

NOTIFICATION OF ACCIDENT & PRE-REPAIR INSPECTION

Date :

Time : 21 NOV 2024

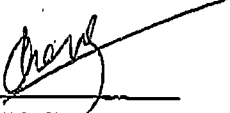
By Fax :

TO :

INDIA INTERNATIONAL PTE LTD

Accident involving Your insured vehicle No. ARM 45706 with
My vehicle No. SME 65097 on 19/11/24 along BEACH ROAD

1. I, the owner of Vehicle No. SME 65907 intend to make a 3rd party claim against your insured.
2. My Vehicle is now at the workshop **Guan Motor Works** Tel : 6453 6111 and is available for your inspection before repairs are carried out.
3. Please acknowledge receipt of this Notification by return fax to 6453 8292 and reply within 2 days whether you wish to inspect the vehicle or waive inspection.


Signature
Name Cheng Tim Sten
NRIC: 0030309/4

CK TEO & CO
Advocates & Solicitors
101A Upper Cross Street
#08-17 People's Park Centre
Singapore 058358
Tel: 6535 4788 Fax: 6535 4245

Enquire Vehicle's Insurance Particulars

Enquire Vehicle's Insurance Particulars (As At 19 Nov 2024 / 14:45:00)

Vehicle Insurance Details

Vehicle No.:

GBM4560G

Make Description/Model:

MAXUS / E-DELIVER 3

Insurance Company Name:

INDIA INT'L INS PTE LTD

Business Transaction Reference No.:

20241119175859341430

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Save as PDF

OK →

Print

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	20/11/2024 14:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/11/2024 14:45 (SGT)
Exact Location of Accident	Beach Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME6590T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHENG TIM SOON
NRIC No	SXXXX309G
Email Address	lindachengluling@gmail.com
Mobile Phone No	(Phone) +65-93863939
Alternative Phone No	.

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 hire
Transmission	Auto
CC	1500
Vehicle Fuel	.
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5104523976-06

DRIVER

Name of Driver	CHENG TIM SOON
NRIC No	SXXXX309G
Date Of Birth	21/08/1952
Occupation	Outdoor
Driving Pass Date	17/08/1982
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	42 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93863939
Alt. Phone Number	-
Email Address	lindachenglulling@gmail.com
Address	BLK 303 BUKIT BATOK STREET 31
Address complement	#02-21
Postcode	650303
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	N.A
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569829
Was notice of Intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED SKETCH PLANS

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 GBM4560G
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
No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

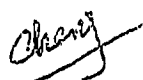
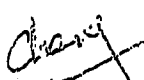

INJURED 1

Name of injured person CHENG TIM SOON
Gender Male
Phone No (Phone) +65-93863939
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained NECK PAIN
Injured person in which vehicle? SME6590T
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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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 based 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 _____

Sketch Plan

A. SME 6590 T
 B. GBM 4560 G

Describe Circumstance of the Accident

T202411192081

Declaration

Declaration

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

Chang
Policyholder's Signature / Date & Time

Cheng
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/20241119/2081

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 3

Report No. T/20241119/2081

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2024 19:14		Vide Report No.:		Station Diary No.: 135	
Name of Informant: CHENG TIM SOON					
Address: APT BLK 303 BUKIT BATOK STREET 31 #02-21 SINGAPORE 650303					
ID Type / ID No.: NRIC NO / S0030309G		Contact No.: Home/Office: Mobile: 93863939			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 72	Date of Birth: 21/08/1952	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Private-hire car driver			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2024 14:50	Type of Location: X-Junction
Location: BEACH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
GBM4560G	Van				Slightly Damaged	0
SME6590T	Sedan car				Slightly Damaged	1

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20241119/2081

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20241119/2081

CONTINUATION OF REPORT

Name	CHENG TIM SOON	ID No.	S0030309G
Related Vehicle	SME6590T (Sedan car)	Contact No.	93863939
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	19/11/2024	Date Discharge	19/11/2024
No. of Days granted Medical Leave	05	Degree of	Slight
Name	Rosli B Abdullah	ID No.	S7912560A
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 1450hrs, I was driving along Beach Road towards Lavender. I am a Private Hire Driver with Grab, I was sending a passenger to Kallang Ave City Hub. I was at the traffic light junction of Beach road and Ophir road waiting for the traffic light to turn green when suddenly another vehicle hit me from my rear. The impact was hard and caused me to move forward. As I was the first vehicle I did not hit onto any other vehicle. I then went out of my vehicle to check on my car and the other driver had also alighted from his vehicle. The driver then told me to lodge a police report and we then exchange particulars. However we did not exchanged contact numbers.

I took photos of the damages for my car and also the other car involved. My rear boot of my car was dented and damaged and the other car had slight damages to front bumper of his car. I had checked on my passenger who informed me that he is fine and did not require any medical attention. I had also advised him to go and see the doctor but he declined. After that I then continued with the journey to send my passenger to his destination. I had suffered some pain on my neck due to the impact. I went to Mount Alvernia Hospital to get my neck checked and I was given 5 days MC from 19/11/2024 to 23/11/2024.



**SINGAPORE
POLICE FORCE**



T/20241119/2081

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20241119/2081

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SI MUHAMMAD RAIMI BIN MIS
NAM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SUPT (1) PHNG KAR SOON
Contact No.: 65476439

Signature Of Informant:

Date/Time:
19/11/2024 19:14

Classification Of Case: