

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	07/11/2024 16:21 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/11/2024 22:13 (SGT)
Exact Location of Accident	Sengkang Square, Singapore
Additional Location Information	CROSS JUNCTION COMPASSVALE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY2259H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	DELGROW AUTOMOTIVE PTE LTD
Company Reg No	201025995C
Email Address	ANGIE@DELGROW-SG.COM
Mobile Phone No	(Phone) +65-91826060
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Tucson
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 car
Transmission	Auto
CC	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00018902401

DRIVER

Name of Driver	SIVARAM S/O AMATHALINGAM
NRIC No	S8428567F
Date Of Birth	17/09/1984
Occupation	Outdoor
Driving Pass Date	16/06/2015
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94668856
Alt. Phone Number	-
Email Address	SIVARAMA65@GMAIL.COM
Address	BLK 250D COMPASSVALE STREET #13-51
Address complement	-
Postcode	544250
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 on 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	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)	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	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/20241106/7005

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	GBC3788B
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SIVARAM S/O AMATHALINGAM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJY2259H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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:

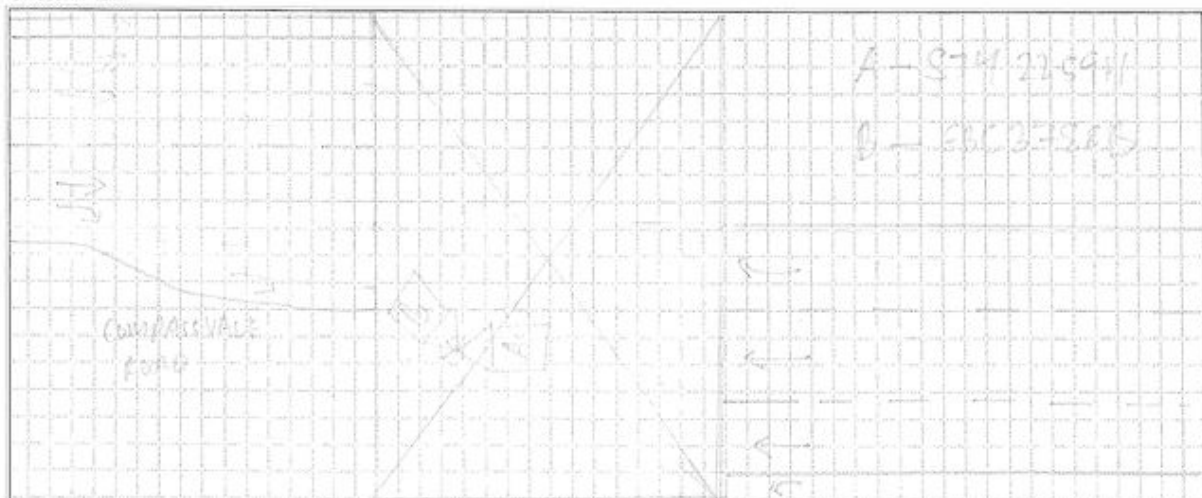
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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


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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to police report T/20241106/7005

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

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















**SINGAPORE
POLICE FORCE**



T/20241106/7005

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

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Report No. T/20241106/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2024 00:46		Vide Report No.: F/20241105/0208		Station Diary No.:
Informant's Particulars				
Name of Informant: SIVARAM S/O AMATHALINGAM		Address: 250D COMPASSVALE STREET #13-51 COMPASSVALE HAVEN SINGAPORE 544250		
ID Type / ID No.: NRIC NO / S8428567F		Contact No.: Home/Office: Mobile: 94668856		
Nationality: SINGAPORE CITIZEN		Email: SIVARAMA65@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 17/09/1984	Type of Informant: Driver	
Race: Indian		Language: English		
Occupation: Occupational health and safety professional		Driving Licence Information: Class: 3 Date of Expiry: 06/11/2024		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/11/2024 22:13	Type of Location: X-Junction
Location: CROSS JUNCTION OF SENGKANG SQUARE AND COMPASSVALE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC3788B	Motor van	TOYOTA	HIACE	Silver	Slightly Damaged	1
SJY2259H	Motor car	HYUNDAI	TUCSON	Grey	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJY2259H	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD	DMHCSNA00018902 401	27/09/2024	26/09/2025



