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.

- 4. The issue and acceptance of this is form by instrained 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 17/04/2023 18:45 (SGT) Reported by **Actual Driver** Date of Accident 15/04/2023 21:42 (SGT) Exact Location of Accident Lor 6 Toa Payoh, Singapore Additional Location Information EXISTING BRADDELL ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

1496

Vehicle Registration Number SMC4501A

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SUPERTEC LIMOUSINE PTE. LTD. Company Reg No 200911332H **Email Address** superteclimo@gmail.com Mobile Phone No (Phone) +65-87824933 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Shuttle 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 car Transmission Auto

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D22MFL0009578

DRIVER

CC

Name of Driver ANDREW SARAVANAN S/O SHANMUGAM SELVAM NRIC No S7813030Z Date Of Birth 01/05/1978 Occupation Outdoor

Date Of Driving Pass 11/10/1999 Driving experience 23 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-97671042 Alt. Phone Number Email Address saran78@yahoo.com Address APT BLK 113 BISHAN STREET 12 #03-106 Address complement Postcode 570113 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 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT 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 SHC3219G

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Private car
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 Gender	-
	-
	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMC4501A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. MZ-0078806-X 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711 Office 165] G3476100 Email Insure@Bicomise

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, 1969 KOAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MFL0009578

1. Index Mark and Registration Number of Vehicle

: SMC4501A

Chassis No

GP71214092

2. Name of Policyholder

: SUPERTEC LIMOUSINE PTE, LTD.

3 Effective date of Insurance

: 21 Mar 2023

4. Expiry date of Insurance

: 31 Oct 2023

5. Persons or Classes of Persons entitled to drive*

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

The Hirer.

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 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

- (1) Use for hire or reward (other than when the vehicle is hired for the earniage of passengers under Z10/Z11 for hire and reward).
- (2) Use for racing, pace-making, reliability trial, or speed-testing.
- (3) 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 Excess Section 1 OUTSIDE SINGAPORE : SGD Excess Section II WITHIN SINGAPORE : SGD

Excess Section II OUTSIDE SINGAPORE : SGD Windscreen Excess : SGD

Hire Purchase Company : Tai Thong Lee Trading 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.

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).

Agent/Broker : F000002/GENRIVER FINANCIAL PTE. LTD.

Date of Issue : 10/03/2023 10:08:01 MZ406 – Hire Car (G/R) For India International Insurance Pte Ltd

Nalini Venugopal MD & CEO

jasmine.ng/03/11/2022 19:21:19

10/03/2023 10:14:27

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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:
 - 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's S Date & Time: Driver's Signature

(If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN					
	TO THE STATE OF TH	1/1	A: SMC	41081	
	18	//,	B: SHC	32(9A	
		1			
	\ h				

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 7/20230416 / 7033	
	76.31C

DECLARATION

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

Policyholder shatu Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARNAL SkytchFlanForm V3



