

# 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 .....	06/08/2024 11:11 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	26/07/2024 14:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BLK 101 TAMPINES STREET 11
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PA1997Y
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MING CHUAN TRANSPORTATION PTE. LTD
Company Reg No .....	202122415G
Email Address .....	ronaldkoh@cdgmedcare.com
Mobile Phone No .....	(Phone) +65-83661669
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Bus
Transmission .....	Auto
CC .....	2982
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 .....	-

### DRIVER

Name of Driver .....	TAN MENG THAI
NRIC No .....	S1597887B
Date Of Birth .....	20/06/1963
Occupation .....	Outdoor
Driving Pass Date .....	30/05/1981
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	43 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83661669
Alt. Phone Number .....	-
Email Address .....	ronaldkoh@cdgmedcare.com
Address .....	BLK 860 YISHUN AVE 4 #10-145
Address complement .....	-
Postcode .....	760860
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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

ON 26/7/24 @ 14:40HRS, I WAS REVERSING MY BUS PA1997Y ALONG BLK 101 TAMPINES STREET 11 & HIT ONTO A CAR SKW8666A WHICH WAS PARKED BEHIND ME.

#### 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 .....	SKW8666A
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 PLANIMPORTANT 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.

**MCMING CHUAN**  
TRANSPORTATION PTE LTD  
UEN: 202122415G

Policyholder's Signature / Date & Time

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

A = PA1997Y  
B = SEW8666A.

BYE 101 Tampines St 11.

vJun2022

1

## Describe Circumstance of the Accident

On 26/07/24 @ 14:40hrs, I was reversing my bus PA19974 along Blk 101 Tampines St 11 & hit onto a car SKW866A which was parked behind me.