**SINGAPORE
POLICE FORCE**



T/20241106/7005

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

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Report No. T/20241106/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	GBC3788B (Motor van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	GBC3788B (Motor van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	SIVARAM S/O AMATHALINGAM	ID No.	S8428567F
Related Vehicle	SJY2259H (Motor car)	Contact No.	94668856
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 06/11/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

I WAS TRAVELLING ALONG COMPASSVALE ROAD. I WAS GOING PASS THE JUNCTION OF SENGKANG SQUARE. IT WAS GREEN LIGHT IN MY FAVOUR. SUDDENLY A VAN FROM THE OPPOSITE ROAD MADE A RIGHT TURN AND HIT ME HEAD ON TO THE FRONT RIGHT SIDE OF MY CAR. AND BOTH THE AIRBAGS IN MY CAR CAME OUT.



**SINGAPORE
POLICE FORCE**

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



T/20241106/7005

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Report No. T/20241106/7005

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

This report is lodged at Sengkang NPC Kiosk 1
NP168

Signature Of Informant:

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

Date/Time:
06/11/2024 00:46

Classification Of Case:



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ406L/B

R SN

AN0008A

Cov. Type: C

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)

CERTIFICATE No.	QMHCNSNA00018902401	Engine No.: G4KDA306615	Chs. No.: KMHJU81BMBU058914
1. Index Mark and Registration Number of Vehicle	SJY2259H	AUTOSAFE	*****
2. Name of Policy Holder	DELGROW AUTOMOTIVE PTE. LTD.		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	27/09/2024 (00:00:00)	Excess Sect. I.	\$52,000.00
		Excess Sect. I (Outside Singapore)	\$54,000.00
		Excess Sect. II	\$51,500.00
4. Date of Expiry of Insurance	26/09/2025	Excess Sect. II (Outside Singapore)	\$53,000.00
		EX ON WINDSCREEN	\$5100.00
5. Persons or Classes of Persons entitled to drive*	<p>As per Named Driver(s) stated below. 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>(1) Use for the carriage of passengers or goods in connection with the Policyholder's business. (2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.</p> <p>The Policy does not cover (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.</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.

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).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Chai Hulin Lynn
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com



DELGROW AUTOMOTIVE PTE LTD

33 UBI AVE 3 #01-14/15 VERTEX SINGAPORE 408668

Tel: (65) 6251 8397 Fax: (65) 6251 8317

VEHICLE RENTAL AGREEMENT

Date: 03/05/2023

Vehicle Rental Agreement made between DELGROW AUTOMOTIVE PTE LTD (OWNER) and The Hirer and/or The Driver, under the terms and conditions as set forth.

HIRER'S DETAILS						
NAME OF HIRER ("Hirer")	SWARAM S/O AMATHALINGAM		NRIC No.	S8428567F	Gender	MALE
ADDRESS (AS STATED IN NRIC)	BLK 250D COMPASSVALE STREET #13-51 SINGAPORE 544250					
EMAIL ADDRESS			CONTACT NUMBER	94668856		
DRIVING LICENCE No.	S8428567F		DATE OF BIRTH	17/09/1984		
DRIVING EXPERIENCE	3	YEARS	NATIONALITY	SINGAPOREAN	PLACE OF ISSUE	SINGAPORE
VEHICLE DETAILS						
MAKE / MODEL	HYUNDAI LM Tucson		VEHICLE REG No.	SJY 2259H		
LEFT SIDE			LEGEND:			
RIGHT SIDE			O - DENT X - SCRATCH C - CHIP R - RUST			
DATE OUT	04/05/2023	TIME OUT	15:30 HRS	HIRER'S SIGNATURE		
DATE IN		TIME IN		HIRER'S SIGNATURE		
RENTAL DETAILS						
SECURITY DEPOSIT	S\$		INSURANCE EXCESS	Please View Terms & Conditions "INSURANCE / MALAYSIA USAGE"		
RENTAL CHARGES	S\$ 1,650 / MONTH		NUMBER OF DAY(S) / WEEK(S)	2YR		
GRAND TOTAL	S\$					
CONTRACT PERIOD	Start Date	04/05/2023	End Date	03-05/2025		
REMARK(S)						

PLEASE MAKE PAYMENT TO UOB 366-315-914-1 OR PAYNOW 201025995C

AUTHORISED SIGNATURE



HIRER NAME AND NRIC

SWARAM S/O AMATHALINGAM
S8428567F

Co. Reg. No. 201025995C

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