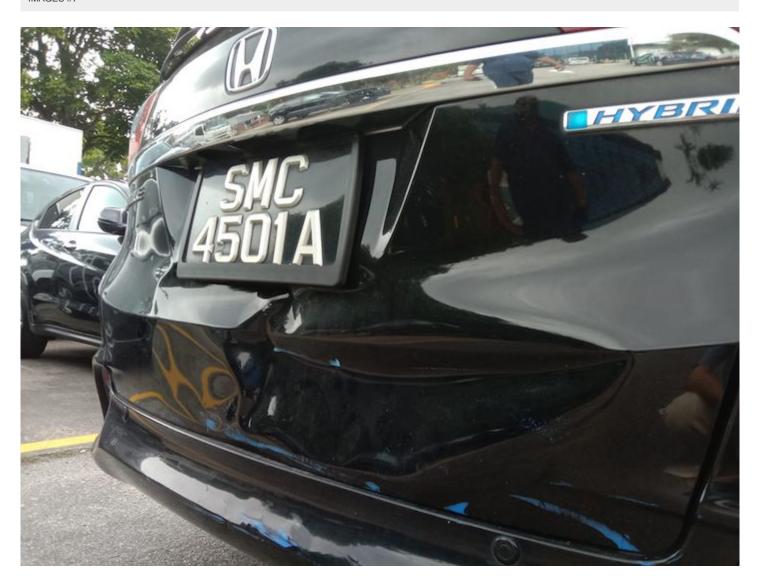








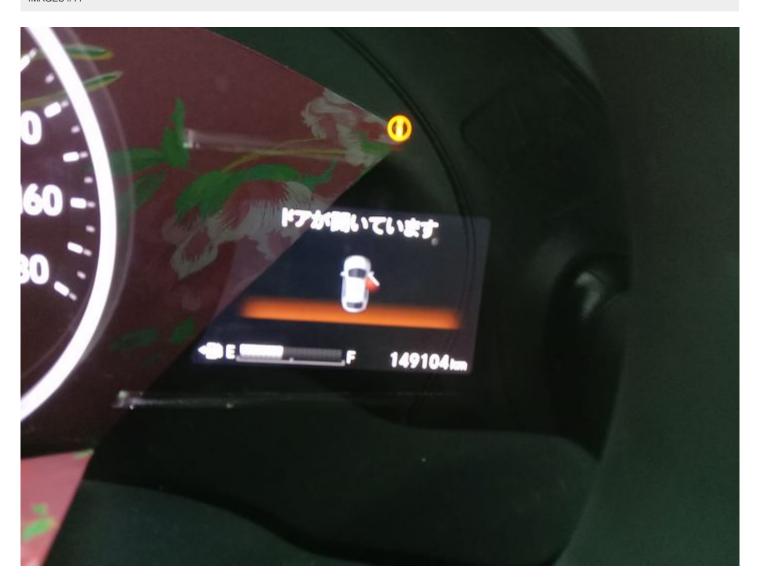




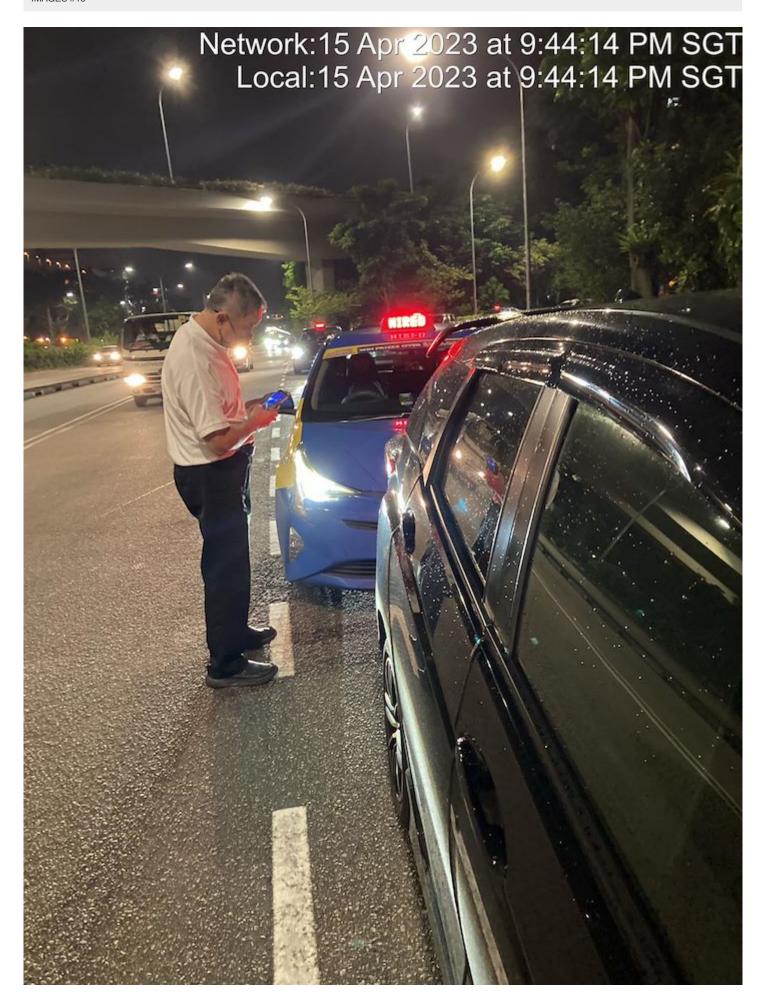


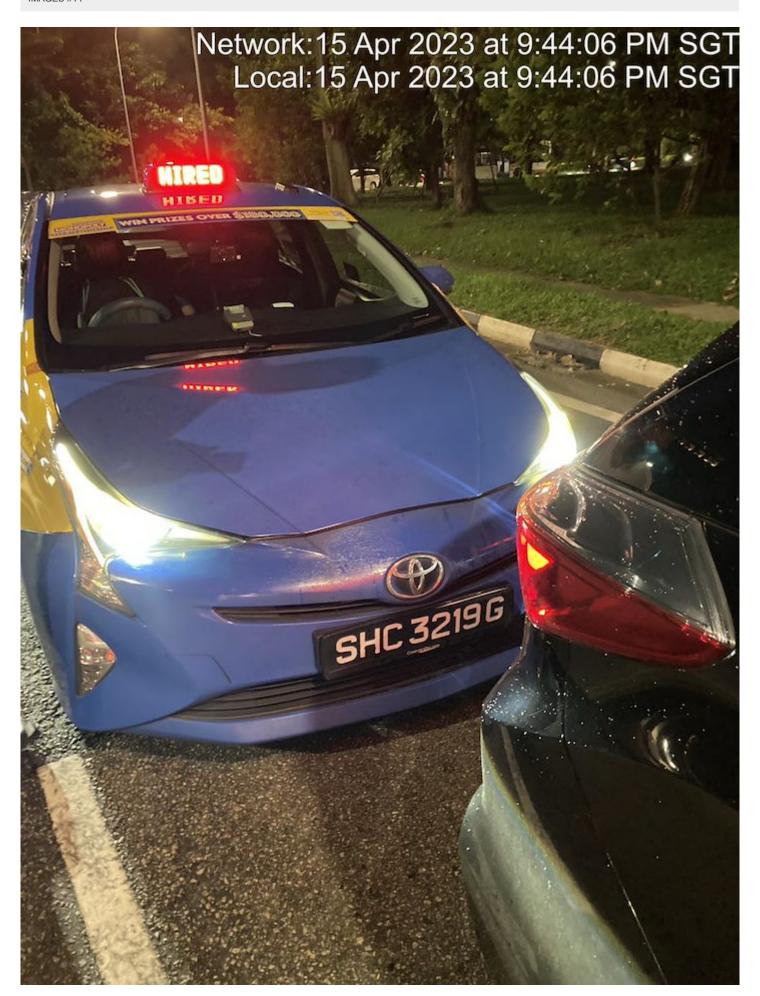


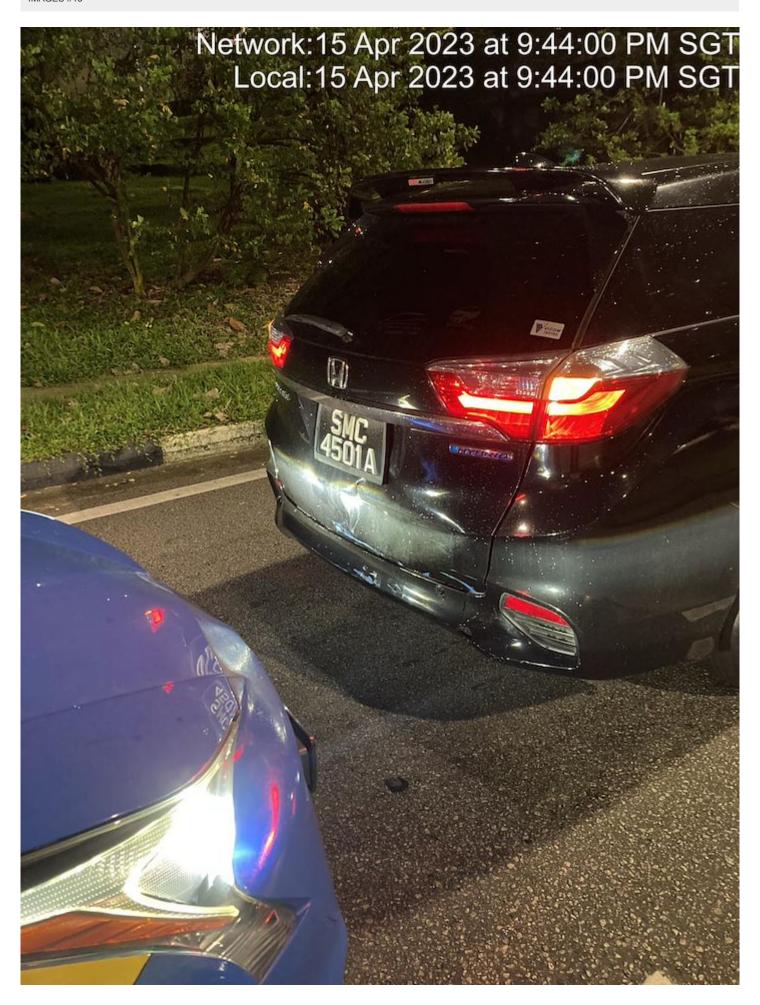


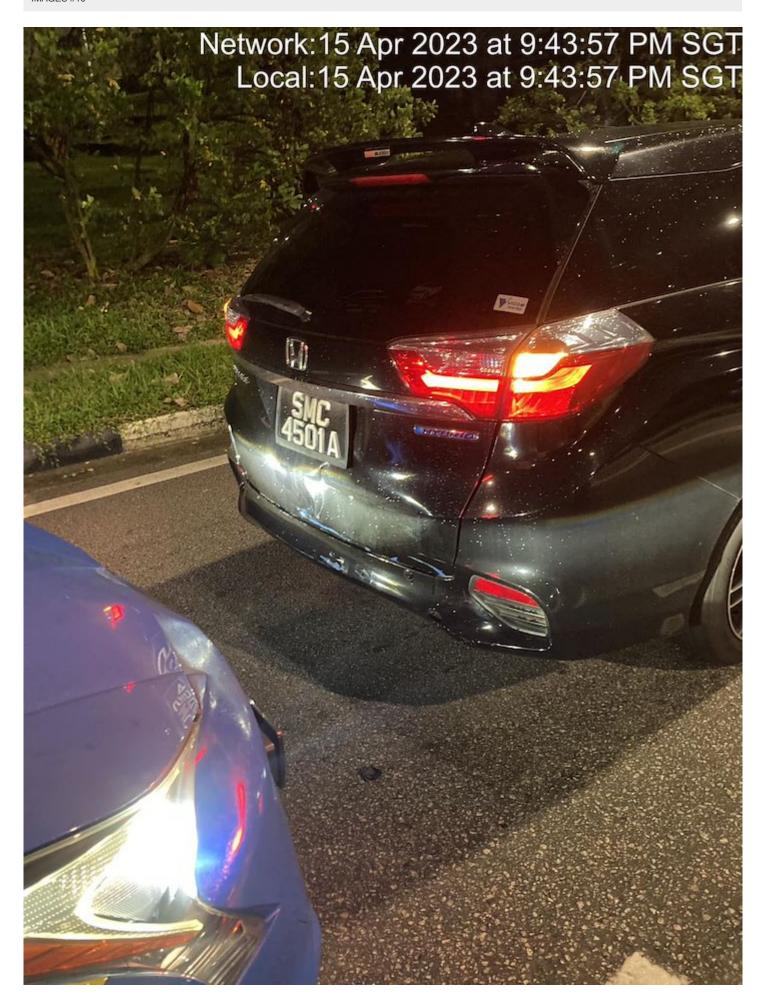
















Police Station Of Origin: Traffic Police

REPORT OF A TRAFFIC ACCIDENT

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20230416/7033

Date/Time Report Made: Vide Report No .: Station Diary No.: 16/04/2023 19:25 Informant's Particulars Name of Informant: Address: ANDREW SARAVANAN S/O 113 BISHAN STREET 12 #03-106 SINGAPORE 570113 SHANMUGAM SELVAM ID Type / ID No.: Contact No.: NRIC NO / S7813030Z Home/Office: Mobile: 97671042 Nationality: Email: SINGAPORE CITIZEN SARAN78@YAHOO.COM Sex: Date of Birth: Type of Informant: Age: Male 44 01/05/1978 Driver Race: Language: English Indian Occupation: Driving Licence Information: Self Employed Class: Date of Expiry:

