

## 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 .....	21/10/2024 16:51 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	19/10/2024 11:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PAN-ISLAND EXPRESSWAY
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNN7758L
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SKYWAY MOTOR PTE LTD
Company Reg No .....	1XXXXX194N
Email Address .....	JAY@SKYWAY.COM.SG
Mobile Phone No .....	(Phone) +65-87211111
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Voxy
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 - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1800
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 .....	D24MFL0006316

#### DRIVER

Name of Driver .....	LIM WEI HANG (LIN WEIHANG)
NRIC No .....	SXXXX873J
Date Of Birth .....	25/03/1984
Occupation .....	Outdoor
Driving Pass Date .....	26/10/2020
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	4 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-92399970
Alt. Phone Number .....	-
Email Address .....	JAY@SKYWAY.COM.SG
Address .....	BLK 416A FERNVALE LINK #03-100
Address complement .....	-
Postcode .....	791416
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 .....	3
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 .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO: T/20241019/2049

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GZ2239X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LOW KUM HWA
NRIC No .....	SXXXX598J
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 .....	GBF9216E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	AVUDAIYAPPAN ARULKUMAR
Passport No/FIN .....	GXXXX982L
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 .....	LIM WEI HANG (LIN WEIHANG)
Gender .....	Male
Phone No .....	(Phone) +65-92399970
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SNN7758L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**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 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 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

*[Handwritten Signature]*

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**

The sketch plan is a grid-based diagram showing the positions of three vehicles involved in an accident. The vehicles are labeled as follows:

- VEH A: SNN 7758 L
- VEH B: GZ 2239 X
- VEH C: GBF 9216 F

The diagram also shows the positions of the vehicles relative to a central point labeled 'PIE' (Point of Impact). Arrows indicate the direction of travel for each vehicle.

vJun2022

Describe Circumstance of the Accident

Refer to police report NO: T/20241019/2049

Declaration

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

X



Policyholder's Signature / Date & Time

*[Signature]*

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/20241019/2049

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 4

Report No. T/20241019/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/10/2024 20:00	Vide Report No.:	Station Diary No.: 90
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: LIM WEI HANG		Address: 416A FERNVALE LINK #03-100 SINGAPORE 791416	
ID Type / ID No.: NRIC NO / S8408873J		Contact No.: Home/Office: Mobile: 92399970	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 25/03/1984	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/10/2024 11:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
GBF9216E	Lorry				Seriously Damaged	0
GZ2239X	Lorry				Slightly Damaged	0
SNN7758L	Motor car				Seriously Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20241019/2049

2 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20241019/2049

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM WEI HANG	ID No.	S8408873J
Related Vehicle	SNN7758L (Motor car)	Contact No.	92399970
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/10/2024	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	Avudaiyappan Arulkumar	ID No.	G8897982L
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 22/03/2028
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	Low Kum Hwa	ID No.	S1557598J
Related Vehicle	NIL	Contact No.	NIL
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 19/10/2024 at about 1110hrs, I was driving along PIE (TUAS), after Bedok North Avenue 3.

While my vehicle was stopping stationary due to a traffic accident that happen upfront, I felt a huge impact at the back of my vehicle SNN7758L.

I immediately get off my vehicle to make a check on the collision and the damages on my vehicle. I took photos of the scene on the vehicles that were damaged during the accident and got the driving details from both drivers.





**SINGAPORE  
POLICE FORCE**



T/20241019/2049

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 4

Report No. T/20241019/2049

**CONTINUATION OF REPORT**

Due to the accident, my vehicle sustained huge damages as the rear windscreen has shattered and there are very visible dented at the rear.

I sustained injury on my back and went to Sengkang General Hospital for a check and I was given 3 days MC starting from 19/10/2024 to 21/10/2024.

The lorry driver behind that collided onto my vehicle are as follows:

1) Low Kum Hwa  
S1557598J  
29/08/1962  
GZ2239X

I found out from Kum Hwa that he was also being hit on the rear by the lorry behind him. Thus, his lorry hit on my vehicle on the rear.

The lorry driver details are as follows:

2) Avudaiyappan Arulkumar  
G8897982L  
08/05/1996  
Valid till: 22/03/2028  
GBF9216E



**SINGAPORE  
POLICE FORCE**



T/20241019/2049

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

4 of 4

Report No. T/20241019/2049

CONTINUATION OF REPORT

Signature of Officer Recording The  
F /  
SGT 2 TAN YI FEI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SUPT (1A) CHUA SOON KEONG  
Contact No.: 65476030

Signature Of Informant:

Date/Time:  
19/10/2024 20:00

Classification Of Case:



SINGAPORE  
POLICE FORCE  
CONTINUATION OF REPORT

SN 159

NP168

SIGNATURE







## 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, 1969 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.:</b> D24MFL0006316		<b>COVER:</b> Third Party Only
1. Index Mark and Registration Number of Vehicle	: SNN7758L	
Chassis No	: ZWR900121943	
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*	<p>Any person who is driving on the Policyholder's order or with his/their permission.          The Hirer.</p> <p>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>	
6. Limitations as to use*	<p>Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.          Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired.</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for racing, pace-making, reliability trial, or speed-testing.          (2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.          (3) Use for any purpose in connection with the Motor Trade.</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>	
Excess Section II WITHIN SINGAPORE	: SGD	2,000.00
Excess Section II OUTSIDE SINGAPORE	: SGD	4,000.00
<p>FOR DRIVERS BELOW 24 YEARS OLD OR ABOVE 75 YEARS OLD &amp;/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.</p> <p>PRIVATE HIRE SERVICE (USE FOR HIRE &amp; REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY</p> <p>FOR SOCIAL, DOMESTIC &amp; LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA.</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>		
Agent/Broker	D000052/SKYWAY MOTOR PTE LTD	
Date of Issue	06/08/2024 15:44:50	
MZ406 - Hire Car (U/G)		
	<p>For India International Insurance Pte Ltd</p> <p><i>Nalini Venugopal</i></p> <p>Nalini Venugopal MD &amp; CEO</p>	

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

06/08/2024 15:52:35

LEASE AGREEMENT NO.: SMA202312-000026  
DATE: 29/12/2023

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) : LIM WEI HANG(LIN WEIHANG)  
NRIC/PASSPORT/RC/RB NO. : S8408873J  
ADDRESS : BLK 416A FERNVALE LINK #03-100 S(791416)  
TELEPHONE : 92399970  
DATE OF BIRTH : 25/03/1984

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. : SNN7758L  
MAKE / MODEL : TOYOTA VOXY HYBRID 1.8S-Z CVT  
COLOUR : WHITE  
ENGINE NO. : 2ZR2X27846  
CHASSIS NO. : ZWR90-0121943

2. PERIOD OF LEASE ("LEASE PERIOD")

Daily/Weekly/Monthly/Yearly\* Basis  
From 29/12/2023 ("Commencement Date") to 29/06/2024 ("End Date")

3. LEASE CHARGES

Amount S\$875.00 per day/week/month/year\* inclusive of Goods and Services Tax ("GST") at current rate of 8%, 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 effect 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: S\$2000.00 (exclusive of GST)