

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	13/11/2024 16:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/11/2024 11:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TRAFFIC JUNCTION BETWEEN YIO CHU KANG RD & BEGONIA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ9565G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHER CHUAN CHRISTOPHER
NRIC No	S8528563G
Email Address	CHRIS@BUDDYHOAGIES.COM.SG
Mobile Phone No	(Phone) +65-96603540
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2362
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	D23MPC0006701_01

DRIVER

Name of Driver	NG CHER CHUAN CHRISTOPHER
NRIC No	S8528563G
Date Of Birth	02/10/1985
Occupation	Indoor
Driving Pass Date	25/07/2005
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	19 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96603540
Alt. Phone Number	-
Email Address	CHRIS@BUDDYHOAGIES.COM.SG
Address	36 FERNVALE LINK #18-18 S-797533
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	Chain 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	3
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)	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	YONG SIU FEN
Gender	Female

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 ATTACH

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	SMA7817E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO SHI WEI
Contact Number	(Phone) +65-88370338
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	SCG9885G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO AH LIK
Contact Number	(Phone) +65-96802017
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

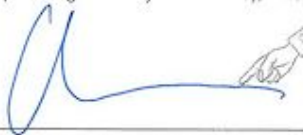
IMPORTANT NOTICE

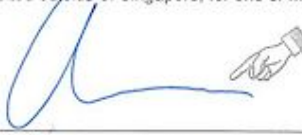
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report 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.

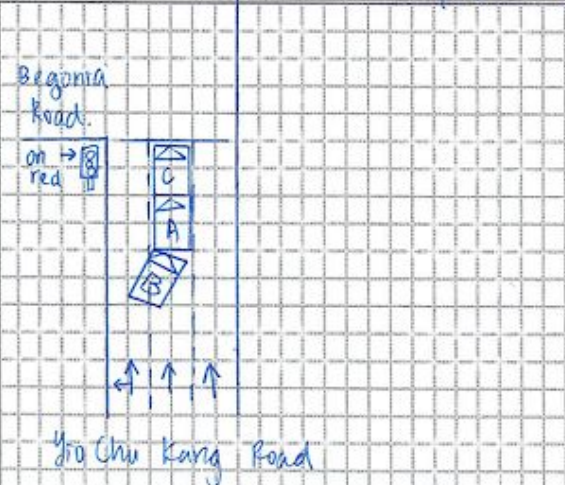

Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time
13/11/24 3:30 PM



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

Sketch Plan

	Vehicle A: SJJ 9565 G Vehicle B: SMA 7817 E Vehicle C: SCG 9885 G POA: 13/11/2024 @ 11:25 am Traffic Junction between Yio Chu Kang Road and Begonia Road.
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Describe Circumstance of the Accident

On 13/11/2024 about 1125 hours, I was driving my car (SJJ 9565 G) along Yio Chu Kang Road with 1 passenger. The traffic light of the junction between Yio Chu Kang Road and Begonia Road is on red, so I stopped my car in time.

Suddenly, I felt a huge impact from my back. The huge impact cause my car surge forward and then hit onto rear portion of SCG 9885 G. After I alighted from my car, I realized that I was involved in 3 vehicles chain collision accident as following sort:

1st: SCG 9885 G (C)
 2nd: SJJ 9565 G (A)
 3rd: SMA 7877 E (B)

All parties have exchange particulars.

Hence, I hereto lodge this report to claim against vehicle B (SMA 7877 E)'s insurance for my accident damages.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


 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)