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/04/2023 21:40	Type of Location:
Location:				
LORONG 6 T	ОА РАҮОН			
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Î	Traffic Volume:
Type of Collis	sion:			Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SMC4501A	Car					0

Details of Person Involved		
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230416/7033

CONTINUATION OF REPORT

Driver						
Name	ANDREW SARAVA SHANMUGAM SEL			ID No.	ŝ.	S7813030Z
Related Vehicle	SMC4501A (Car)			Conta	ct No.	97671042
Hospital/Clinic	NIL			Class Driving Licend Expiry	3	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	03	Degree o	f	Serio	us

Brief Details.

On the stated date and time, I was driving SMC4501A along TPY Lorong 6 slip road towards Braddell Road.

I had gradually come to a stop at the give way line to look out for oncoming traffic.

I was waiting for the opportunity to enter Braddell Road when a massive impact slammed into the rear of my vehicle, causing it to jerk forward.

I was caught completely off guard by the sudden impact as my body lurched forward.

Upon alighting, I realised that I was hit from the rear by SHC3219G.

The same evening, I started experiencing headaches and aches in my neck and both shoulders.

The following morning, I woke up and the pain got worse.

As such, I proceeded to seek treatment at Unihealth Toa Payoh and was given 3 days MC for injuries caused by the accident.

After I left the clinic, I also started feeling aches in my lower back and wrist areas.

I will seek further treatment if the pain does not go away.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230416/7033

CONTINUATION OF REPORT

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 16/04/2023 19:25
Classification Of Case: