

# 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 .....	30/07/2024 19:48 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	29/07/2024 15:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TELOK BLANGAH ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLU7636S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KINETIC PRESTIGE PTE LTD
Company Reg No .....	2XXXXX997R
Email Address .....	SUPPORT@KINETIC-ALLIANCE.COM
Mobile Phone No .....	(Phone) +65-9818
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Sienta
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 .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D22MFL0008003_01

### DRIVER

Name of Driver .....	LIM KIM MIN
NRIC No .....	SXXXX642A
Date Of Birth .....	08/05/1959
Occupation .....	Outdoor

Driving Pass Date .....	11/12/1984
Driving experience .....	39 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88766729
Alt. Phone Number .....	-
Email Address .....	SUPPORT@KINETIC-ALLIANCE.COM
Address .....	716 CLEMENTI WEST ST2 #03-45
Address complement .....	-
Postcode .....	120716
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 .....	Side Swipe
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? .....	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 SKETCH PLAN

#### 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 .....	XD7945Y
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 PLAN

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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:

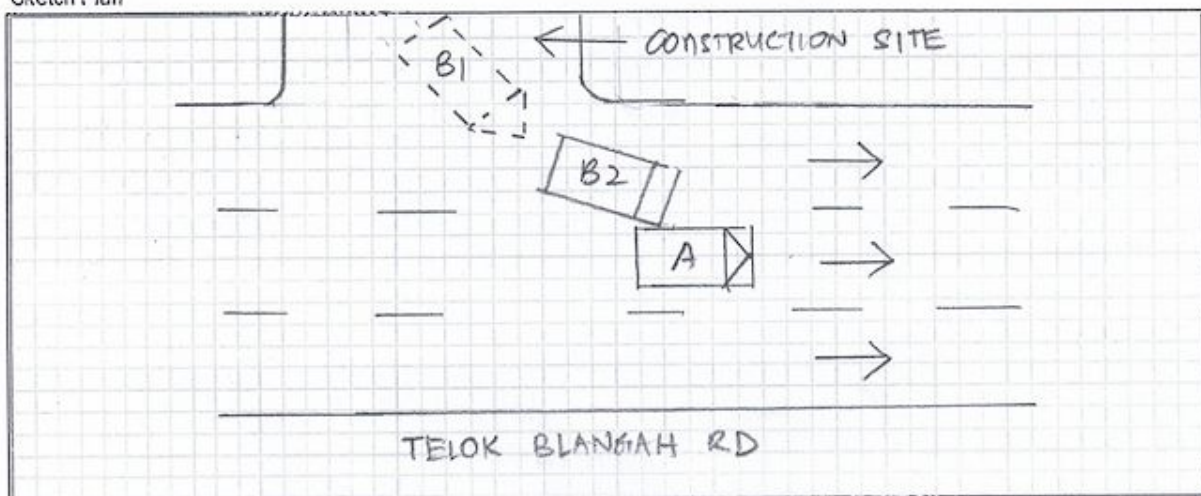
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

## Sketch Plan



Describe Circumstance of the Accident

Please refer to police report attached

7/20240730/7032

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &amp; Time

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

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







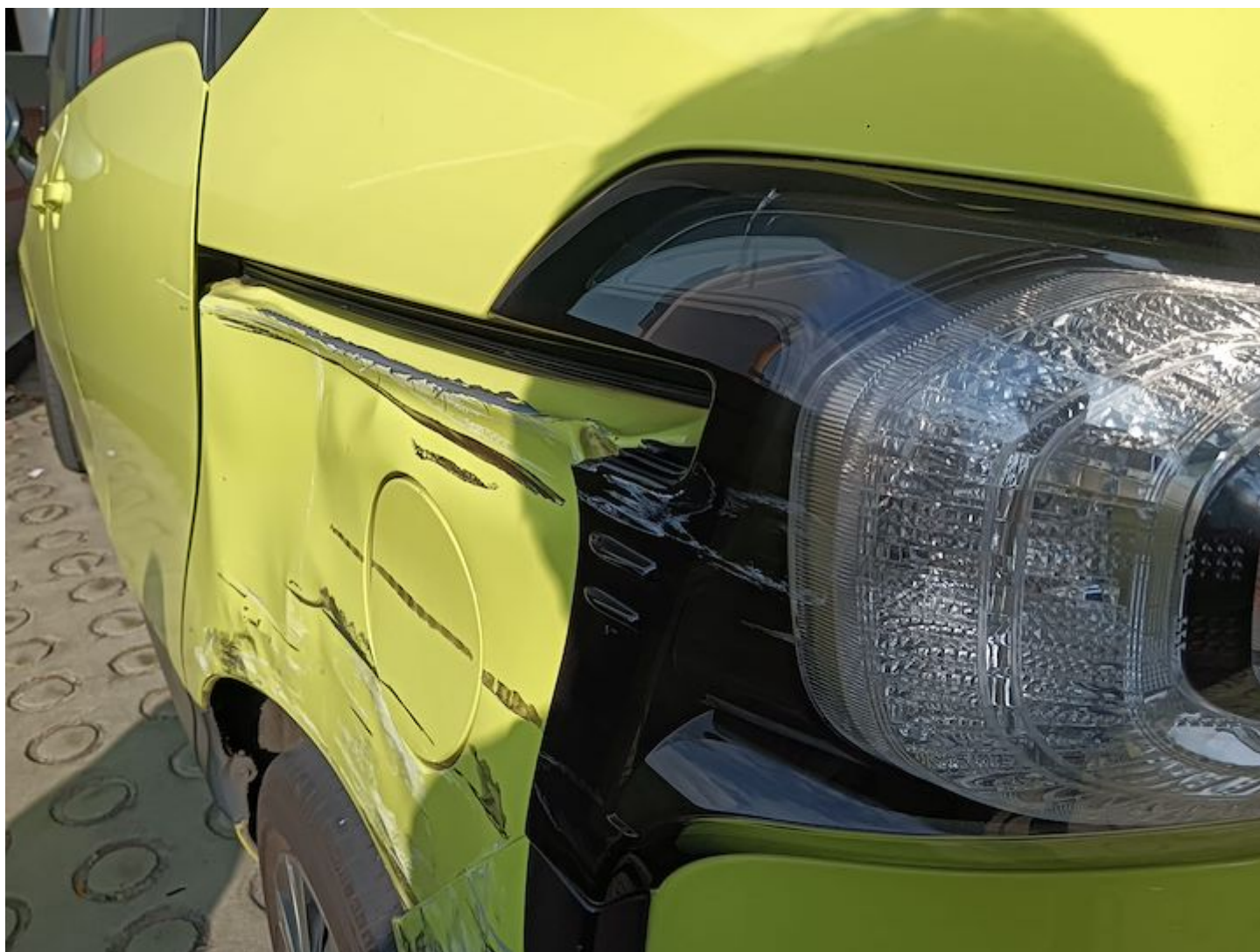




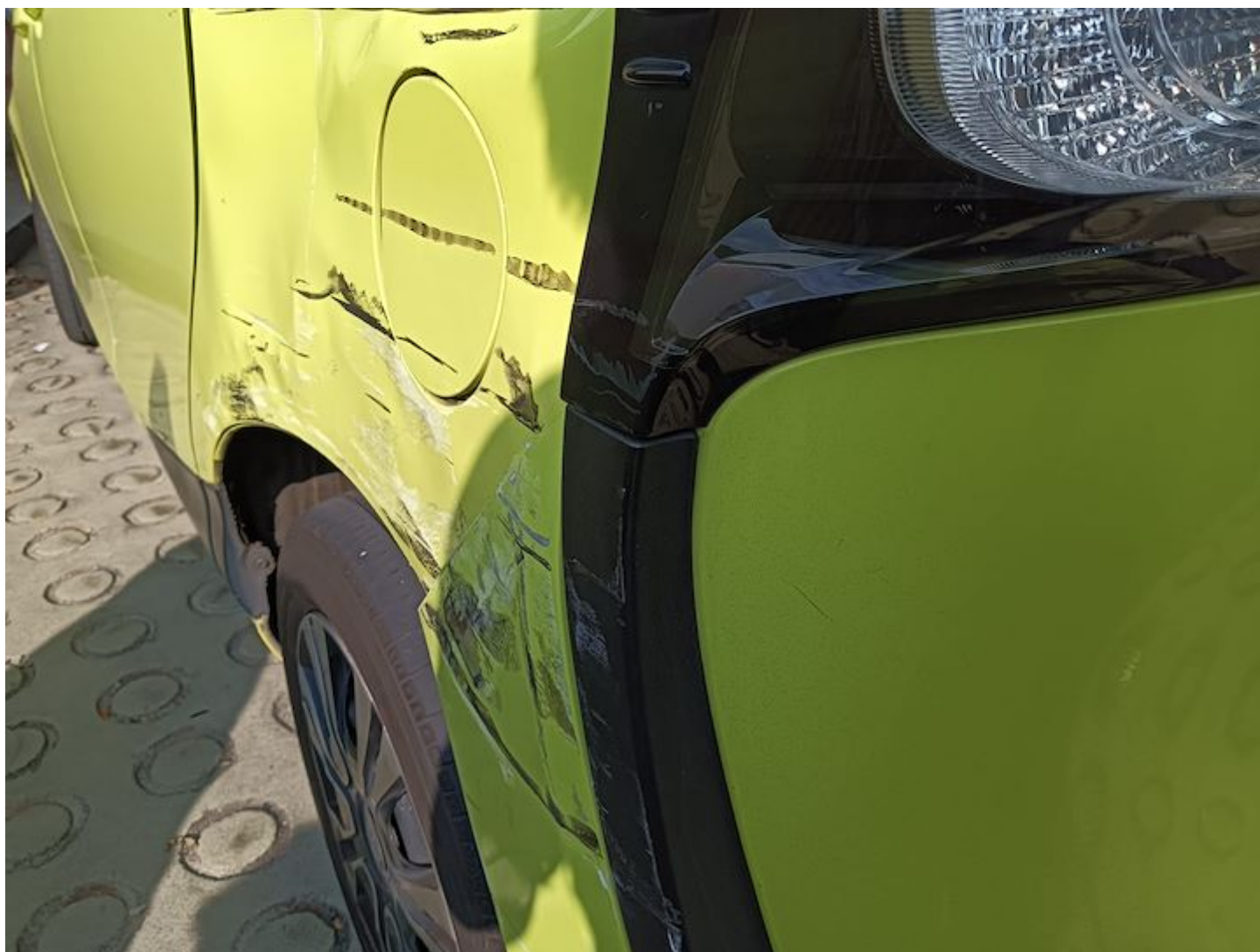








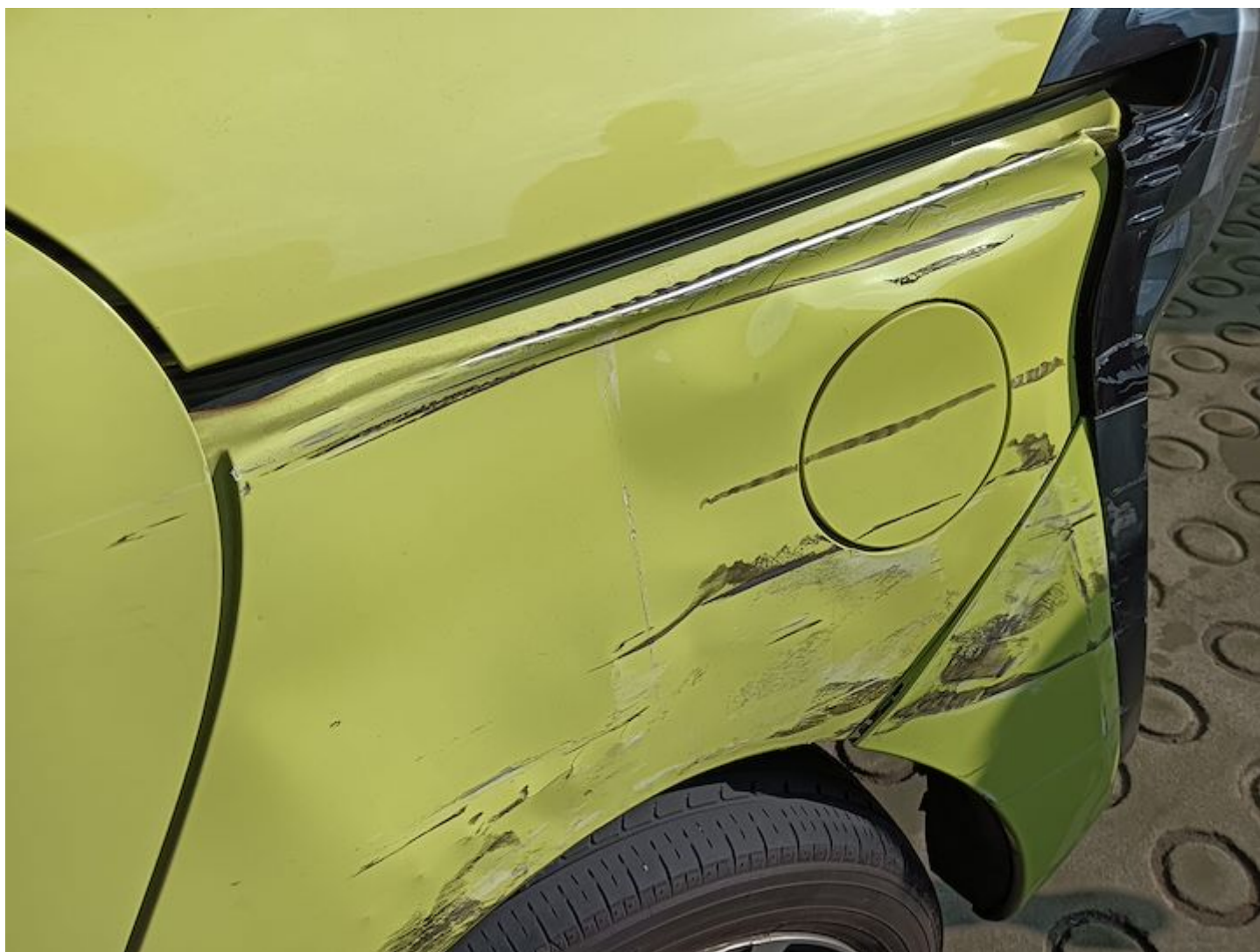












































**SINGAPORE  
POLICE FORCE**



T/20240730/7032

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

1 of 3

Report No. T/20240730/7032

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2024 11:57		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: LIM KIM MIN		Address: 716 CLEMENTI WEST STREET 2 #03-45 SINGAPORE 120716		
ID Type / ID No.: NRIC NO / S1362642A		Contact No.: Home/Office:      Mobile: 88766729		
Nationality: SINGAPORE CITIZEN		Email: lkmalvin@gmail.com		
Sex: Male	Age: 65	Date of Birth: 08/05/1959	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Private-hire car driver		Driving Licence Information: Class:      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/07/2024 15:00	Type of Location: Straight Road
Location:  TELOK BLANGAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU7636S	Motor car			Green		0
XD7945Y	Lorry			White		0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**SINGAPORE  
POLICE FORCE**

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



T/20240730/7032

