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 First Submission 31/07/2023 17:31 (SGT) Reported by **Actual Driver** Date of Accident 30/07/2023 03:00 (SGT) Exact Location of Accident Near 4 Jln Minyak, Block 4, Singapore 163004 Additional Location Information CARPARK OF BLK 4 JALAN MINYAK LOT NO 24 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number PC5186J

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner JAK TRANSPORT SERVICES Company Reg No 53450376D Email Address JOEHEAH@GMAIL.COM Mobile Phone No (Phone) +65-87781126 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Hiace 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 No - Claiming third party your vehicle? Vehicle Category Bus Transmission Auto CC 3000

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D23MCV0003956

DRIVER

Name of Driver HEAH TECK LEE NRIC No S1612802C Date Of Birth 21/08/1963 Occupation Outdoor

Date Of Driving Pass 04/11/1988 Driving experience 34 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-87781126 Alt. Phone Number Email Address JOEHEAH@GMAIL.COM Address APT BLK 450B SENGKANG WEST WAY #15-337 S 792450 Address complement Postcode 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 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 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN 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 SHA6235A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

Private car

S1107995D

LEE TIEN SOO

Name of Driver

NRIC No

Contact Number	(Phone) +65-97829779
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

- 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 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.
- 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 inferested 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.

UEN: - 53450376D

ers Signature / Date & Time

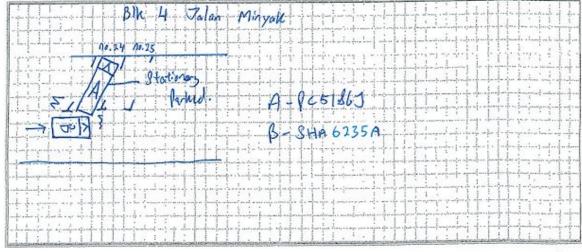
* Phi

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

Pun Mi Ni

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

Sketch Plan



1

Describe Circumstance of the Accident As per above date and time, my vehicle PL 51867 me	1
parked in lot no. 24 of BIK 4 Jalan Minyak con	
Estimated about 0300 HAL, may friend came to infor	m
re that a tax: SHAG735A left from portern	
collided and my while new right portion while	
my volvicle was stationed parked in lot no. 24.	
	_
	77777
	_

Declaration

[We declare the foregoing particulars are true in every respect.



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

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

2





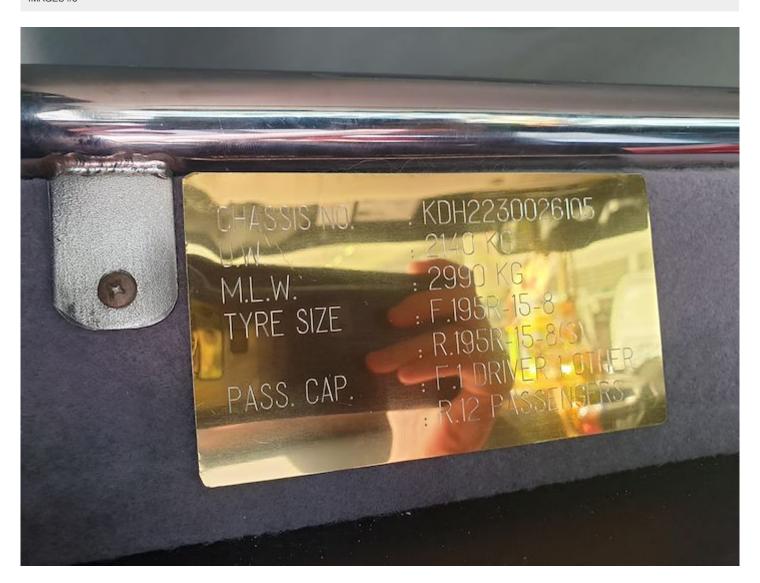


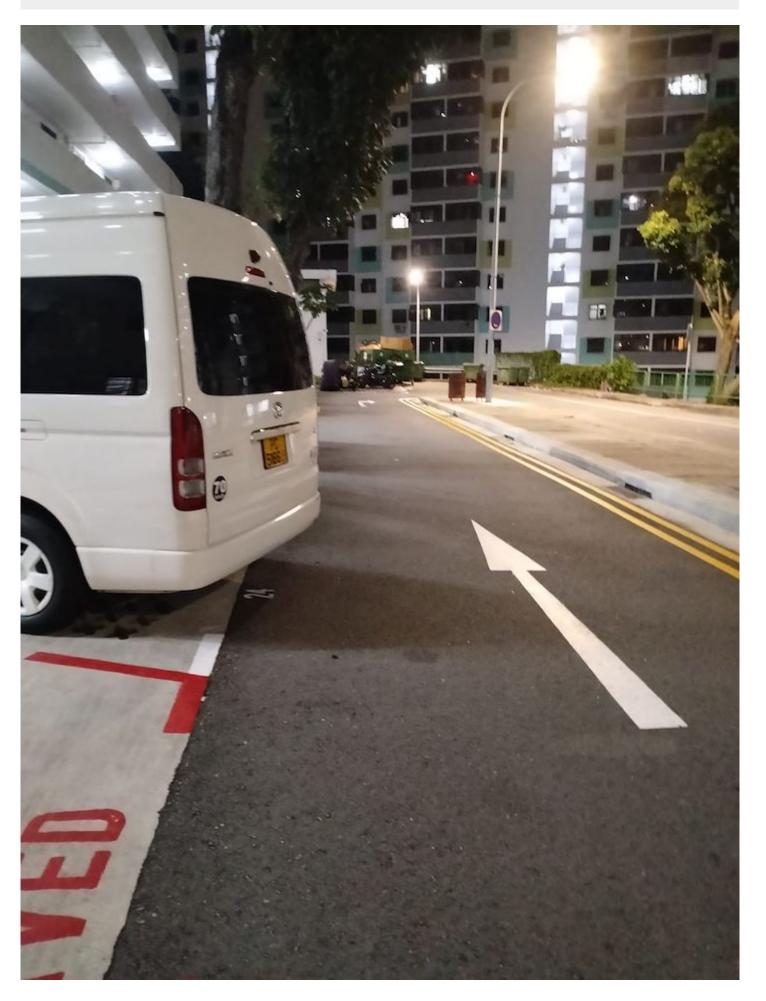


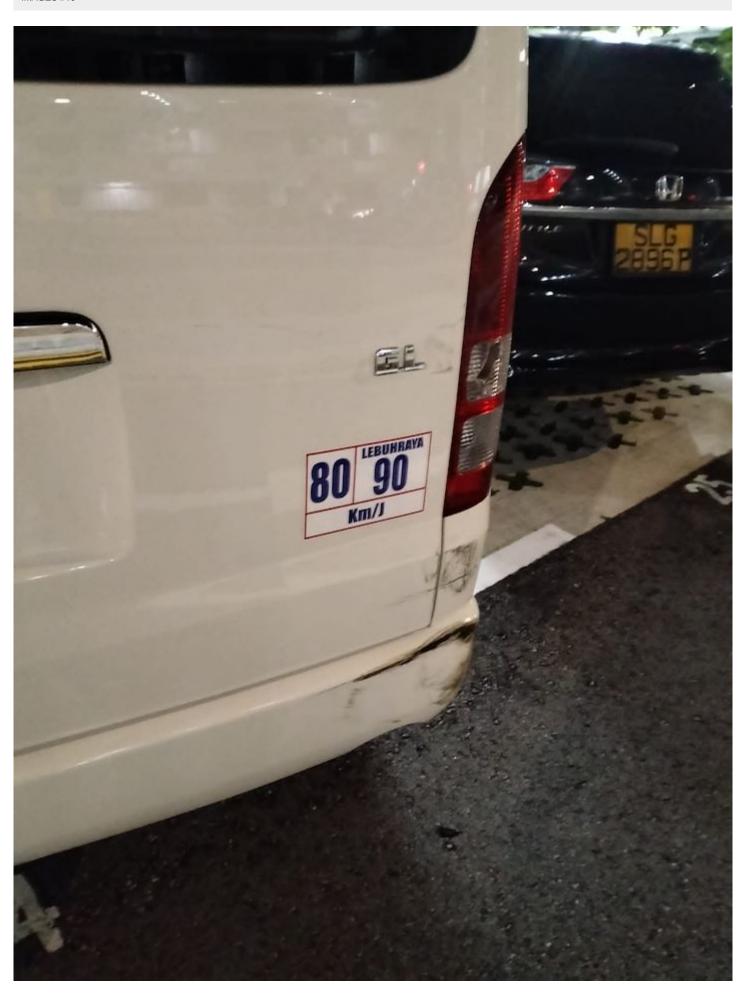


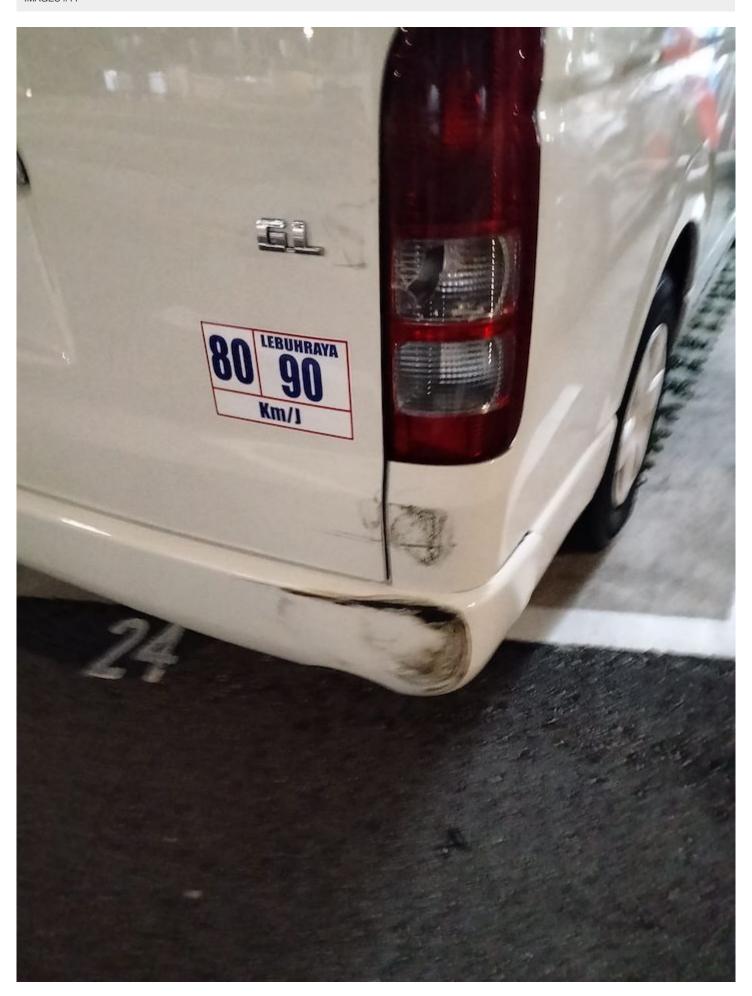






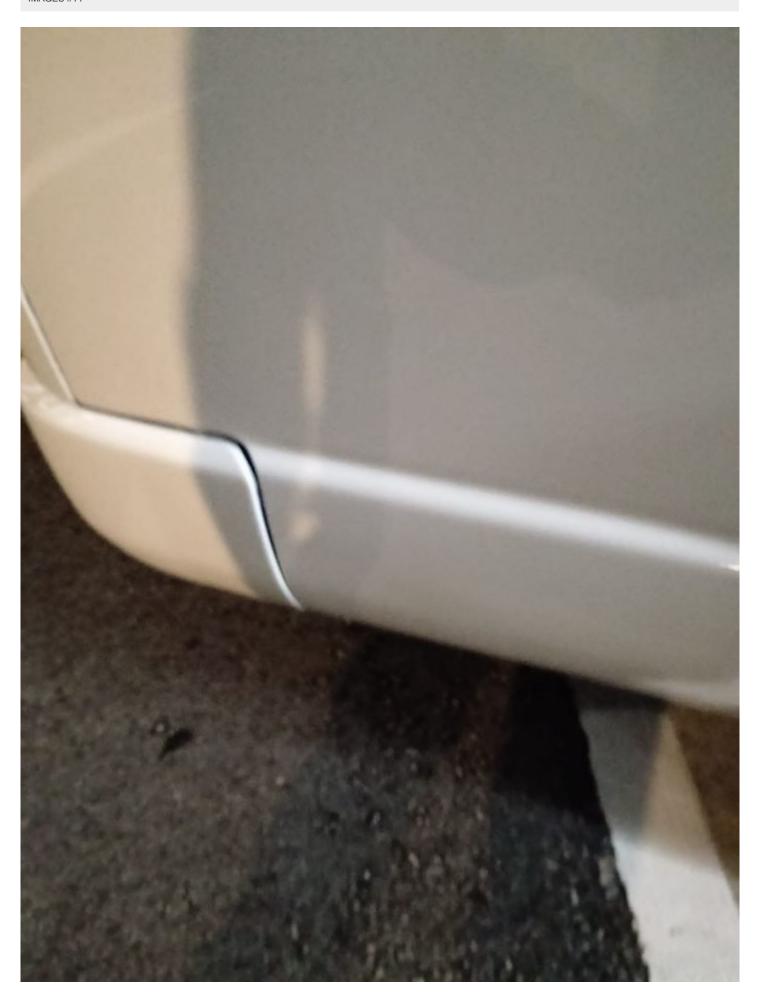


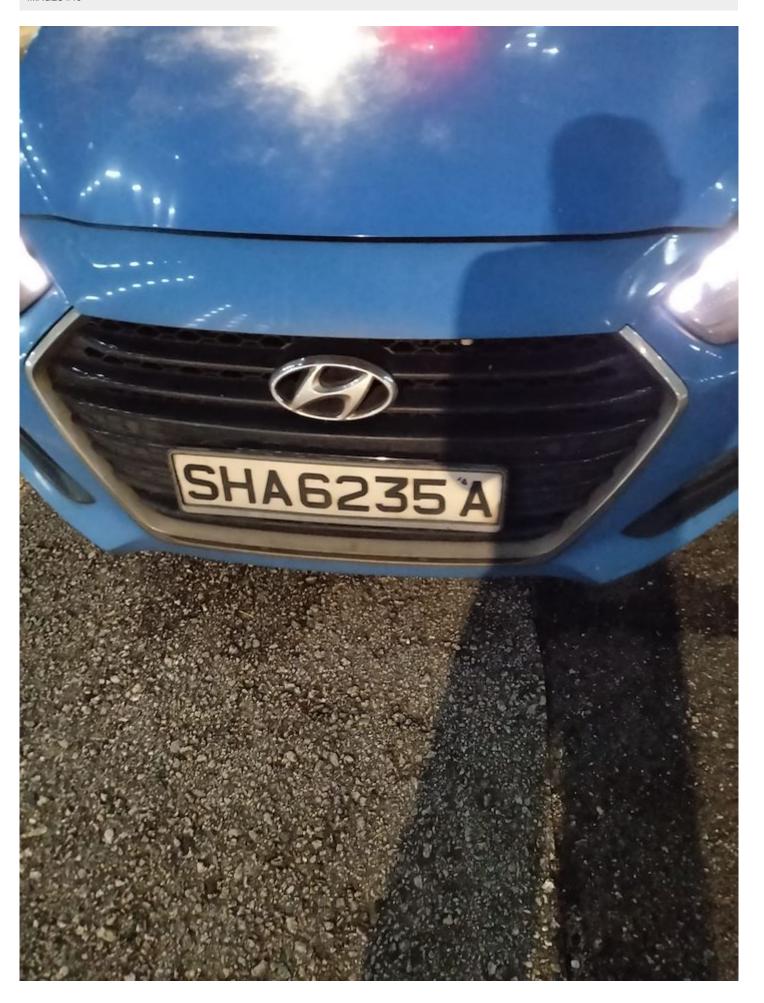




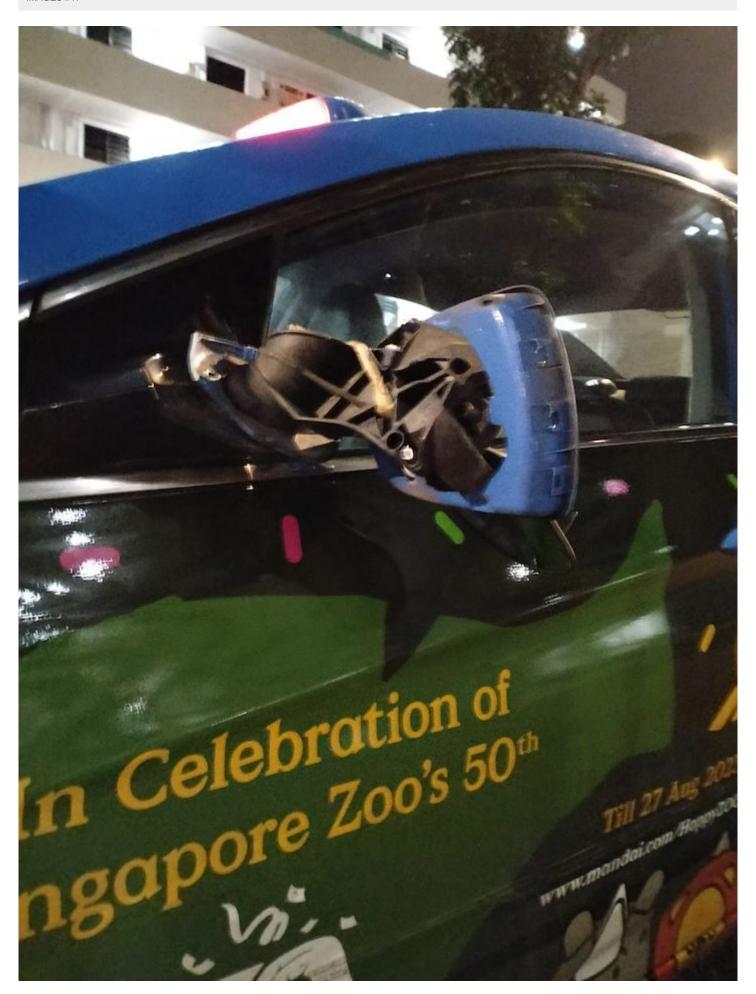


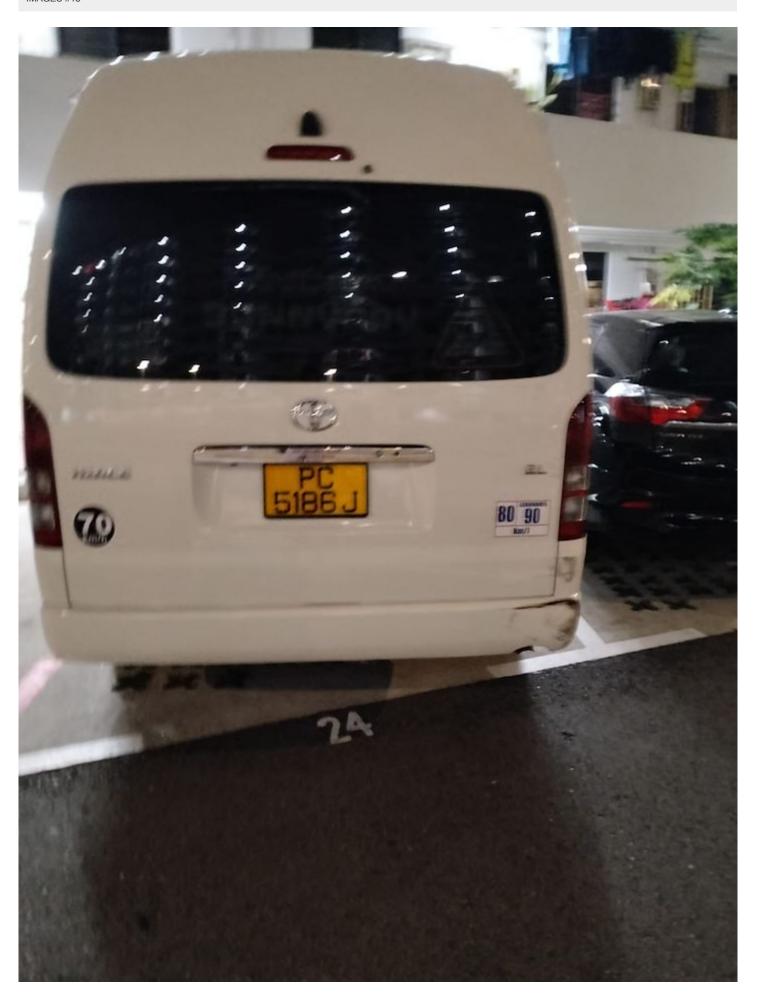














INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078886-X 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711 Office (65) 63476100 Email insure@iii.com.sg Fax (65) 62244174 Website www.iii.com.sg

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.: D23MCV0003956 1. Index Mark and Registration Number of Vehicle

: PC5186J

Chassis No

: KDH2230026105

2. Name of Policyholder

JAK TRANSPORT SERVICES

3 Effective date of Insurance

26 May 2023

4. Expiry date of Insurance

: 25 May 2024

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 the carriage of passengers or goods in connection with the Policyholder's business.

The Policy does not cover

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

b) 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 Section I & II Separately: SGD2000.00

Windscreen Excess

: SGD100.00

TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE ONLY

Hire Purchase Company : TOYOTA FINANCIAL SERVICES SINGAPORE PTE. LTD.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$\$2500/- ON SECTION I & II SEPARATELY 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 : A000041/P & C INSURANCE AGENCY

: 24/05/2023 17:29:06 Date of Issue M.Z. 600C - OMNIBUS (ORGANIZATION) For India International Insurance Pte Ltd

Nalini Venugopal MD & CEO



keefeng2/24/05/2023

Page 1 of 1

24/05/2023 17:30:17