

# 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 .....	22/10/2024 15:37 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	21/10/2024 10:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Punggol Road
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJQ4541X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Ng Shao Wei
NRIC No .....	SXXXX350E
Email Address .....	shaowei9944@gmail.com
Mobile Phone No .....	(Phone) +65-89111380
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	HD AVANTE 1.6 A
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1591
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 .....	D24MPC0003636

### DRIVER

Name of Driver .....	Ng Shao Wei
NRIC No .....	SXXXX350E
Date Of Birth .....	05/12/1999
Occupation .....	Indoor
Driving Pass Date .....	29/10/2021
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-89111380
Alt. Phone Number .....	-
Email Address .....	shaowei9944@gmail.com
Address .....	7 Geylang East Avenue 1 #10-07 S389782
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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) .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to attached

#### 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 .....	SHD9878J
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-

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

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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

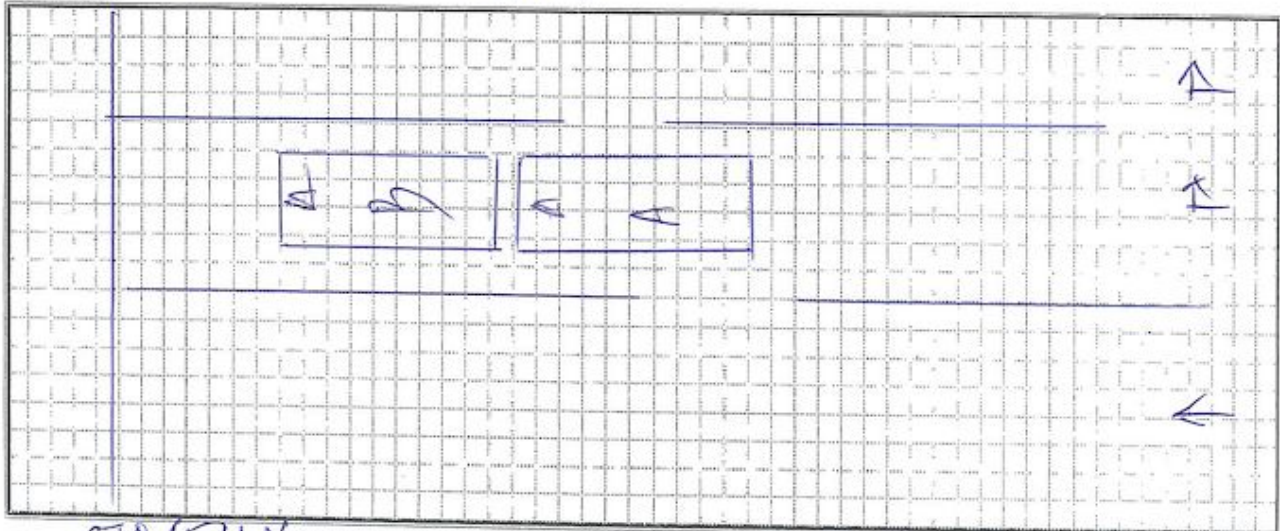
22/10/24

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

22/10/24

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

Sketch Plan



A - SJA 4541 X  
B - SHD 9878 J

Describe Circumstance of the Accident

Car B came to a sudden stop and I could not stop in time and hit the rear of Car B.