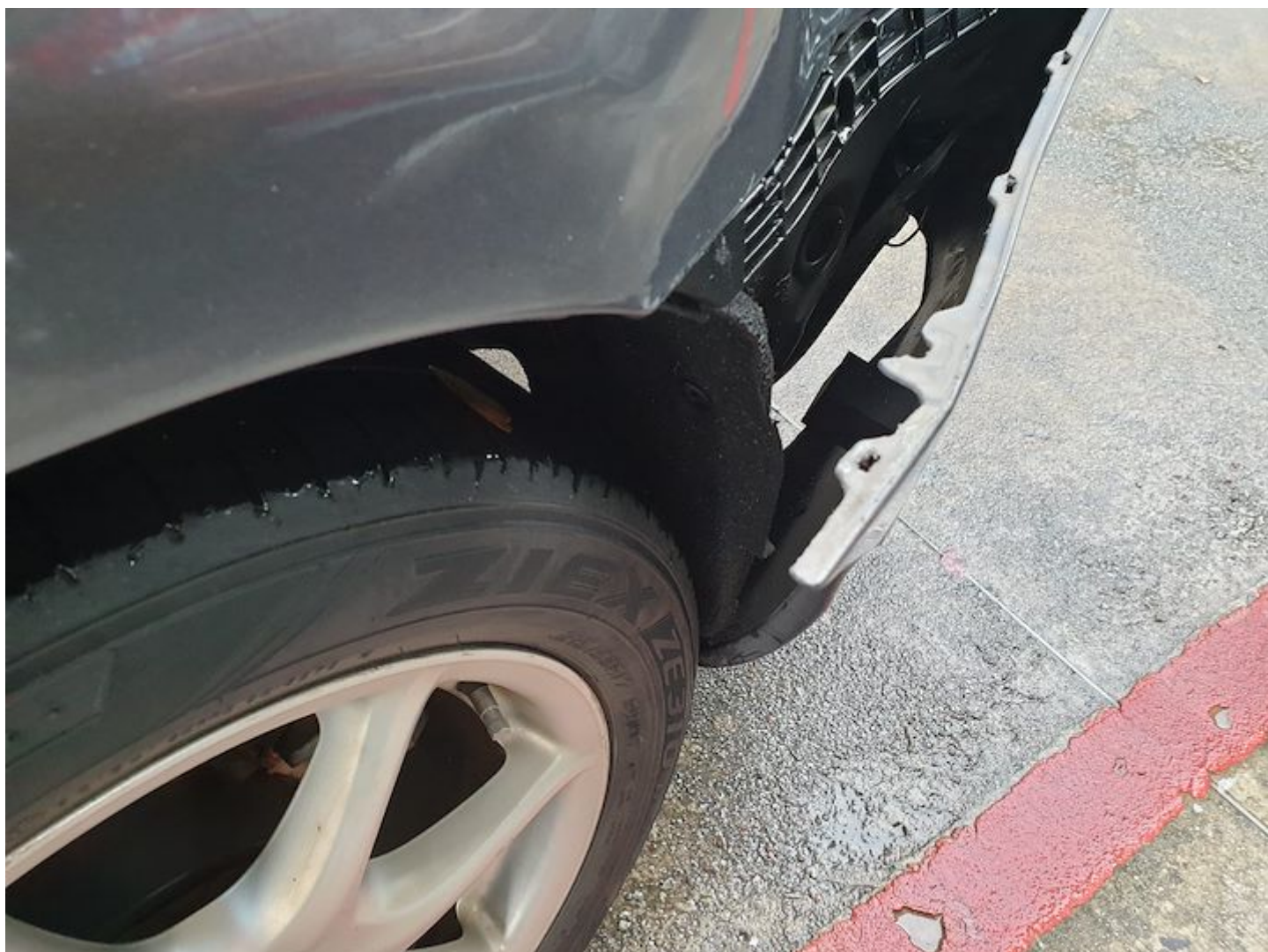














INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-007B806-X
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
 Office (65) 63476100 Email insure@iil.com.sg
 Fax (65) 62244174 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.: D23MPC0006701_01		COVER: Third Party Fire & Theft
1. Index Mark and Registration Number of Vehicle	:	SJJ9565G
Chassis No	:	ACV403165668
2. Name of Policyholder	:	NG CHER CHUAN CHRISTOPHER
3. Effective date of Insurance	:	29 Sep 2024
4. Expiry date of Insurance	:	28 Sep 2025
5. Persons or Classes of Persons entitled to drive*		
(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. (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.		
6. Limitations as to use*		
Use only for social, domestic and pleasure purposes and for the Policyholder's business.		
The Policy does not cover		
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.		
*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.		
Hire Purchase Company	N.A	
WARRANTY BENEFIT FOR ENGINE AND GEAR BOX ONLY		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500/- ON ALL CLAIMS WILL BE APPLICABLE.		
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).		
Agent/Broker	A000050/Sunmex Enterprise	
Date of Issue	30/08/2024 14:23:18	
M.X. 1 - PRIVATE CAR(INDIVIDUAL)		
	For India International Insurance Pte Ltd Nalin Vengopal MD & CEO	