

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 First Submission	27/08/2024 14:37 (SGT)
Reported by	Actual Driver
Date of Accident	27/07/2024 12:00 (SGT)
Exact Location of Accident	Jln Daud, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNP7592L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LUVIS FOO NEN YUEN
NRIC No	S8915387E
Email Address	luvisfoo89@gmail.com
Mobile Phone No	(Phone) +65-81215248
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1997
Vehicle Fuel	-
First Registration Date	-
Chassis no	JN1JANT32Z0002209
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D24MPC0002340

DRIVER

Name of Driver	FOO SAY NONG
NRIC No	S0158649A
Date Of Birth	06/05/1952
Occupation	Indoor
Driving Pass Date	05/05/1984
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96789898
Alt. Phone Number	-
Email Address	luvisfoo89@gmail.com
Address	BLK 82 LORONG MARZUKI - SINGAPORE 417181
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Collided into Motorcyclist
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20240727/2040.

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	FBQ624L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ624L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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



<u>Polyholder's Signature / Date & Time</u>	<u>Actual Driver's Signature (If driver is not the polyholder) / Date & Time</u>	<u>Witnessed by Reporting Centre Personnel (Name as in NRICD card)</u>
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SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
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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.

6. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

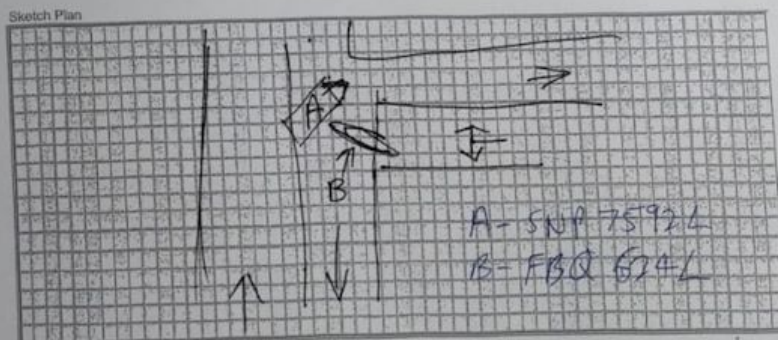
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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/postal 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

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

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

Sketch Plan



vJun2022

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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 Email insure@iil.com.sg
Fax (65) 62244174 Website www.iil.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.: D24MPC0002340		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SNP7592L	
Chassis No	: JN1JANT32Z0002209	
2. Name of Policyholder	: LUVIS FOO NEN YUEN	
3. Effective date of Insurance	: 20 Mar 2024	
4. Expiry date of Insurance	: 21 Mar 2025	
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 and Named Drivers Excess Section I: SGD 750.00 Unnamed Drivers Excess Section I: SGD 1,250.00 Windscreen Excess: SGD 100.00 Sunroof Limit :SGD 300.00		
AUTHORISED WORKSHOP PLAN: WARRANTED THAT ALL ACCIDENT REPAIRS INCLUDING WINDSCREEN REPAIR OR REPLACEMENT MUST BE CARRIED OUT AT INDIA INTERNATIONAL INSURANCE PTE LTD AUTHORISED WORKSHOPS ONLY.		
Hire Purchase Company : N.A FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 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 : A000031/Excel Insurance Agency Date of Issue : 18/03/2024 20:00:06 MX1-Private Car (Insured Driving)		For India International Insurance Pte Ltd Nalin Venugopal MD & CEO

















**SINGAPORE
POLICE FORCE**



T/20240727/2040

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20240727/2040

CONTINUATION OF REPORT

Driver			
Name	FOO SAY NONG	ID No.	S0158649A
Related Vehicle	SNP7592L (Motor car)	Contact No.	96789898
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 27/07/2024 at about 1200hrs, I was driving along Jalan Daud towards Lorong Melayu. Upon reaching the junction of Lorong Melayu, I make a right turn into Jalan Melayu. Subsequently a motorcycle from Lorong Melayu also make a right turn into Jalan Daud. This cause a head on collision. Ambulance was called and the traffic police also came to the accident scene. The rider was then conveyed to the hospital.



**SINGAPORE
POLICE FORCE**



T/20240727/2040

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Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20240727/2040

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SR STAFF SGT MOHAMED NOR
BIN MOHAMED ALI JINNAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/07/2024 13:28

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD KHAIRI SUFRIE BIN
SUHAIMI
Contact No.: 96207105

Classification Of Case:

NP168


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20240727/2040

1 of 3

Report No. T/20240727/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2024 13:28	Vide Report No.: G/20240727/0093	Station Diary No.: 14
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Informant's Particulars

Name of Informant: FOO SAY NONG			Address: 82 LORONG MARZUKI SINGAPORE 417181		
ID Type / ID No.: NRIC NO / S0158649A			Contact No.: Home/Office: Mobile: 96789898		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 72	Date of Birth: 06/05/1952	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: PART TIME LOGISTIC OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/07/2024 12:00	Type of Location: T-Junction
Location: JALAN DAUD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBQ624L	Motorcycle			Grey		0
SNP7592L	Motor car	NISSAN	X-Trail	Grey	Slightly Damaged	0

Details of Person Involved

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