

# 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 17:10 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/08/2024 17:25 (SGT)
Exact Location of Accident .....	Near Central Expw., Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBF4740R
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KEY MARINE & ENGINEERING SERVICES PTE LTD
Company Reg No .....	198200167M
Email Address .....	TNGYAPHUAT@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91526664
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Cabstar
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2953
Vehicle Fuel .....	Diesel
First Registration Date .....	05/11/2016
Chassis no .....	JN1SC2F24Z0859033
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D22MCV0008760_01

### DRIVER

Name of Driver .....	TNG YAP HUAT
NRIC No .....	S0027322H
Date Of Birth .....	18/11/1951
Occupation .....	Outdoor
Driving Pass Date .....	21/07/1977
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	47 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91526664
Alt. Phone Number .....	-
Email Address .....	TNGYAPHUAT@GMAIL.COM
Address .....	BLK 442 ANG MO KIO AVENUE 10 11-1191 SINGAPORE 560442
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
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 .....	GBK8836X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMK8159L
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	YQ8030A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
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 .....	TNG YAP HUAT
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-

Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... -  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

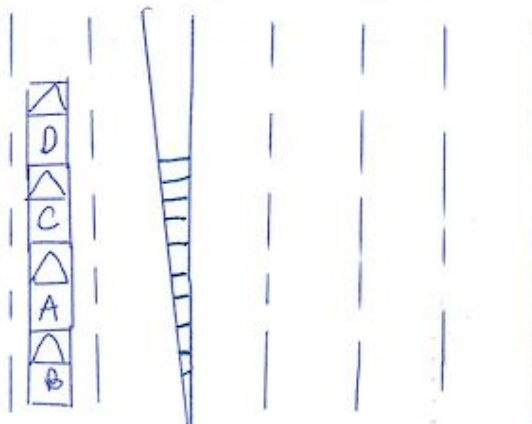
**SKETCH PLAN****IMPORTANT NOTICE**

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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.
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' 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  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

veh A: GBF 4740 R  
 veh B: GBK 8836X  
 veh C: SMK 8159L  
 veh D: YQ8030 A

Describe Circumstances of the Accident

Refer to police report. Report number: F1202408271738.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

*[Handwritten signature]*

Witnessed by Reporting Centre Personnel



















































**SINGAPORE  
POLICE FORCE**



F/20240827/7038

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## POLICE REPORT (NP299)

Report No. F/20240827/7038

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 27/08/2024 13:35		Vide Report No.		Station Diary No.	
Name Of Informant TNG YAP HUAT		Address 442 ANG MO KIO AVENUE 10 #11-1191 SINGAPORE 560442			
ID Type / ID No. NRIC NO / S0027322H		Contact No. Home/Office:                      Mobile: 91526664			
Nationality SINGAPORE CITIZEN		Email Address tngyaphuat@gmail.com			
Occupation Supervisor/General foreman (building and related trades)		Sex Male	Age 72	Date of Birth 18/11/1951	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 26/08/2024 17:25 - 27/08/2024 13:20		Location Of Incident CTE EXIT 14			

**Brief details.**

On 26th August 2024 5.25pm, i was driving my company lorry NISSAN CABSTAR GBF4740R heading back office. Upon exiting CTE Exit 14 toward AMK Ave 5. Traffic was abit heavy over there. The car Suzuki SMK8159L in front of stop and i brake in time. My lorry was stationary and suddenly i felt an impact on my rear and cause my lorry to bang to the Suzuki SMK8159L in front. I alighted and check and found out the van GBK8836X behind me bang the rear of my lorry. I feel discomfort on the back of my neck the next day and visit a clinic. I was given some medication and 3 days of MC.

Signature Of Officer Recording The Report: 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: Not applicable	Date/Time: 27/08/2024 13:35
Officer In-Charge Of Case:	Classification Of Case:



SINGAPORE  
POLICE FORCE



F/20240827/7038

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20240827/7038

Subjects Involved			
Victim			
Person Name	TNG YAP HUAT		
ID Type	NRIC NO	ID No	S0027322H
Gender	Male	Age	72
Race	Chinese	Language	English
Occupation	Supervisor/General foreman (building and related trades)	Address	442 ANG MO KIO AVENUE 10 #11-1191 SINGAPORE 560442
Mobile No	91526664	Is Informant A Victim?	Yes
Person Name	TNG YAP HUAT (Informant)		

Signature Of Officer Recording The Report: 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: Not applicable	Date/Time: 27/08/2024 13:35
Officer In-Charge Of Case:	Classification Of Case:





INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST Reg. No. M2-00748306-X

5 Raffles Quay #22-09 Singapore 040509

Office (65) 63476400 Email insure@ii.com.sg

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, 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.

<b>CERTIFICATE NO.: D22MCV0008760_01</b>	<b>COVER: Comprehensive</b>
<p>1. Index Mark and Registration Number of Vehicle : GBF4740R</p> <p>Chassis No : JNISC2F24Z0859033</p> <p>2. Name of Policyholder : KEY MARINE &amp; ENGINEERING SERVICES PTE. LTD.</p> <p>3. Effective date of Insurance : 05 Nov 2023</p> <p>4. Expiry date of Insurance : 04 Nov 2024</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>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.</p> <p>6. Limitations as to use*</p> <p>a) Use in connection with the Policyholder's business.</p> <p>b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>c) Use for social, domestic and pleasure purposes.</p> <p><b>The Policy does not cover</b></p> <p>a) Use for hire or reward.</p> <p>b) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>	
<p>Excess Section I : SGD600.00</p> <p>Windscreen Excess: SGD100.00</p> <p>Hire Purchase Company : Maybank</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>	
<p>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).</p>	
<p>Agent/Broker : A000078/INSURANCE SOLUTIONS HUB &amp; CONSULTANCY AGENCY PTE LTD</p> <p>Date of Issue : 11/10/2023 14:58:07</p> <p>M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p>	
<p>For India International Insurance Pte Ltd</p> <p></p> <p>Nalini Venugopal MD &amp; CEO</p>	