Declaration

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

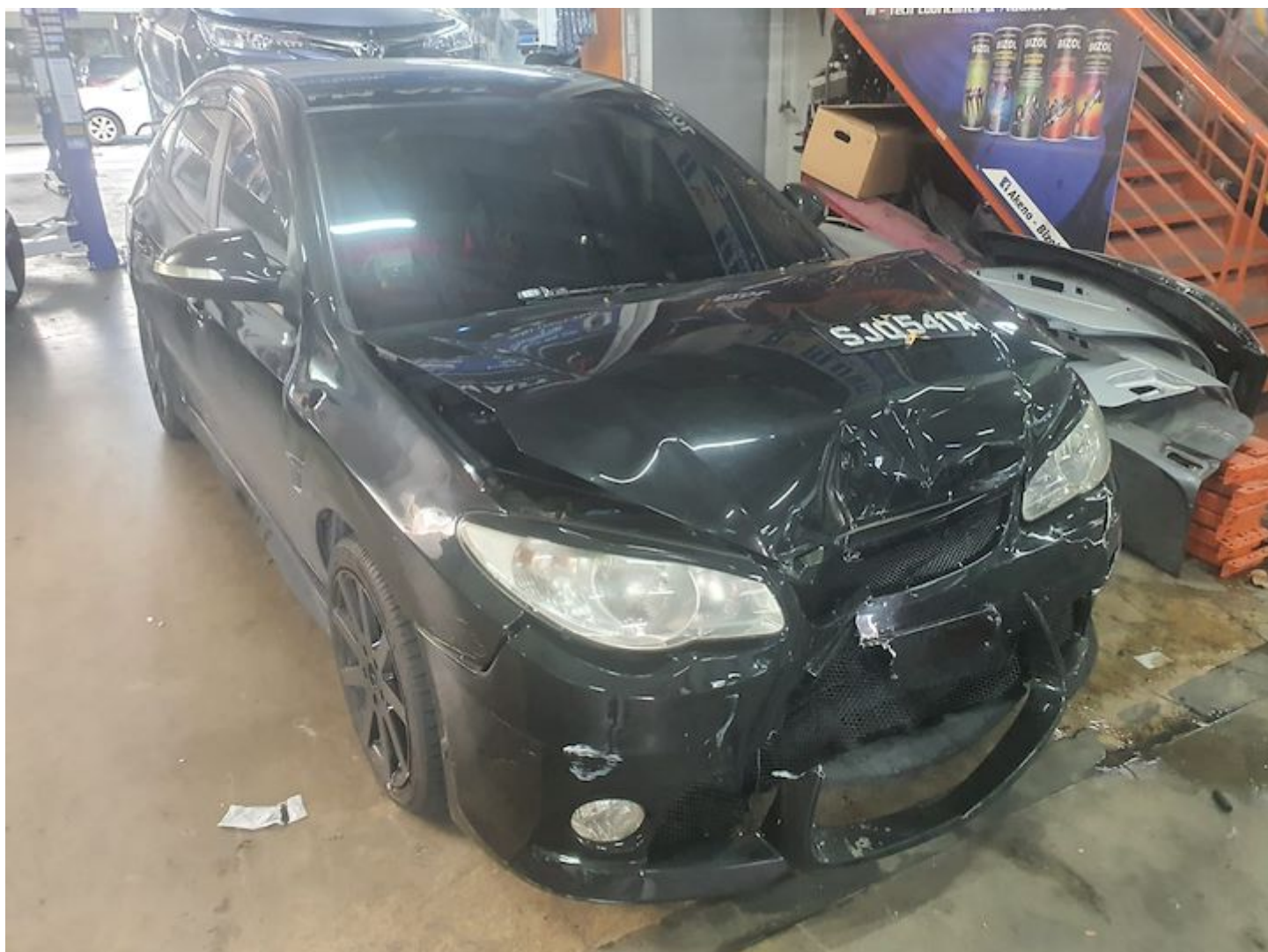
  
Policyholder's Signature / Date & Time  
22/10/20

  
Driver's Signature (if driver is not the policyholder) / Date & Time  
22/10/20

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



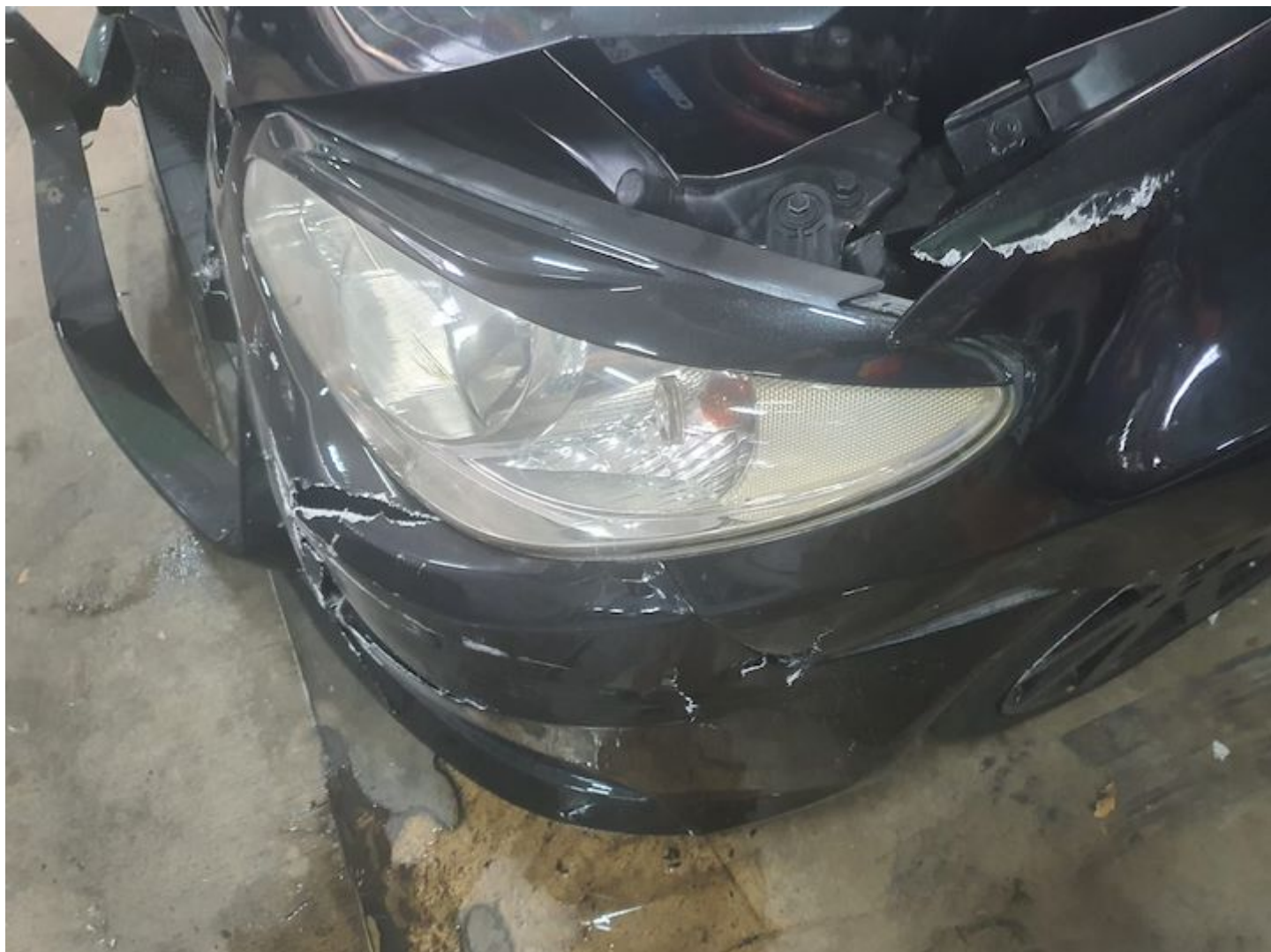














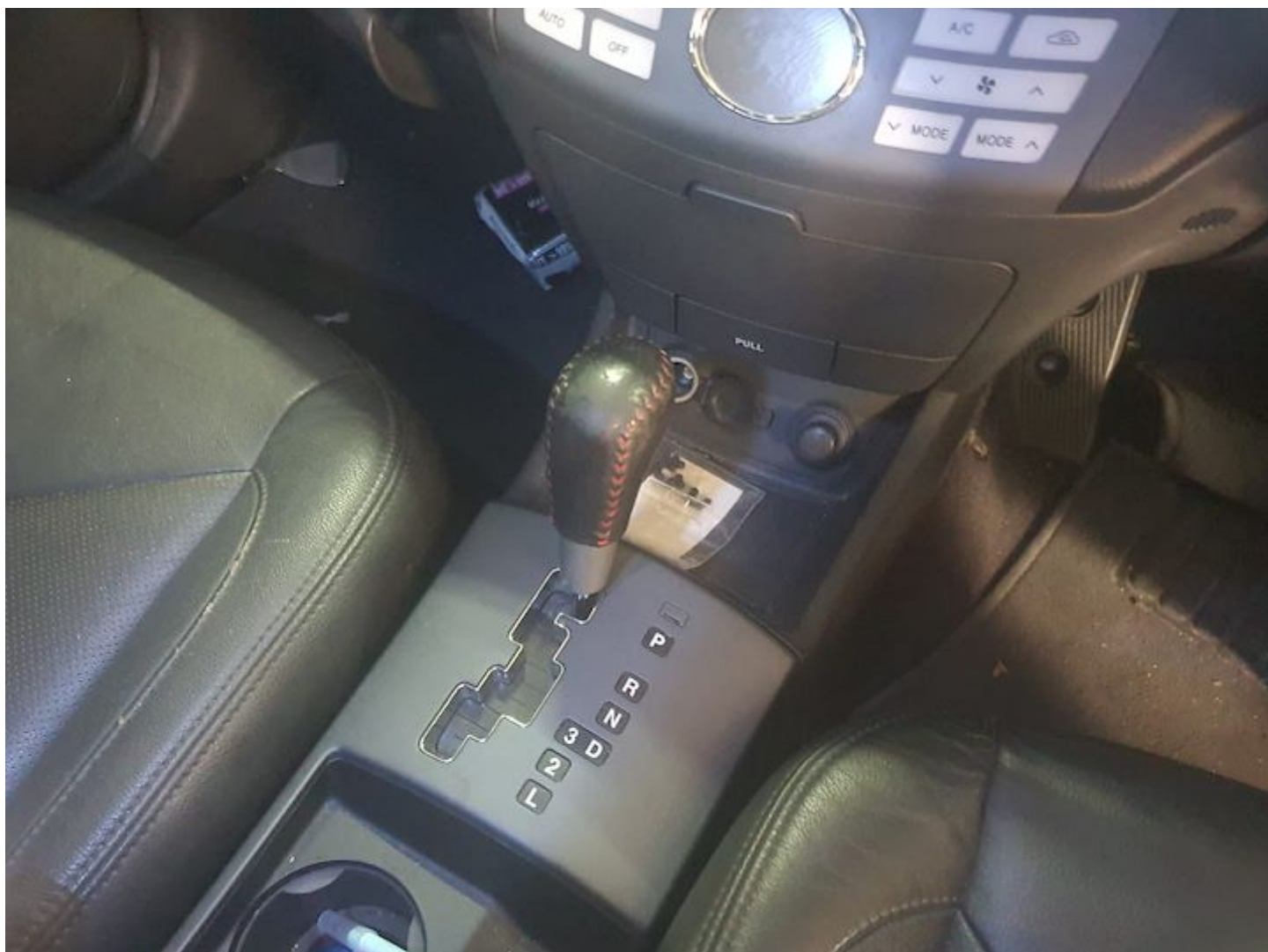














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN, S65550206 / GST Reg. No.: M600017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SK0N24AM0001 Vehicle Registration No: SJQ4541X  
 Name (as shown in NRIC) : \_\_\_\_\_ NRIC/FIN/Passport No : \_\_\_\_\_  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : \_\_\_\_\_ Time of Accident : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_  
 Insurance Company : \_\_\_\_\_

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include ~~extra~~ additional information or make the following amendments:

