

NOTIFICATION OF ACCIDENT

To : India International Insurance Pte Ltd
Claims Department

Re :
Vehicle No. SJL5321J

From: M/s Loh Heng

Sub : 1st Party Claim

This is to inform you that vehicle no. SJL5321J, which is insured under your company was involved in an accident on 12 March 2003

The vehicle is at the workshop LOH HENG Tel:64532237 and is available for your inspection before work is carried out.

Yours faithfully,
LOH HENG

Danny Loh(Person to contact)
HP : 90111432



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. MZ-0070806-X
 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711
 Office (65) 63476100 Email insure@iil.com.sg
 Fax (65) 62244174 Website www.iil.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.: D19MPC0004890_03		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SJL5321J	
Chassis No	: JTMDEREV60D123855	
2. Name of Policyholder	: TAN YEW WEN CAROL ANN	
3. Effective date of Insurance	: 03 Oct 2022	
4. Expiry date of Insurance	: 02 Oct 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 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. 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 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		
Insured & Name Drivers Excess Section I	SGD	750.00
Unnamed drivers Excess Section I	SGD	1,250.00
Windscreen Excess	SGD	100.00
Hire Purchase Company	:	N.A
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	: A000045/S K Motoring	
Date of Issue	: 31/08/2022 20:11:21	
MX1-Private Car (Insured Driving)		
		For India International Insurance Pte Ltd Authorised Signatory

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 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	14/03/2023 15:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/03/2023 20:00 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5321J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN YEW WEN CAROL ANN
NRIC No	SXXXX213A
Email Address	cooper.myhre@gmail.com
Mobile Phone No	(Phone) +65-96211747
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	RAV4 2.0 PREMIUM
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1987

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MPC0004890-03

DRIVER

Name of Driver	TAN YEW WEN CAROL ANN
NRIC No	SXXXX213A
Date Of Birth	11/09/1956
Occupation	Indoor

Date Of Driving Pass	29/08/2003
Driving experience	19 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96211747
Alt. Phone Number	-
Email Address	cooper.myhre@gmail.com
Address	97C UPPER THOMSON ROAD #10-09
Address complement	-
Postcode	574329
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - LOH HENG

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	FBQ7926U
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

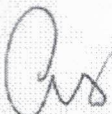
INJURED 1

Name of injured person	MOTORCYCLIST
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ7926U
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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's Signature / Date &
Time 13/3/2023 @
Sketch Plan 5.20pm


Driver's Signature (If driver is not the policyholder) / Date
& Time 13/3/2023 @
5.20pm


Witnessed by Reporting Centre
Personnel

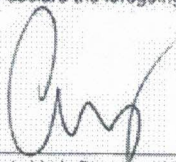
See attached.

Describe Circumstances of the Accident

See attached Police Report dated 13/3/2023

Declaration

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


Policyholder's Signature / Date &
Time 13/3/2023

same
Driver's Signature (If driver is not the policyholder) / Date
& Time 13/3/2023

 
Witnessed by Reporting Centre
Personnel





**SINGAPORE
POLICE FORCE**



T/20230313/2073

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20230313/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2023 16:57		Vide Report No.:		Station Diary No.: 86
Informant's Particulars				
Name of Informant: TAN YEW WEN CAROL ANN		Address: 97C UPPER THOMSON ROAD #10-09 LAKEVIEW ESTATE SINGAPORE 574329		
ID Type / ID No.: NRIC NO / S1213213A		Contact No.: Home/Office: Mobile: 96211747		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 66	Date of Birth: 11/09/1956	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/03/2023 20:00	Type of Location: Flyover
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

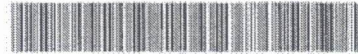
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ7926U	Motorcycle	HONDA		Red	Slightly Damaged	0
SJL5321J	Car	TOYOTA	RAV4 2.0 PREMIUM (AUTO)	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20230313/2073

2 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20230313/2073

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJL5321J	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0004890_03	03/10/2022	02/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN YEW WEN CAROL ANN		ID No. S1213213A
Related Vehicle	SJL5321J (Car)		Contact No. 96211747
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On Sunday 12/03/2023 around 2000hrs I was driving along Braddell Road into the slip road underneath the CTE flyover. I stopped at the dotted line. I checked and there were no vehicles coming from Braddell Road. I drove across the road and had passed the yellow box when I heard a bang on the right side of my car and stopped. There was a motorcyclist and his motorcycle on the right side of the car near the kerb. He was lying down and did not stand up to push the bike away as it was already by the side of the road. I called 995 and waited for the ambulance and traffic police to arrive.

**SINGAPORE
POLICE FORCE**

T/20230313/2073

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20230313/2073

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: E / SGT 1 Yeo Zong Wei <i>Yi</i>	Signature Of Informant: <i>Car</i>
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2023 16:57
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171	Classification Of Case:

NP168