## Declaration

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

**MC** MING CHUAN  
TRANSPORTATION PTE LTD  
UEN: 202122415G

Policyholder's Signature / Date & Time

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

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





















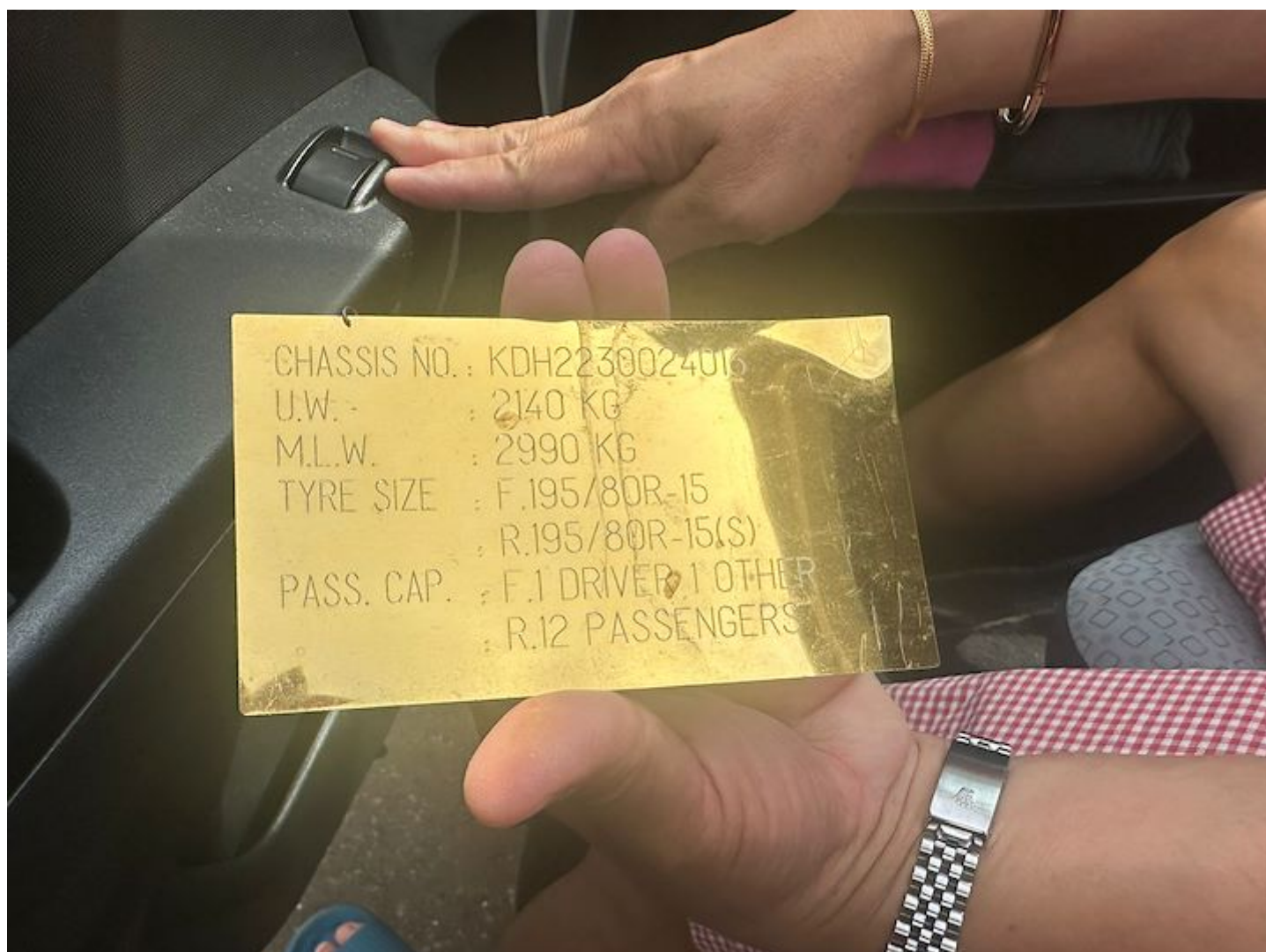














INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. MZ-0078806-X

6 Raffles Quay #22-00 Singapore 048580

Office (65) 63476100 Email insure@iii.com.sg

Website www.iii.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.

<b>CERTIFICATE NO.:</b> D24MFL0004280		<b>COVER:</b> Comprehensive
1. Index Mark and Registration Number of Vehicle	:	PA1997Y
Chassis No	:	KDH2230024013
2. Name of Policyholder	:	MING CHUAN TRANSPORTATION PTE. LTD.
3. Effective date of Insurance	:	01 Jun 2024
4. Expiry date of Insurance	:	31 May 2025
5. Persons or Classes of Persons entitled to drive*		
Any person provided he/she is in the Policyholder's employ and is driving on their order or with their 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*		
Within The Republic of Singapore only		
(1) Use in connection with the Policyholder's business.		
(2) Use for the carriage of passengers in connection with the Policyholder's business.		
(3) Use for social, domestic and pleasure purposes.		
<b>The Policy does not cover</b>		
(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.		
*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.		
Excess Section I WITHIN SINGAPORE	:	SGD 2,000.00
Excess Section II WITHIN SINGAPORE	:	SGD 1,500.00
Windscreen Excess	:	SGD 100.00
Hire Purchase Company	:	N.A
FOR DRIVERS BELOW 22 YEARS OR ABOVE 75 YEARS OLD &/OR WITH LESS THAN 2 YEARS DRIVING EXPERIENCE UNDER THE RELEVANT CLASSES OF DRIVING LICENCES IN SINGAPORE, AN ADDITIONAL EXCESS OF S\$2,500.00 SECTION I AND SECTION II (SEPARATELY) WILL BE APPLICABLE.		
AUTHORISED WORKSHOP: COVERAGE IS BASED ON III'S PANEL OF AUTHORISED WORKSHOPS. ACCIDENT REPAIRS MUST BE DONE AT III'S PANEL OF AUTHORISED WORKSHOPS. THE COMPANY WILL NOT PROVIDE INDEMNITY UNDER SECTION I OF THE POLICY IF THE MOTOR VEHICLE IS REPAIRED ELSEWHERE.		
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	:	B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD
Date of Issue	:	31/05/2024 18:19:21
M.Z. 601CS	:	OMNIBUS Company's use
		For India International Insurance Pte Ltd
		Nalini Venugopal MD & CEO

santhosh/31/05/2024 18:19:21

31/05/2024 18:22:23