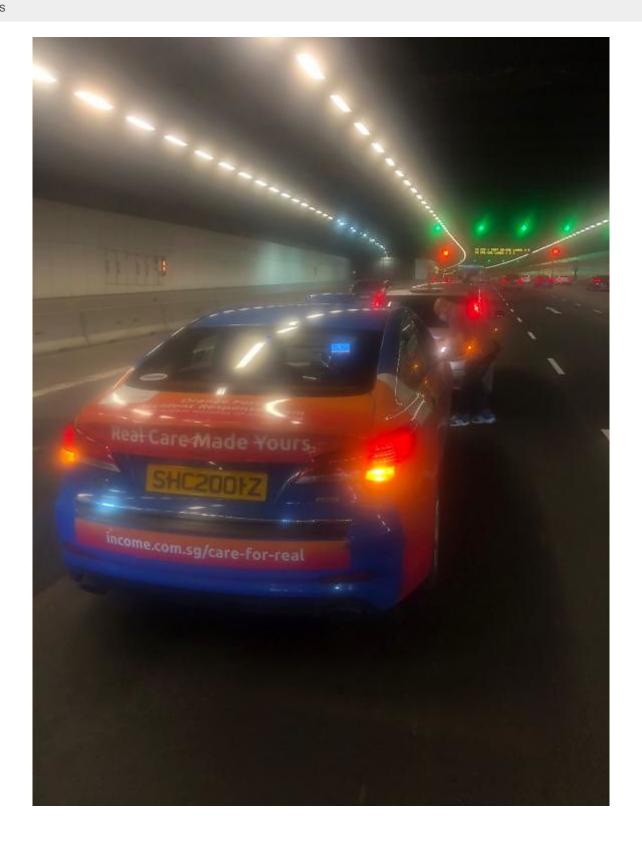
I/We declare the foregoing particulars are true in every respect.

REVEL AUTO UEN 53423863K Policyholder's Signature / Date & Tons

Driver's Signature (if driver is not the policyholder) / Date 8 Time 13341/65

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

2













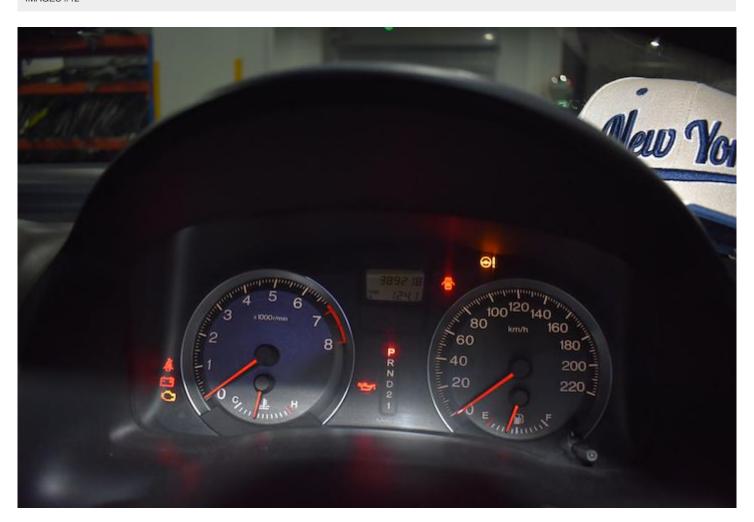


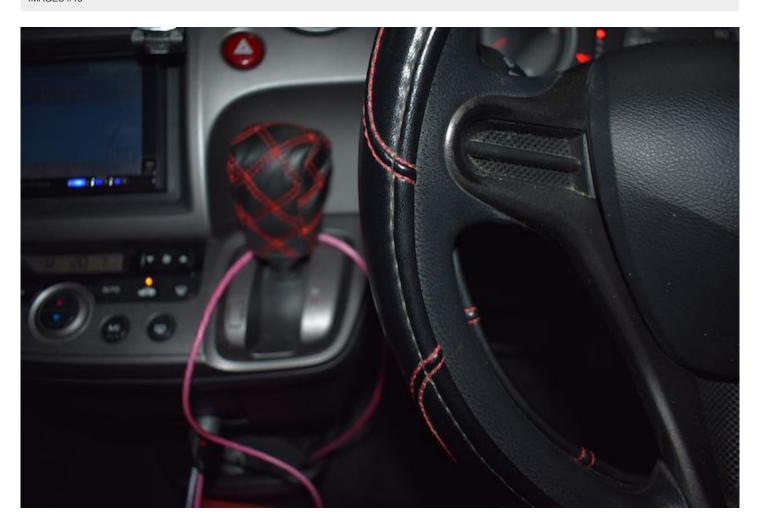


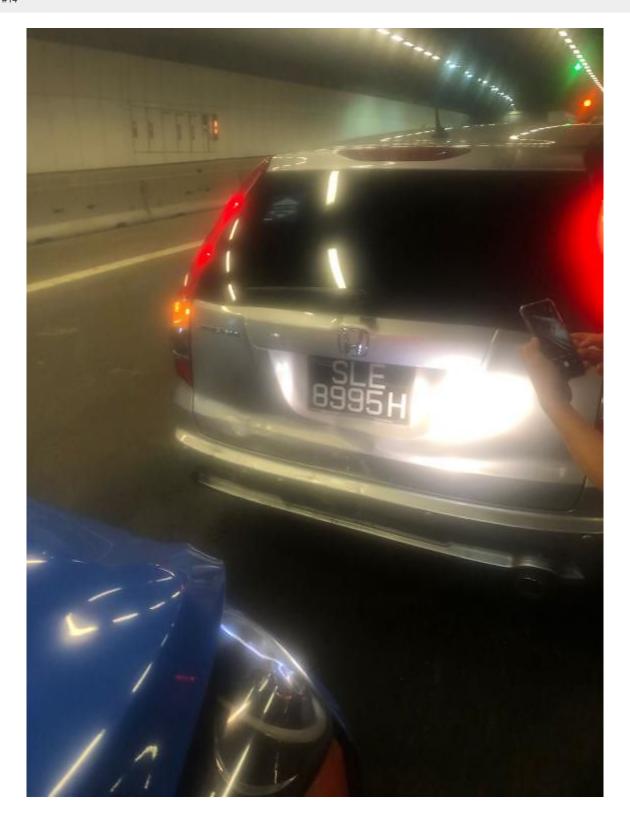


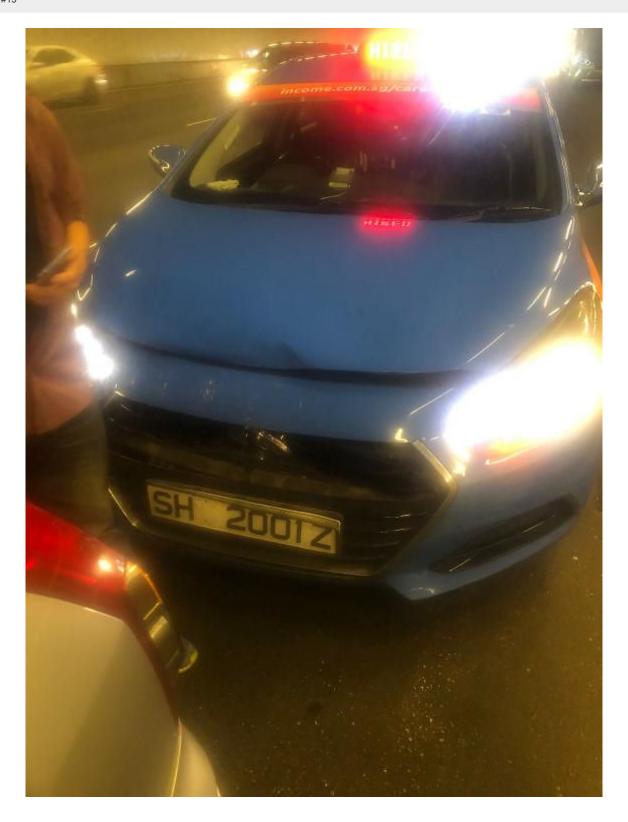
















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDEN	IDUM
A)	PARTICULARS OF PERSON MAKING THE AMENDME	ENTS:
	Original Report No:	Vehicle Registration No: SLE8995H
	Name (as shown in NRIC): REVEL AUTO	NRIC/FIN/Passport No:
	(*Vehicle Driver/Policyholder) (*) Please delete as a	appropriate
	Address:	Singapore (
	Contact (Tel):	Mobile No.: 98334443
	Email Address:	
	Date of Accident: 27/02/2023	Time of Accident: 1850hrs
	Place of Accident: KPE BEFORE FORT ROAD EX	
	Insurance Company: INDIA INTERNATIONAL I	
	81	
	20	
	REVEL AUTO	



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711

Office (65) 63476100 Email insure@fii.com.sg Fax (65) 62244174 Website www.fii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1940 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.: D23MFL0001311

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle SLE8995H

Chassis No JHMRN68609S200894 : REVEL AUTO 2. Name of Policyholder 3 Effective date of Insurance : 07 Feb 2023 4. Expiry date of Insurance : 06 Feb 2024

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with his/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

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired

The Policy does not cover

- Use for hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward).
- Use for racing, pace-making, reliability trial, or speed-testing.
 Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- (4) 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.

Excess Section 1 WITHIN SINGAPORE	*	SGD	1,500.00	
Excess Section I OUTSIDE SINGAPORE	1	SGD	3,000.00	
Excess Section II WITHIN SINGAPORE	:	SGD	1,500.00	
Excess Section II OUTSIDE SINGAPORE	:	SGD	3,000.00	
Windscreen Excess	+	SGD	100.00	
Hire Purchase Company	1	Vin's Credit Pte Ltd		

SUNROOF EXCESS: \$200.00

FOR DRIVERS BELOW 22 YEARS OLD OR ABOVE 75 YEARS OLD &/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$1,500.00 ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE.

ACCIDENT REPORTING CENTRE: JP KNIGHTS PTE LTD 33 UBI AVE 3 #05-46/47 VERTEX TOWER A SINGAPORE 408868 Tel: 6345 0068 (Fax: 6344 5328 [FLASH Accident Reporting Hotline: 6100 1620 / 6360 1038

AUTHORISED WORKSHOP: ACCIDENT REPAIRS MUST BE DONE AT DING AUTO PTE LTD. THE COMPANY WILL NOT PROVIDE INDEMNITY UNDER SECTION I OF THE POLICY IF THE MOTOR VEHICLE IS REPAIRED ELSEWHERE.

PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY.

FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA.

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).

07/02/2023 11:49:29 santhosh/07/02/2023 11:43:34