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ontact No:		5) FT : Follow	-Through Survey (Resurv	(ey) 530	
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		9) N12; lune Invoice date	Niobils .	30 See Charged	
111 2/3:		Invoice date		un Charged	MEDIE

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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.

A. 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 19/05/2023 16:38 (SGT) Reported by **Actual Driver** Date of Accident 18/05/2023 18:30 (SGT) Exact Location of Accident Singapore Additional Location Information 36 DUNEARN ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH108G

INSURED/POLICYHOLDER

is company? Name Of Registered Owner THE SINGAPORE-JOHORE EXPRESS (PTE) LTD Company Reg No 1XXXXX108D Email Address ljwang@sje.com.sg Mobile Phone No (Phone) +65-62928149 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer RR8 6.9 A/T ABS Exact purpose for which vehicle was being used at time of Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Bus Transmission Manual 6871

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D19MFL0000003-04

DRIVER

Name of Driver **GUNASELAN R SUBRAMANIAM** Passport No/FIN AXXXX8446 23/09/1978 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	4 YEARS Male (Phone) +60-1110579023 - ljwang@sje.com.sg 149 ROCHOR ROAD # 04-16 188425 No Employee
Type of Accident	Collision - Head to Rear
Weather Conditions Road Surface	Clear
	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	The Control of the Co
PLEASE REFER TO THE ATTACHED STATEMENT	· The state of the
THERE WERE 7 PASSENGERS IN THE BUS. DETAILS OF THE	F PASSENGERS IS LINAVAILABLE
ATTACHMENT(S)	- POSENCE IS UNAVAILABLE.
are accident photos available for attachment?	
Vas there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
ehicle Registration Number	
ericle Manufacturer	SKL9031H
ehicle Model ehicle Variant	<u> </u>
enicle Colour	1
The state of the s	Private car

Name of Driver	
Contact Number	(Dhana) 165 0050000
Address	(Phone) +65-98562367
Addrage complement	
Address complement Postcode	~
nsurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including 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.
- 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, acknow ledge, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

Sket

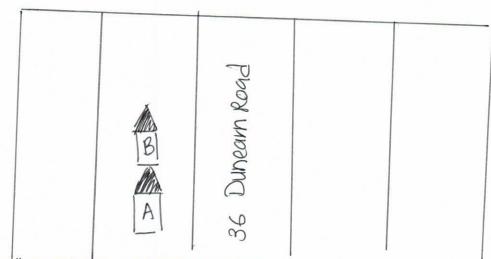
Google Maps Dunearn Rd



Image capture: Mar 2023 © 2023 Google



A- SH 108 G B-SKL 9031 H



https://www.google.com/maps/@1.3179802,103.8348888,3a,75y,115.42h,76.92t/data=!3m6!1e1... 1/1













Note that the Accident
on the above started date and time, I way
driving along 36 Dunearn Road - I was on the
Ath Tane. Vehicle B was Input of me. Both of
us were waiting for the triffic light to turn green.
As the truthic trant turns to green, aceidentally release
AS THE TRUTH WITH THE THE
my bruke and my vehicle slightly touches the rear
postion of rehicle B. No severe damages to both
parties As i know. No himies to both parties as well.
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Declaration

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

vJun2022



SINGAPORE IMMIGRATION

only. Each visit not to exceed 30 days from date of arrival. Valid for any number of journeys within 24 months. 0 3 JUN 7024 Permitted to enter Singapore from West Ma

Singapore

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 18/05/2023	TIME OF ACCIDENT: 18:30 pm
VEHICLE NO: SH 108 G	TRANSMISION: AUTO / MANUAL
MAKE & MODEL: Man / RR & 6.9 ALT ABS	LOCATION: 36 Dyneam Road
/ PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: INDIA International	POLICY NO: DI9MFL 0000003-04
TYPE OF COVERAGE: COMPREHENSIVE THIRD PARTY THIRD PARTY & THEFT	VEHICLE TYPE: (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Singupore - Johore Express Cpte) Hd	NRIC: 194700108D
ADDRESS:	CONTACT NO: 6292 8149
EMAIL ADDRESS: jiwang @ sje. com.sg	VIDEO RECORDING : YES (NO
NAME OF DRIVER: AS ABOVE / IF NO: Gunase an R subramaniam	NRIC: A56098446 CONTACT NO: 01110579023
DRIVER OWNER RELATIONSHIOP: Employee	PASSENGER: (7) MALE() FEMALE ()
DATE OF BIRTH: 23 /09 / 1978	DRIVING PASSING DATE: 02/05/2019
OCCUPATION : INDOOR (OUTDOOR)	ADDRESS:
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO: SKL 9031H	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC:	NRIC :
CONTACT: 9856 2367	CONTACT:
VEHICLE D REG NO :	ANY WITNESS? NO, IF YES:
DRIVER NAME :	NAME :
NRIC :	CONTACT:
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ?: YES NO WERE INJURY CONVEYED BY AMBULANCE: YES NO
	π. π



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

Office (65) 63476100 Fax (65) 62244174

Email insure@iii.com.sg 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.: D19MFL0000003 04

COVER: Third Party Only

1. Index Mark and Registration Number of Vehicle

SH108G

Chassis No

WMARR8ZZ2GC021277

2. Name of Policyholder

SINGAPORE-JOHORE EXPRESS (PTE) LTD

3 Effective date of Insurance

01 Jan 2023

4. Expiry date of Insurance

31 Dec 2023

5. Persons or Classes of Persons entitled to drive*

Any person provided he/she is in the Policyholder's employ and is driving on their 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

Within The Republic of Singapore & Johor Bahru only. Use only for the carriage of passengers or goods in connection with the Policyholder's business,

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing (other than for reward) 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 All Claims

: SGD

5,000.00

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OLD AND/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$1,500.00 ON ALL CLAIMS WILL BE APPLICABLE.

TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE & JOHOR ONLY

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).

: B000005/HL SUNTEK INSURANCE BROKERS PTE LTD

: 26/10/2022 12:15:19

Date of Issue M.Z. 601CM - OMNIBUS Company's use For India International Insurance Pte Ltd

Authorised Signatory