

## 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 Authorised 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 ability.
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 Report	23/03/2018 11:12
Date Of Accident	22/03/2018 16:00
Exact Location Of Accident	ALONG CTE TOWARDS PIE BRADDELL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3724P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIN HIAP HOE TRANSPORT PTE LTD
Co Reg No	197401305C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62660808

### Vehicle Particulars

Manufacturer	MAN
Model	TGS 35.360-10.5 D 8X4 BB (M)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SMT08646
Cover Note Number	

### Driver

Name of Driver	RATHNAVELU DEVARAJAN
NRIC No	G7447718L
Date Of Birth	02/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	07/04/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84344565
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	45A PANDAN ROAD SINGAPORE
Postcode	609287
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1113K
Vehicle Make/Model/Colour	KIA / CERATO / SILVER
Details Of Properties	RIGHT SIDE PORTION
Vehicle Category	TAXI
Name of Driver	TAY BENG CHYE
NRIC/Passport Number	S1251433F
Contact Number	96911601
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**SKETCH PLAN**

**IMPORTANT NOTICE**

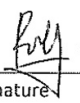
1. Please report **correctly** the details of the accident to speed up the claims process.
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3. Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability.**
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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



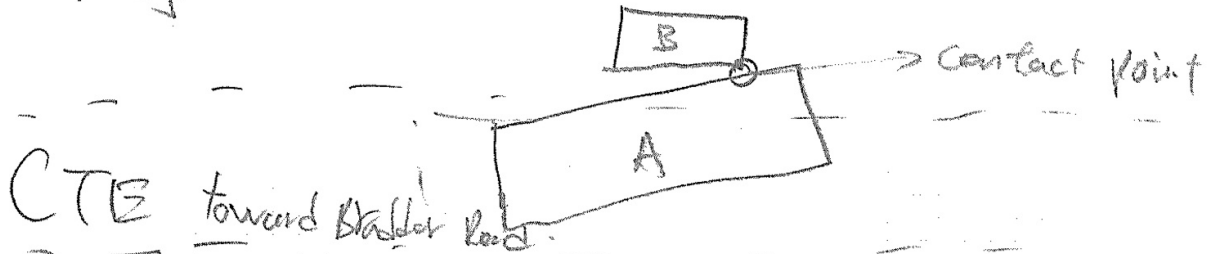
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23/3/18.

COMFORTDELGRO ENGINEERING PTE LTD  
EXTERNAL BUSINESS DIV. PHOENIX BRANCH  
NAME & SIGNATURE:   
DESIGNATION: DATE: 23/03/18

Reporting Centre Personnel's Signature  
Name: WONG CHEE WEI  
NRIC/FIN No.: G 72180994

ANK AVE 2



On 22 May 2018 ~~at~~ around 4pm. me ( )  
Driving XB 3724 <sup>(A)</sup> from AMK AVE3 EXIT bradern road ~~forward~~,  
when I checking the left lane. After I check my left lane side  
and I Signate to ~~go in~~ move in. after I hear have ~~one~~ sounds  
and I stop, when I go down ~~for~~ to check just know that  
Contact with the Taxi vehicle CSHD 1113X Name. Tay  
Beng Chye. and the taxi inside no passenger

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



Driver's Signature RH  
(If driver is not the policyholder)  
Date & Time: 2/3/18

Reporting Centre Personnel's Signature  
Name: WONG CHEE WEI  
NRIC/FIN No.: 572180994.



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST Reg. No. M2-0078806-X  
64 Cecil Street #04/ #05/ #06-02 IOB Building Singapore 049711

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

Fax (65) 62244174 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)

This certificate is not transferable to a new owner of the vehicle. If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the legislation relating to compulsory Insurance.

The Certificate must be returned if the Insurance is suspended during its currency.

**III SPECIAL RISKS POOL**

Agency Code. 9009999	Excess. S\$3,500/- all claims
Third Party	
CERTIFICATE NO.	SMT08646
1. Index Mark and Registration Number of Vehicle	XE 3724 P
2. Name of Policy Holder	Sin Hiap Hoe Transport Pte Ltd
3. Effective date of the commencement of Insurance for the purposes of the Act	12 <sup>th</sup> December 2017
4. Date of Expiry of Insurance	11 <sup>th</sup> December 2018
5. Persons or Classes of Persons entitled to drive*	
(1) Whilst the vehicle is being used in connection with the Policyholder's business.	
Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.	
(2) Whilst the vehicle is being used for social, domestic or pleasure purposes.	
Any person who is driving on the Policyholder's 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*	
(1) Use in connection with the Policyholder's business	
(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.	
(3) Use for social, domestic and pleasure purposes.	
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 of any one disabled mechanically propelled vehicle.	
(3) Use for the carriage of passengers for hire or reward.	
*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).

Date of Issue **RL/20.12.2017**

for India International Insurance Pte. Ltd.  
Managers for the Special Risks Pool

MZ 301C (GOODS CARRYING)  
HIRE TYPE:

*Authorised Signatory*

Geographical Area: "THE REPUBLIC OF SINGAPORE ONLY"

**IMPORTANT NOTICE**

Policyholders are hereby warned that under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or to cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.

Policyholders are further warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act, (Cap. 189).

The Policy will cease to be valid once the motor vehicle has been sold to another person unless the transfer of interest has been duly notified to and agreed to by the insurance company concerned. If the insurance company agree to cover the new owner they will endorse the policy accordingly and will issue a new Certificate of Insurance in the new owner's name.

IN THE EVENT OF AN ACCIDENT NOTIFICATION SHOULD BE GIVEN IMMEDIATELY TO THE COMPANY. FAILURE TO DO SO WILL REST LI IN UNDERWRITERS DECLINING LIABILITY

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G7447718L**


Name: **RATHNAVELU DEVARAJAN**

Birth Date: **02 Dec 1983**

Issue Date: **21 Nov 2016**

Valid Till: **19/12/2021**

002630979G



**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer: **ALPHA PIONEER MARKETING PTE LTD**

Sector: **SERVICE**

Name: **RATHNAVELU DEVARAJAN**

Occupation: **TRAILER-TRUCK DRIVER**


Work Permit No. **4 01421580**

Date of Application: **29-05-2014**

Date of Issue: **13-05-2016**

Date of Expiry: **03-06-2018**


L6794813



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)**

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	20 Dec 2011
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	20 Dec 2011
Class 4A	Omni-buses	24 Feb 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	13 Jan 2014
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg and the unladen weight > 7250kg	07 Apr 2014

Licence No: G7447718L



NP 428A


**VISIT PASS**  
Immigration Regulations

Name: **RATHNAVELU DEVARAJAN**

Date of Birth: **02-12-1983** Sex: **M** Nationality: **MALAYSIAN**

FIN: **G7447718L** Date of Issue: **13-05-2016** Date of Expiry: **03-06-2018**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

