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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

22/05/2023 17:58 (SGT) Both Policyholder and Actual Driver 19/05/2023 20:16 (SGT) Soo Chow Walk, Singapore

Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SNC6205E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

No

LIM JIANSHENG, WILSON

SXXXX209B

leafwerks@gmail.com (Phone) +65-97654547

VEHICLE PARTICULARS

Manufacturer

Model 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?

Vehicle Category Transmission

CC

Suzuki Swift

Private use

No - Claiming third party

Private car

Auto 1373

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

India International Insurance Pte Ltd D22MPC0009235

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

LIM JIANSHENG, WILSON SXXXX209B 15/08/1984 Outdoor

Date Of Driving Pass 12/08/2004 Driving experience 18 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-97654547 Alt. Phone Number Email Address leafwerks@gmail.com Address 1 SIN MING AVENUE #21-03 Address complement Postcode 575728 Is the driver the policyholder? Yes 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 GENERAL INFORMATION OF THE ACCIDENT Type of Accident Hit and run / Vandalism / Damaged whilst parked 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? No Was any injured conveyed to hospital by ambulance? 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? 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? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230520/7004 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER **DETAILS OF OTHER VEHICLE PROPERTY 1** 

SKK2693Z

Vehicle Registration Number

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)     | _           |

### 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 <u>truthful</u> and <u>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 Traffic Police Department for investigation.
- 6. 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.

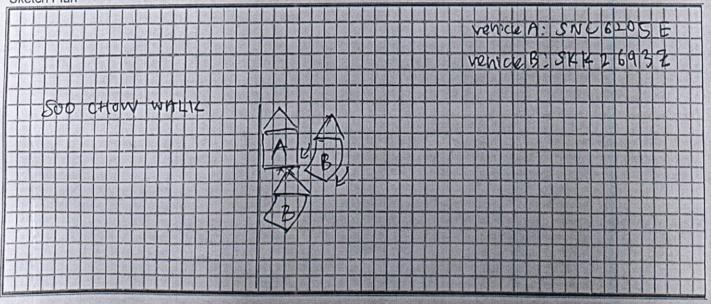
Policyholder's Signature / Date & Time

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

& Tim

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

# Sketch Plan



| O: 1              |                                   |                               |
|-------------------|-----------------------------------|-------------------------------|
| Please refer to   | police report                     | 7/20230520/                   |
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Declaration

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

Policyholder's Signature / Date & Time

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

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



T/20230520/7004

1 of 3

Report No. T/20230520/7004

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 20/05/2023 08:04  |            |                           | Vide Report No.:                              | Station Diary No.: |  |  |  |
|--|------------|---------------------------|---|--------------------|--|--|--|
| Informant'                               | s Particul | ars                       |   |                    |  |  |  |
| Name of In<br>LIM JIANS                  |            | LSON                      | Address:<br>1 SIN MING AVENUE #21-03          | SINGAPORE 575728   |  |  |  |
| ID Type / ID No.:<br>NRIC NO / S8423209B |            | ЭВ                        | Contact No.:<br>Home/Office: Mobile: 97654547 |                    |  |  |  |
| Nationality:<br>SINGAPOR                 |            | N                         | Email:<br>leafwerks@gmail.com                 |                    |  |  |  |
| Sex:<br>Male                             | Age:<br>38 | Date of Birth: 15/08/1984 | Type of Informant:<br>Vehicle Owner           |                    |  |  |  |
| Race:<br>Chinese                         |            |                           | Language:<br>English                          |                    |  |  |  |
| Occupation<br>Resident to                |            | ficer                     | Driving Licence Information:<br>Class:        | Date of Expiry:    |  |  |  |

| Type of<br>Accident:                 | Non-Injury<br>Hit and Run | Drink Drive:  | Date/Time of<br>Accident:<br>19/05/2023 20: | Type of Location<br>Straight Road |
|--------------------------------------|---------------------------|---------------|---|-----------------------------------|
| Location:                            |                           | 110           |   |                                   |
| SOO CHOW                             | WALK                      |               |   |                                   |
| 107 (1                               |                           | Road Surface: |   |                                   |
| Weather:<br>Clear                    |                           | Dry           |   |                                   |
| Weather: Clear Traffic Flow: Two Way |                           |               |   | Traffic Volume:<br>No Traffic     |

| Vehicle No. | Туре | Make   | Model              | Color  | Condition           | No of Passenge |
|-------------|------|--------|--------------------|--------|---------------------|----------------|
| SKK2693Z    | Car  | TOYOTA | Previa             | Grey   |                     | 0              |
| SNC6205E    | Car  | SUZUKI | Swift sport hybrid | Yellow | Slightly<br>Damaged | 1              |

| Details of Ve | ehicle Insurance  |              |           |             |
|---------------|-------------------|--------------|-----------|-------------|
| Vehicle No.   | Insurance Company | Insurance No | Effective | Expiry Date |





