

## 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 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 Report	05/11/2018 15:04
Date Of Accident	05/11/2018 11:30
Exact Location Of Accident	SOMAPAH RD TO UPPER CHANGI ROAD EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7276C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HO CHER YAM
NRIC No	S1514584F
Email Address	COCOONSET@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91008078
Alternative Phone No	OFFICE-91008078

### Vehicle Particulars

Manufacturer	MAZDA
Model	6-2.0 4-DOOR SEDAN (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0000188
Cover Note Number	

### Driver

Name of Driver	HO CHER YAM
NRIC No	S1514584F
Date Of Birth	12/06/1961
Occupation	INDOOR
Date Of Driving Pass	31/03/1989
Driving Experience	29 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91008078
Fax Number	
Contact Number	OFFICE-91008078
Email Address	COCOONSET@GMAIL.COM

Address	BLK 610 HOUGANG AVE 8 #04-488
Postcode	530610
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : JULIE AUNG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	HOUGANG N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT : T/20181105/2053

#### 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	FBF1119E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBF1119E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**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 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 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:

5/11/18 @  
2.55pm

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

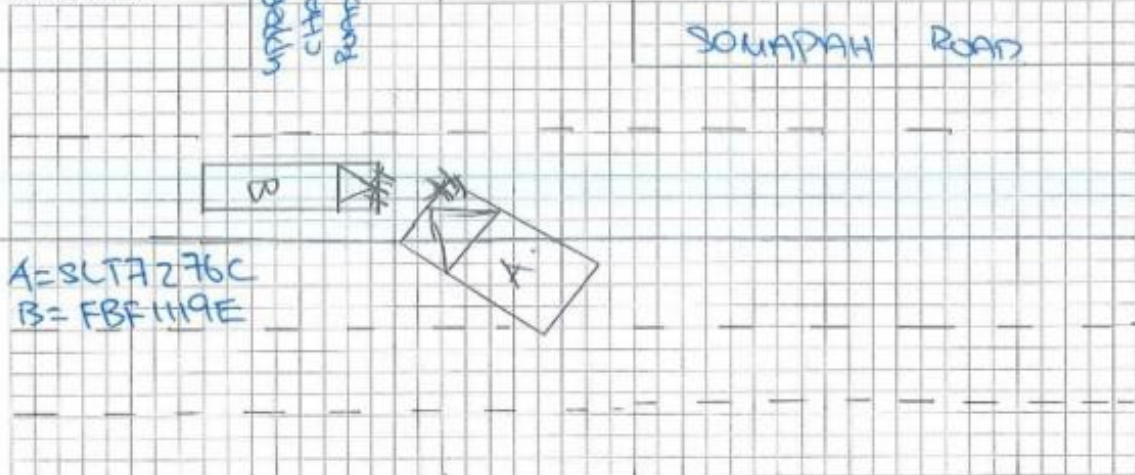
Date & Time:

 進友成汽車服務私人有限公司  
CYS Automobile Services Pte Ltd  
38 Woodlands Industrial Park East 1  
#07-17 Admiralty Industrial Park  
Singapore 757700  
Tel: 6219 2098 (3lines) Fax: 6219 2096

Reporting Centre Personnel's Signature  
Name: ESTHER Lim  
NRIC/FIN No.:

# SKETCH 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report: T/20181105/2053.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

**CYS Automobile Services Pte Ltd**  
38 Woodlands Industrial Park East  
#07-17 Admiralty Industrial Park  
Singapore 757700  
Tel: 6219 2096 (3lines) Fax: 6219 2096

Reporting Centre Personnel's Signature  
Name: Esther Lim  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20181105/2053

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20181105/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/11/2018 13:00	Vide Report No.:	Station Diary No.: 64
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**Informant's Particulars**

Name of Informant: HO CHER YAM			Address: APT BLK 610 HOUGANG AVENUE 8 #04-488 SINGAPORE 530610	
ID Type / ID No.: NRIC NO / S1514584F			Contact No.: Home/Office: Mobile: 91008078	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 12/06/1961	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

General information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/11/2018 11:30	Type of Location: X-Junction
Location: Along Road 1 SOMAPAH ROAD UPPER CHANGI ROAD EAST Along X-Junction of Somapah Road and Upper Changi Road East				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1119E	Motorcycle	YAMAHA	T135	Red		0
SLT7276C	Car	MAZDA	MAZDA6 SEDAN 2.0 AT EXECUTIVE EU6	Grey		1





**SINGAPORE  
POLICE FORCE**



T/20181105/2053

2 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20181105/2053

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT7276C	INDIA INTERNATIONAL INSURANCE PTE LTD	D18MPC0000188	11/06/2018	10/06/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HO CHER YAM		ID No.	S1514584F
Related Vehicle	SLT7276C (Car)		Contact No.	91008078
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 05/11/2018 at about 1130hrs, I was driving my car(Registration No. SLT7276C) along Somapah Road on the 1st lane of the 3lanes road when I arrived at X-junction of Somapah Road and Upper Changi Road East, going to turn right. I then check clear and signal, which I proceeded to make the turn. Halfway through, another motorcycle(Registration No. FBF1119E) came from opposite direction and collided onto my right front bumper of my car. I then alighted from my car to render assistance. The motorist suffer abrasion on his legs. Ambulance and Traffic Police was called in and he was conveyed to unknown hospital. I was advised by Traffic Police to lodge Traffic Accident report reference incident G/20181105/0079. There is dashcamera on my car however it was not recording.



**SINGAPORE  
POLICE FORCE**



T/20181105/2053

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20181105/2053

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
F /  
Sgt 2 BOH YONG SENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/11/2018 13:00

Officer In Charge Of Case:  
TP / GIT /  
SI NORASHIKIN BINTE DAUD  
Contact No.: 65476439

Classification Of Case:

Authentication Stamp  
NP168

Singapore Police Force





## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X  
 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711  
 Office (65) 63476100 Email: insured@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.: D18MPC0000188		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SLT7276C	
Chassis No	: JM6GL1071J0127574	
2. Name of Policyholder	: HO CHER YAM	
3. Effective date of Insurance	: 11 Jun 2018	
4. Expiry date of Insurance	: 10 Jun 2019	
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.		
Insured & Named Drivers Excess Sect I : SGD 750.00 Unnamed Drivers Excess Sect I : SGD 1250.00 Windscreen Excess : SGD 100.00 Hire Purchase Company : Maybank		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I 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 : Excel Insurance Agency Date of Issue : 11/06/2018 15:59:26 MX1-Private Car (Insured Driving)		For India International Insurance Pte Ltd  R. Ravindra Kumar MD & CEO

**REPUBLIC OF SINGAPORE DRIVING LICENCE**




Licence Number: **S1514584F**  
 Name: **HO CHER YAM**  
 Birth Date: **12 Jun 1961**  
 Issue Date: **09 Feb 2004**



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S1514584F**



Name: **HO CHER YAM**  
 Race: **CHINESE**  
 Date of birth: **12-06-1961**  
 Country/Place of birth: **SINGAPORE**

Sex: **M**

**S1514584F**

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
3		31 Mar 1969

**NP 428A**



Licence No: **S1514584F**

**589227**



**S1514584F**



Date of issue: **16-03-2018**

Address:  
**APT BLK 610 HOUGANG AVENUE 8**  
**#04-488**  
**SINGAPORE 530610**

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

