

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	19/09/2024 17:39 (SGT)
Reported by	Actual Driver
Date of Accident	18/09/2024 11:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1865J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BAN XIN CONSTRUCTION PTE LTD
Company Reg No	201110120E
Email Address	BANXIN.LIM@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98276269
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	TOYOTA DYNA 150 MANUAL
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MCV0005041

DRIVER

Name of Driver	TAN KEE TIONG
NRIC No	S1270734G
Date Of Birth	24/12/1957
Occupation	Outdoor
Driving Pass Date	31/08/1976
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	48 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98276269
Alt. Phone Number	-
Email Address	BANXIN.LIM@YAHOO.COM.SG
Address	614 WOODLANDS AVE 4
Address complement	#03-489
Postcode	730614
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	SHAHABUDDIN
Gender	Male

PASSENGER 2

Name	SOO LAI
Gender	Male

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

PLS REFER TO THE SKETCH PLAN BY DRIVER

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 SMH5288H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver JOSEPH PRINCE YOGANAND
NRIC No S8473038F
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

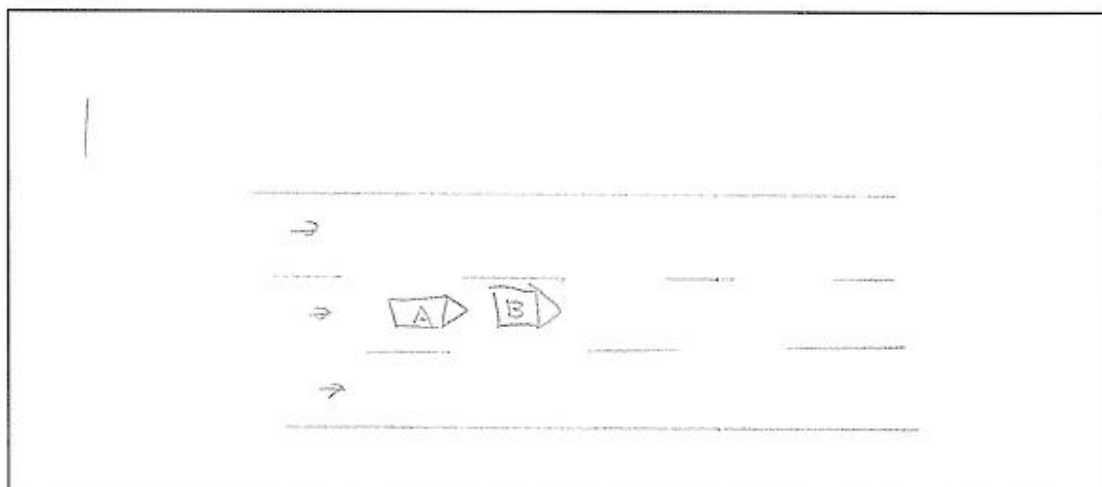
SKETCH PLAN

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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.
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 Company Personnel (Name as in NRIC/ID card)
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Sketch Plan



Describe Circumstance of the Accident		
Date of Accident :	10/09/24	Time : 1130 am Location : CTE
My Vehicle A :	GBF1965J	Vehicle B : SMH 528 H Vehicle C :
Front vehicle jammed brakes. I can't stop in time & hit the rear of front vehicle.		
No one is injured.		
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input type="checkbox"/> Claim OD/TP at other workshop <input checked="" type="checkbox"/> Reporting Only		
Remarks : Please forward a copy of my efile accident Report to :		
My Workshop : _____		
Workshop Email Address : _____		
<input checked="" type="checkbox"/> Note : Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information		

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)













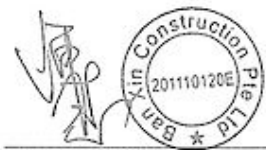






To Whom It May Concern,

I, BAN XIN CONSTRUCTION PTE. LTD., 201110120E, owner of the vehicle GBF1865J, aware of the accident of the vehicle on 18/09/2024 driven by TAN KEE TIONG, S1270734G hereby authorize the driver to lodge for the report.



BAN XIN CONSTRUCTION PTE. LTD.
201110120E



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 190701792K, GST Reg. No. M2-0070306-N

6 Raffles Quay #22-00 Singapore 043590

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, 1959 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.: D23MCV0005041_01	COVER: Comprehensive
<p>1. Index Mark and Registration Number of Vehicle : GBF1865J</p> <p>Chassis No : JTFAT35YX0K206661</p> <p>2. Name of Policyholder : BAN XIN CONSTRUCTION PTE. LTD.</p> <p>3. Effective date of Insurance : 20 Jul 2024</p> <p>4. Expiry date of Insurance : 19 Jul 2025</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>The Policy does not cover</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 1 : SGD600.00</p> <p>Windscreen Excess : SGD100.00</p> <p>Hire Purchase Company : N.A.</p> <p>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.</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 : A000126/JBP INSURANCE AGENCY PTE LTD</p> <p>Date of Issue : 29/05/2024 18:50:28</p> <p>M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p>	
<p>For India International Insurance Pte Ltd</p> <p>Nalini Venugopal MD & CEO</p>	