

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 12/06/2023 17:58 (SGT)
Reported by Actual Driver
Date of Accident 12/06/2023 09:48 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information 16KM FROM TERMINAL 3 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB3424P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SKYWAY MOTOR PTE LTD
Company Reg No 199904194N
Email Address sam@skyway.com.sg
Mobile Phone No (Phone) +65-63336333
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D20MFL0004693_02

DRIVER

Name of Driver MULLINS CHRISTOPHER BERNARD
NRIC No S2762887G
Date Of Birth 13/09/1960
Occupation Indoor

Date Of Driving Pass	17/09/2001
Driving experience	21 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90298350
Alt. Phone Number	-
Email Address	sam@skyway.com.sg
Address	37 OXLEY RISE #09-19
Address complement	-
Postcode	238712
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 on collision
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED.

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	VIDEO WITH LEASING COMPANY

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH1495P
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO BOON HONG

NRIC No	S7724165E
Contact Number	(Phone) +65-96930700
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 Exposed Party and/or the Actual Driver.
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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.
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.

B. 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 be 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 this claim and any necessary investigations relating to the claim;

(ii) processing, handling and/or dealing with my claims including the settlement of this claim and any necessary investigations relating to the claim;

(iii) processing, handling and/or dealing with my claims including the settlement of this claim and any necessary investigations relating to the claim;

(iv) processing, handling and/or dealing with my claims including the settlement of this claim and any necessary investigations relating to the claim;

(v) processing, handling and/or dealing with my claims including the settlement of this claim and any necessary investigations relating to the claim;

(vi) processing, handling and/or dealing with my claims including the settlement of this claim and any necessary investigations relating to the claim;

(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 be 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 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 based outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature (if not the driver) _____

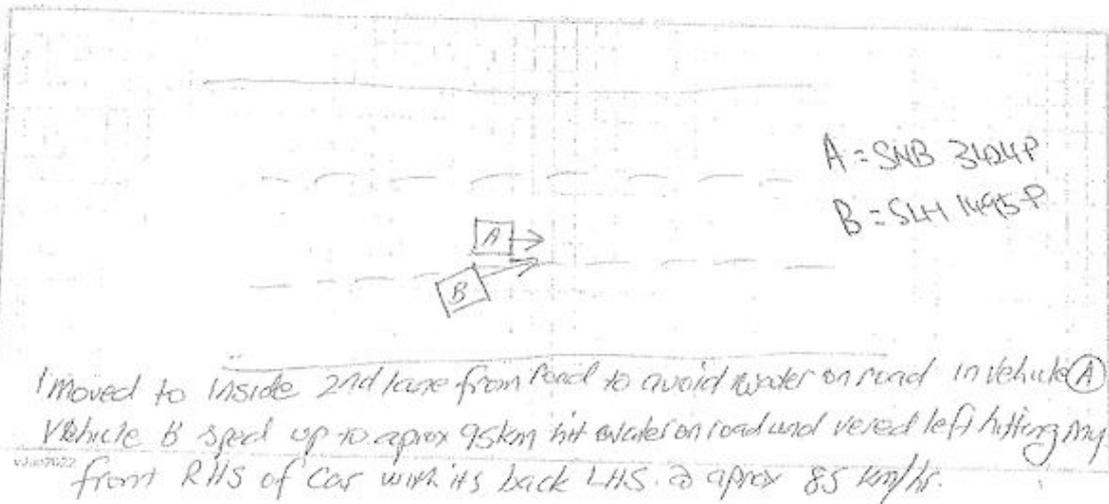
Arthur Govett

Arthur Govett's Signature (if driver is not the policyholder) / Date & Time _____

Celvin

Witnessed by: Witnessing Officer/Insured Driver or a GP/CPD Clerk _____

Sketch Plan





INDIA INTERNATIONAL INSURANCE PTE LTD
 Do. Reg. No. 198703792k | GSE Reg. No. MZ-0070006-X
 61 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
 Office (65) 63476100 Email insure@ii.com.sg
 Fax (65) 62244174 Website www.ii.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1980 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.: D20MFL0004693_02		COVER: Third Party Only
1. Index Mark and Registration Number of Vehicle	: SNB3424P	
Chassis No	: RU11330559	
2. Name of Policyholder	: SKYWAY MOTOR PTE LTD	
3. Effective date of Insurance	: 08 Aug 2022	
4. Expiry date of Insurance	: 07 Aug 2023	
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's 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	
6. Limitations as to use*	Use only for social domestic and pleasure purposes in connection with the Policyholder's business. The Policy does not cover (1) Use for hire or reward (2) Use for racing, pace-making, reliability trial or speed-testing. (3) Use for the carriage of goods (other than samples) in connection with any trade or business. (4) Use for any purposes 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.		
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	: B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 01/08/2022 18:24:34	
MZ406 – Hire Car (Hired Driving)		 _____ Authorized Signatory

lctchmy/01/08/2022 18:24:34

01/08/2022 18:48:27















