

## 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 .....        | 30/08/2024 11:39 (SGT)           |
| Reported by .....                     | Actual Driver                    |
| Date of Accident .....                | 29/08/2024 06:45 (SGT)           |
| Exact Location of Accident .....      | Singapore                        |
| Additional Location Information ..... | KEAT HONG CLOSE TOWARD CCK AVE 6 |
| Country/State of Loss .....           | Singapore                        |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMS2654X |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | Yes                  |
| Name Of Registered Owner ..... | SKYWAY MOTOR PTE LTD |
| Company Reg No .....           | 199904194N           |
| Email Address .....            | JAY@SKYWAY.COM.SG    |
| Mobile Phone No .....          | (Phone) +65-87211111 |
| Alternative Phone No .....     | -                    |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Honda                     |
| Model .....  | Shuttle                   |
| Variant .....  | -                         |
| Exact purpose for which vehicle was being used at time of accident .....           | Private hire              |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Claiming third party |
| Vehicle Category .....   | Private hire              |
| Transmission .....   | Auto                      |
| CC .....   | 1500                      |
| Vehicle Fuel .....   | -                         |
| First Registration Date .....  | -                         |
| Chassis no .....   | GP72002496                |
| Effective Date/Time of Ownership .....   | -                         |

#### INSURANCE COMPANY

|   |                                       |
|---|---------------------------------------|
| Name of Insurance Company .....         | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number ..... | D24MFL0006316                         |

#### DRIVER

|  |   |
|--|---|
| Name of Driver .....   | TEO SENG HOCK   |
| NRIC No .....  | S1415119B   |
| Date Of Birth .....  | 14/08/1960  |
| Occupation .....   | Outdoor   |
| Driving Pass Date .....  | 26/06/1979  |
| Driving License Pass Class .....                                   | 3   |
| Driving License Validity .....                                     | Valid   |
| Driving experience .....   | 45 YEARS AND 2 MONTHS                                 |
| Gender .....   | Male  |
| Mobile Number .....  | (Phone) +65-96981997                                  |
| Alt. Phone Number .....  | -   |
| Email Address .....  | JAY@SKYWAY.COM.SG                                     |
| Address .....  | BLK 455 CHOA CHU KANG AVENUE 4 12-99 SINGAPORE 680455 |
| Address complement .....   | -   |
| Postcode .....   | -   |
| 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 to Rear |
| 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? .....  | No  |
| Was any other vehicle or property damaged? .....  | Yes |
| Number of Passengers (Including Driver) .....   | 2   |
| 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 .....   | -   |

#### PASSENGER 1

|              |        |
|--------------|--------|
| Name .....   | UNKNOW |
| Gender ..... | Male   |

#### DETAILS OF POLICE ACTION

|   |                                  |
|---|----------------------------------|
| Was the accident reported to the police? .....  | Yes                              |
| 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

REFER TO POLICE REPORT T/20240829/7083

#### 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 ..... PC4724M  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Bus  
Name of Driver ..... GUAN RENSHENG  
Contact Number ..... (Phone) +65-84135437  
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 ..... TEO SENG HOCK  
Gender ..... Male  
Phone No ..... (Phone) +65-96981997  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SMS2654X  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

## 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' 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.



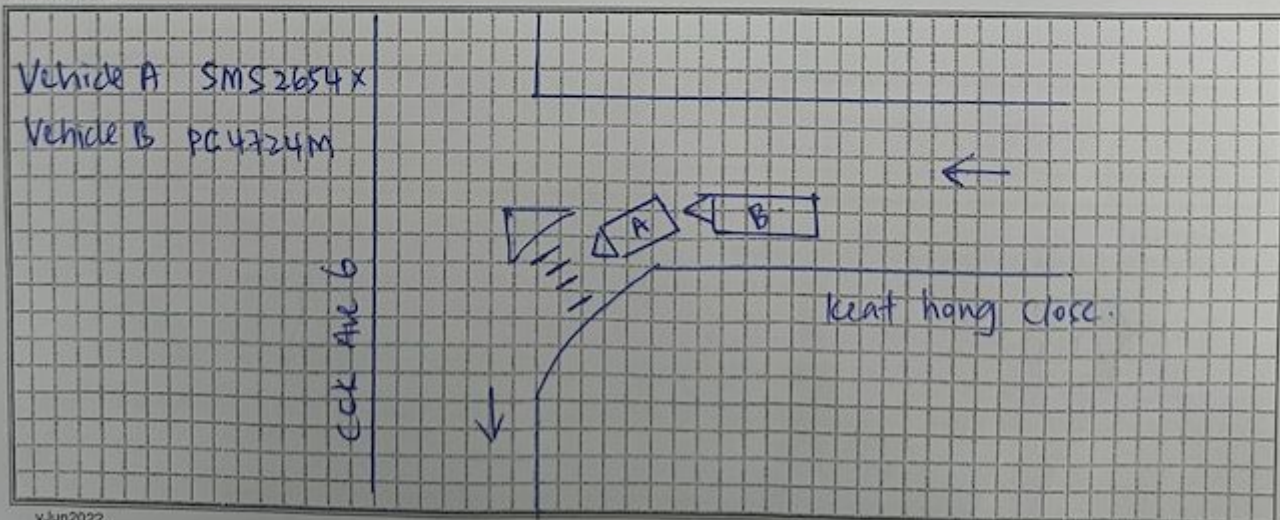
Policyholder's Signature / Date & Time

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



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

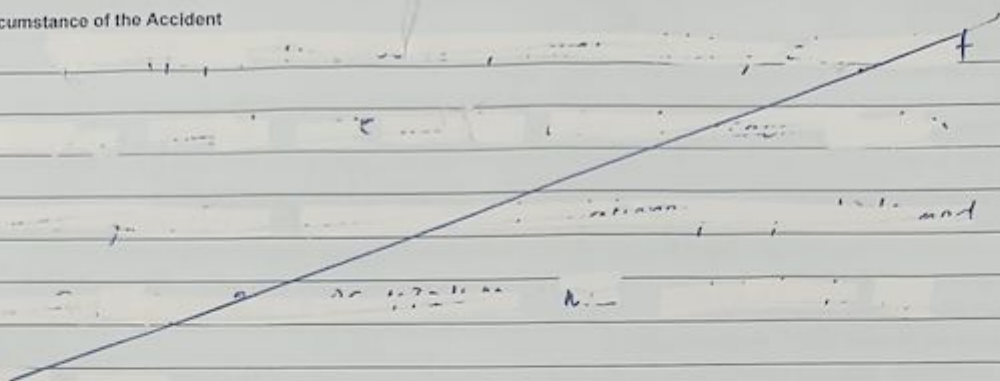
## Sketch Plan



vJun2022

1

Describe Circumstance of the Accident



Refer to Police Report T/20240829/7083

Declaration

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

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)













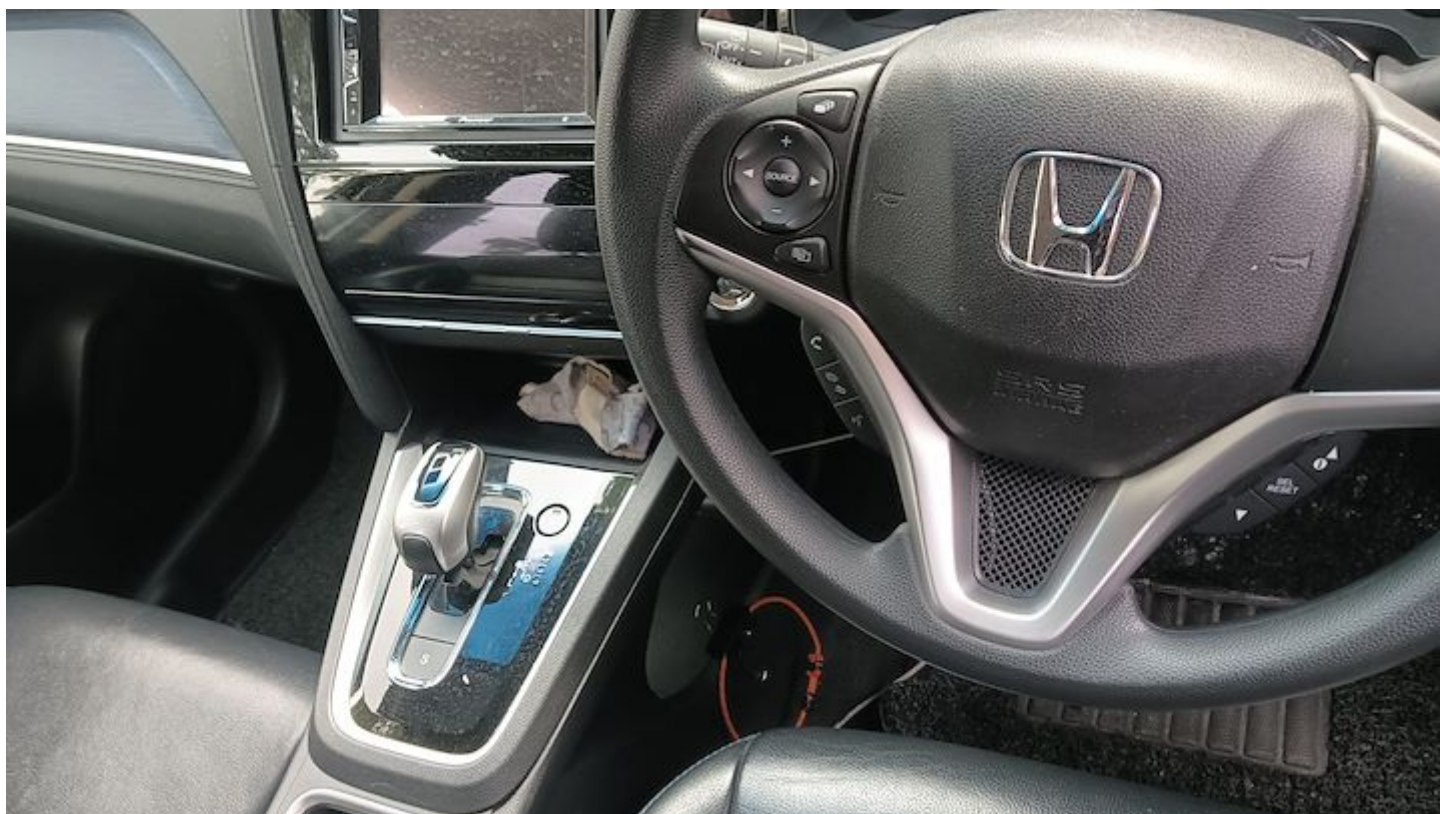




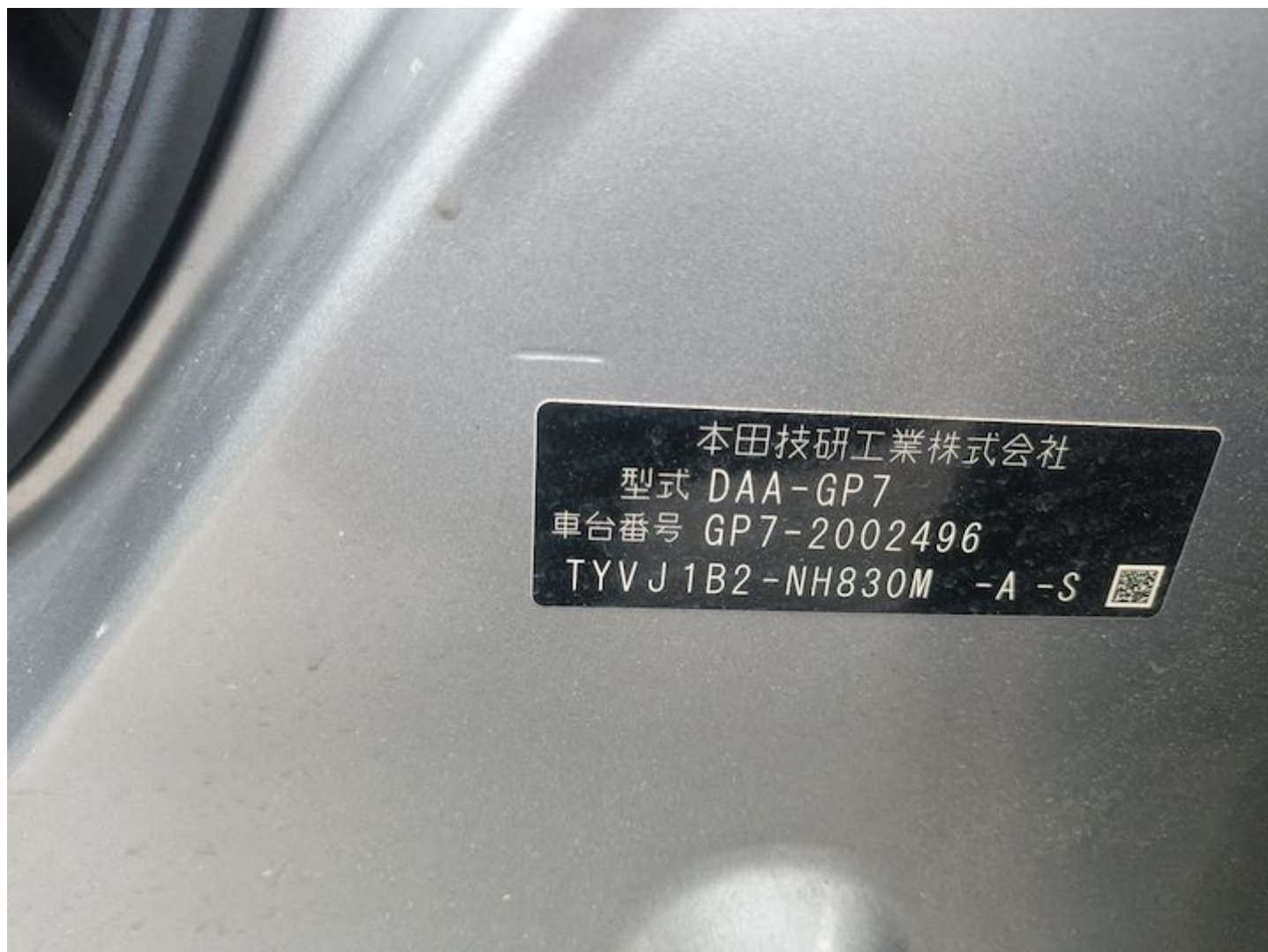



















**SINGAPORE  
POLICE FORCE**


T/20240829/7083

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

1 of 3

Report No. T/20240829/7083

## REPORT OF A TRAFFIC ACCIDENT

|  |            |   |                              |                    |
|--|------------|---|------------------------------|--------------------|
| Date/Time Report Made:<br>29/08/2024 16:50 |            | Vide Report No.:  |                              | Station Diary No.: |
| <b>Informant's Particulars</b>             |            |   |                              |                    |
| Name of Informant:<br>TEO SENG HOCK        |            | Address:<br>455 Choa chu Kang ave 4 #12-99 SINGAPORE 680455 |                              |                    |
| ID Type / ID No.:<br>NRIC NO / S1415119B   |            | Contact No.:<br>Home/Office: Mobile: 96981997               |                              |                    |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:<br>teosenghock88@gmail.com                           |                              |                    |
| Sex:<br>Male                               | Age:<br>64 | Date of Birth:<br>14/08/1960                                | Type of Informant:<br>Driver |                    |
| Race:<br>Chinese                           |            | Language:<br>English  |                              |                    |
| Occupation:<br>Private-hire car driver     |            | Driving Licence Information:<br>Class: Date of Expiry:      |                              |                    |

|  |                  |                                    |  |  |
|--|------------------|------------------------------------|--|--|
| <b>General Information of the Accident</b>                   |                  |                                    |  |  |
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>29/08/2024 06:45 | Type of Location:<br>Y-Junction        |