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20230520/7004

### CONTINUATION OF REPORT

| Details of Vehicle Insurance |                               |               |            |             |  |
|------------------------------|-------------------------------|---------------|------------|-------------|--|
| Vehicle No.                  | Insurance Company             | Insurance No  | Effective  | Expiry Date |  |
| SNC6205E                     | INDIA INTERNATIONAL INSURANCE | D22MPC0009235 | 01/11/2022 | 31/10/2023  |  |
|                              | PTE LTD                       |               |            |             |  |

| Details of Person | n Involved          |  |            |                                 |       |                                   |
|-------------------|---------------------|--|------------|---------------------------------|-------|-----------------------------------|
| Any Pedestrian In | volved: No          |  |            |                                 |       |                                   |
| No. of Pedestrian | s Injured: NIL      |  | Use of Peo | destrian (                      | Cross | sing: NA                          |
| Vehicle Owner     | a late to the late. | Real Control of the C |            |                                 |       |                                   |
| Name              | LIM JIANSHENG, W    | VILSON   |            | ID No.                          |       | S8423209B                         |
| Related Vehicle   | NIL                 |  |            | Contac                          | t No. | 97654547                          |
| Hospital/Clinic   | NIL                 |  |            | Class of Driving Licence Expiry |       | Class: NIL<br>Date of Expiry: NIL |
| Date              | NIL Date            |  |            |                                 | NIL   |                                   |
| No. of Days gran  | ted Medical Leave   | NIL  | Degree of  |                                 | NIL   |                                   |

# Brief Details.

My vehicle was parallel parked along soo chow walk at 8:16pm 19 may 2023, i came back to see a scratch on my bumper.

The scratch was not present before and it is obvious due to my vehicle color.

Upon checking rear camera, it is suspected that vehicle skk2693z made contact with my vehicle while navigating into the parking lot.

I have a video that is over 2mb and pictures too.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

NP168

3 of 3 Report No. T/20230520/7004

CONTINUATION OF REPORT

| Signature Of Officer Recording The Report:<br>Not applicable                             | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|--|---|
| Signature Of Interpreter:<br>Not applicable  | Date/Time: 20/05/2023 08:04   |
| Officer In Charge Of Case:<br>TP / TPIB /<br>SUFIYAN BIN KHAIRI<br>Contact No.: 65476148 | Classification Of Case:   |



# SINGAPORE ACCIDENT STATEMENT

| Accident Date: 19 05 2023Time: 20:16 (hh:  | mm) 24 hr format           |
|--|----------------------------|
| Location SOO Chow walk   |                            |
|  |                            |
| Vehicle Number SNC 6205 E  |                            |
| Insured Name LIM JIANSHENG, WILSON   | SECTION SECTION            |
| NRIC/FIN CA # 2 3 2 0 9 R Contact Number 97  | 6 5 4 5 4 7                |
| NRIC/FIN S8423209B Contact Number 970 Make Suzuki Model Swift sport hybrid                                 | 3 , 2 , 1                  |
| Are you claiming under your own insurance policy for repair to your vehicle                                | 2                          |
| ( ) Yes If No,Pls select: ( ) Third Party ( ) Reporting  |                            |
|  | 21.10                      |
| Insurance Company India International Insur<br>Type of Policy ( ) Comphensive ( ) Third Party Fire & Theft | ( ) TP Only                |
| Policy Number D22MPC0009235  | ( ) II oldy                |
|  |                            |
| Name of Driver (   | Same as Insured            |
|  | The second second          |
| NRIC / FIN Contact Number  | Service Bridge             |
| Date of Birth 15/08/1984   |                            |
| Driving Pass Date 12/08/2004 Occupation ( ) Indoor ( ) Outdoor   |                            |
| Occupation ( ) Indoor ( ) Outdoor  |                            |
| Gender (V) Male () Female  |                            |
| Email Address leafwerks egmail.com (   | )NO EMAIL                  |
| Address of Driver 1 SIN MING AVENUE #21  | - 03                       |
| SINGHPORE 575728   |                            |
| Was driver an employee of the Insured's Company? ( ) Yes ( ) No  |                            |
| If No, Relationship of the Driver with the Insured   | Market Section             |
| (V)Owner () Spouse () Friend () Relative () Children   | ( ) Sibling                |
| Does the Driver Own Any Other Vehicle? ( ) Yes ( V) No   |                            |
| If Yes, Vehicle Registration Number of Driver's Own Vehicle  | e yelly application of the |
| Insurance Company of Driver's Own Vehicle  | L. W. W. W. C. St.         |
| Weather Conditions ( ) Clear ( ) Raining ( ) Others  |                            |
| Road Surface (V) Dry ( ) Wet ( ) Others  |                            |
| Was any foreign vehicle involved in this accident? ( ) Yes ( )   |                            |
|  | No                         |
| If yes, injured detail   |                            |
| Was there any video captured by Car Camera? ( ) Yes ( ) No   |                            |
|  | es attach police report    |
| DETAILS OF 3rd party Name / Nric   | Contact                    |
| Veh B 3KK 2693E  |                            |
| Veh C  |                            |
| Veh D  | 3                          |
| Veh E  |                            |
| Vch F  |                            |



# 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

COVER: COMPREHENSIVE

# 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.: D22MPC0009235

SNC6205E

1. Index Mark and Registration Number of Vehicle

: SNC0205E

Chassis No

JSAAZCC3S00505094

2. Name of Policyholder

LIM JIAN SHENG WILSON

3 Effective date of Insurance

: 01 Nov 2022

4. Expiry date of Insurance

31 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 | 600.00   |
|---|-----|----------|
| Unnamed drivers Excess Section I        | SGD | 1,100.00 |
| 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 : A000029/DQ INSURE
Date of Issue : 22/10/2022 19:20:33
MX1-Private Car (Insured Driving)

For India International Insurance Pte Ltd

Authorised Signatory