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Report No. T/20240730/7032

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

NP168

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

Date/Time:  
30/07/2024 11:57

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



T/20240730/7032

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

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Report No. T/20240730/7032

CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIM KIM MIN		ID No. S1362642A
Related Vehicle	SLU7636S (Motor car)		Contact No. 88766729
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	30/07/2024	Date Discharge	30/07/2024
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Slight
<b>Driver</b>			
Name	LIM KIM MIN		ID No. S1362642A
Related Vehicle	SLU7636S (Motor car)		Contact No. 88766729
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

**Brief Details.**

On the above mentioned date and time ,  
I was driving PHTaxi-SLU7636S traveling straight along Telok blangah road toward Pasir Panjang road at lane two, the road have 3 lanes, suddenly a lorry plate no.XD 7945Y coming out from the left slip did not stop and give way to my vehicle at main and collided onto my vehicle from the rear passenger door cause dented,  
After accident i felt unwell ,  
On 30/07/2024 I went sunshine clinic family practice & surgery consult doctor and was given 7 M C.







## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-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> D22MFL0008003_01		<b>COVER:</b> Comprehensive
1. Index Mark and Registration Number of Vehicle	:	SLU7636S
Chassis No	:	NHP1707062941
2. Name of Policyholder	:	KINETIC PRESTIGE PTE. LTD.
3. Effective date of Insurance	:	01 Sep 2023
4. Expiry date of Insurance	:	31 Aug 2024
5. Persons or Classes of Persons entitled to drive*		
Any person who is driving on the Policyholder's order or with his/her permission. The Hirer.		
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 for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired		
<b>The Policy does not cover</b>		
(1) Use for hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward).		
(2) Use for racing, pace-making, reliability trial, or speed-testing.		
(3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.		
(4) 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.		
FOR DRIVERS BELOW 22 YEARS OLD &/OR WITH LESS THAN 2 YEARS DRIVING EXPERIENCE UNDER THE RELEVANT CLASSES OF DRIVING LICENCE IN SINGAPORE, AN ADDITIONAL EXCESS OF \$52,500/- ON SECTION I AND SECTION II (SEPARATELY) WILL BE APPLICABLE.		
AUTHORISED WORKSHOP: 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.		
PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY.		
FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA.		
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 : A000076/INSURANCE LAB AGENCY		For India International Insurance Pte Ltd
Date of Issue : 31/08/2023 11:13:50		
MZ406 - Hire Car (G/R)		
		 Nalini Venugopal MD & CEO

santhosh/31/08/2023 11:13:50

31/08/2023 11:21:09