| Location:<br><br>KEAT HONG CLOSE                             |                  |                                    |  |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |  |  |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Light               |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |  | Anyone conveyed by<br>ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |                       |      |       |       |                     |                 |
|------------------------------------|-----------------------|------|-------|-------|---------------------|-----------------|
| Vehicle No.                        | Type                  | Make | Model | Color | Condition           | No of Passenger |
| PC4724M                            | Bus/Coach/Mini<br>bus |      |       | Red   | Slightly<br>Damaged | 0               |
| SMS2654X                           | Motor car             |      |       |       |                     | 0               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



SINGAPORE  
POLICE FORCE



T/20240829/7083

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

2 of 3

Report No. T/20240829/7083

## CONTINUATION OF REPORT

| Driver                                 |                      |  |                                   |
|--|----------------------|--|-----------------------------------|
| Name                                   | TEO SENG HOCK        | ID No.                                 | S1415119B                         |
| Related Vehicle                        | SMS2654X (Motor car) | Contact No.                            | 96981997                          |
| Hospital/Clinic                        | BLESS MEDICAL CENTRE | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                         | NIL                  | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave (MC) | 05                   | Degree of Injury                       | Serious                           |

**Brief Details.**

On 29-08-2024 I was driving (SMS2654X) stopping at KEAT HONG CLOSE . While waiting at zebra crossing, I was hit by rear car vehicle(PC4724M).

After the accident we exchange particular .  
I feel pain on my body because of the strong impact of the accident so i went to bless medical for treatment and was given 5 days mc.



**SINGAPORE  
POLICE FORCE**

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



T/20240829/7083

3 of 3

Report No: T/20240829/7083

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LEE GUANG HUI  
Contact No.: 65476414

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
29/08/2024 16:50

Classification Of Case:





## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X

6 Raffles Quay #22-00 Singapore 048580

Office (65) 63476100 Email insure@iil.com.sg

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.: D24MFL0006316   |  | COVER: Third Party Only   |
| 1. Index Mark and Registration Number of Vehicle   | : SMS2654X   |   |
| Chassis No   | : GP72002496   |   |
| 2. Name of Policyholder  | : SKYWAY MOTOR PTE LTD   |   |
| 3. Effective date of Insurance   | : 08 Aug 2024  |   |
| 4. Expiry date of Insurance  | : 07 Aug 2025  |   |
| 5. Persons or Classes of Persons entitled to drive*  | Any person who is driving on the Policyholder's order or with his/their permission.<br>The Hirer.<br>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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.<br>Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired.<br><b>The Policy does not cover</b><br>(1) Use for racing, pace-making, reliability trial, or speed-testing.<br>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.<br>(3) Use for any purpose in connection with the Motor Trade.<br>*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 II WITHIN SINGAPORE   | : SGD  | 2,000.00  |
| Excess Section II OUTSIDE SINGAPORE  | : SGD  | 4,000.00  |
| FOR DRIVERS BELOW 24 YEARS OLD OR ABOVE 75 YEARS OLD &/OR WITH LESS THAN 2 YEARS DRIVING EXPERIENCE UNDER THE RELEVANT CLASSES OF DRIVING LICENCES IN SINGAPORE, AN ADDITIONAL EXCESS OF S\$3,000.00 ON SECTION II WILL BE APPLICABLE.<br>PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY<br>FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA. |  |   |
| 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).<br>Agent/Broker : D000052/SKYWAY MOTOR PTE LTD<br>Date of Issue : 06/08/2024 15:44:50<br>MZ406 - Hire Car (U/G)   |  |   |
|  |  | For India International Insurance Pte Ltd<br><br>Nalini Venugopal<br>MD & CEO |

leitchmy/06/08/2024 15:44:50

06/08/2024 15:52:34



LEASE AGREEMENT NO.: SMA202406-000017  
DATE: 28/06/2024

Schedule

This is a Rental Agreement made between us, SKYWAY MOTOR PTE LTD (hereinafter referred to as "the Company" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 400 Orchard Road #15-06 Singapore 238875 AND YOU, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns): -

NAME OF HIRER(S) (IN FULL) : TEO SENG HOCK  
NRIC/PASSPORT/RC/RB NO. : S1415119B  
ADDRESS : BLK 455 CHOA CHU KANG AVENUE 4 #12-99 S(680455)  
TELEPHONE : 96981997  
DATE OF BIRTH : 14/08/1960

NAME OF DRIVER 1 (IN FULL) :  
NRIC/PASSPORT NO. :  
DATE OF BIRTH :  
DRIVING LICENCE, NO :  
ISSUE / EXPIRY DATE :  
COUNTRY OF ISSUE :

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO. : SMS2654X  
MAKE / MODEL : HONDA SHUTTLE HYBRID 1.5 AUTO  
COLOUR : SILVER  
ENGINE NO. : LEB7103305  
CHASSIS NO. : GP72002496

2. PERIOD OF LEASE ("LEASE PERIOD")

Daily/Weekly/Monthly/Yearly\* Basis  
From 28/06/2024 ("Commencement Date") to 28/12/2024 ("End Date")

3. LEASE CHARGES

Amount SS 511.00 per day/week/month/year\* inclusive of Goods and Services Tax ("GST") at current rate of 9%, subject to changes according to any Govt Goods and Services Tax ("GST") adjustment. (Collectively, "Lease Charges") payable in advance on the Friday of every day/week/month/year\* ("Payment Date").

In the event the Payment Date falls on a non-Business Day, the Hirer shall affect payment of the Lease Charges on the Business Day falling immediately prior to the Payment Date. GST is chargeable separately and the Hirer shall pay the prevailing GST together with the Lease Charges. Time of payment shall be of the essence.

\* Delete where not applicable

4. DEPOSIT

Amount: SS1000.00 (exclusive of GST)