**Amend photos, incorrectly attached**

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\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

KAN FOOK SING MOTOR  
 WORKSHOP  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:



## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GSE Reg. No. M2-0078890-X  
 66 Cecil Street | #04-05 | #06-02 | 10th Building | Singapore 049711  
 Office (65) 63476100 Email: [insure@iil.com.sg](mailto:insure@iil.com.sg)  
 Fax (65) 62244174 Website: [www.iil.com.sg](http://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, 1999 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D24MPC0003636		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SJQ4541X	
Chassis No	: KMHDU41BR9U758042	
2. Name of Policyholder	: NG SHAO WEI	
3. Effective date of Insurance	: 13 May 2024	
4. Expiry date of Insurance	: 12 May 2025	
5. Persons or Classes of Persons entitled to drive*	<p>(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.</p> <p>(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.</p>	
6. Limitations as to use*	<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p>The Policy does not cover</p> <p>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.</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>Insured and Named Drivers Excess Section I: SGD 600.00            Unnamed Drivers Excess Section I: SGD 1,100.00            Windscreen Excess: SGD 100.00</p>		
<p>Hire Purchase Company : N.A</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN 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 : A000024/Tan Sook Leng Agnes            Date of Issue : 09/05/2024 09:50:06            M.X. 1 - PRIVATE CAR(INDIVIDUAL)</p>		<p>For India International Insurance Pte Ltd</p> <p><i>Handwritten Signature</i></p> <p>Rajesh Venugopal            MD &amp; CEO</p>

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