

## 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	22/07/2019 12:06
Date Of Accident	21/07/2019 03:30
Exact Location Of Accident	TAMPINES ST 71
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6339D
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#### Insured/Policyholder

Name Of Registered Owner	YANG YUN XIN BUS SERVICE
Co Reg No	44258900W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62857585

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 CARAVAN MICROBUS 2.5GX AUTO
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	THIRD PARTY
Vehicle Category	BUS

#### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D19MFL0001317
Cover Note Number	

#### Driver

Name of Driver	LIM BAN POH
NRIC No	S1427107D
Date Of Birth	09/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1998
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96286963
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 196A PUNGGOL FIELD #15-519
Postcode	821196
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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)	3

#### 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

ON 21/07/19 AT ABOUT 3.30AM, I WAS DRIVING PC6339D ALONG TAMPINES STREET 71 SLOWING DOWN BEFORE A RED LIGHT WHEN SHD3474E HIT ONTO THE REAR OF MY VEHICLE.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3474E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YAP MING TAN
NRIC/Passport Number	S0879267D
Contact Number	97356297
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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:

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

## Sketch Plan #2

### SKETCH PLAN

DOA: 21/07/19

Insured: PC6339

Third Party: SHD3474E

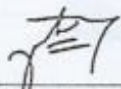
Please refer to the sketch drawing statement

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On: 21/07/19 at about 3:30am, I was driving PC6339D along Tampines Street 71 slowing down before a red light when SHD3474E hit onto the rear of my vehicle.

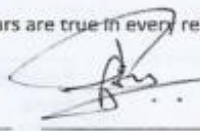
### DECLARATION

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:

22/07/19  
1900am

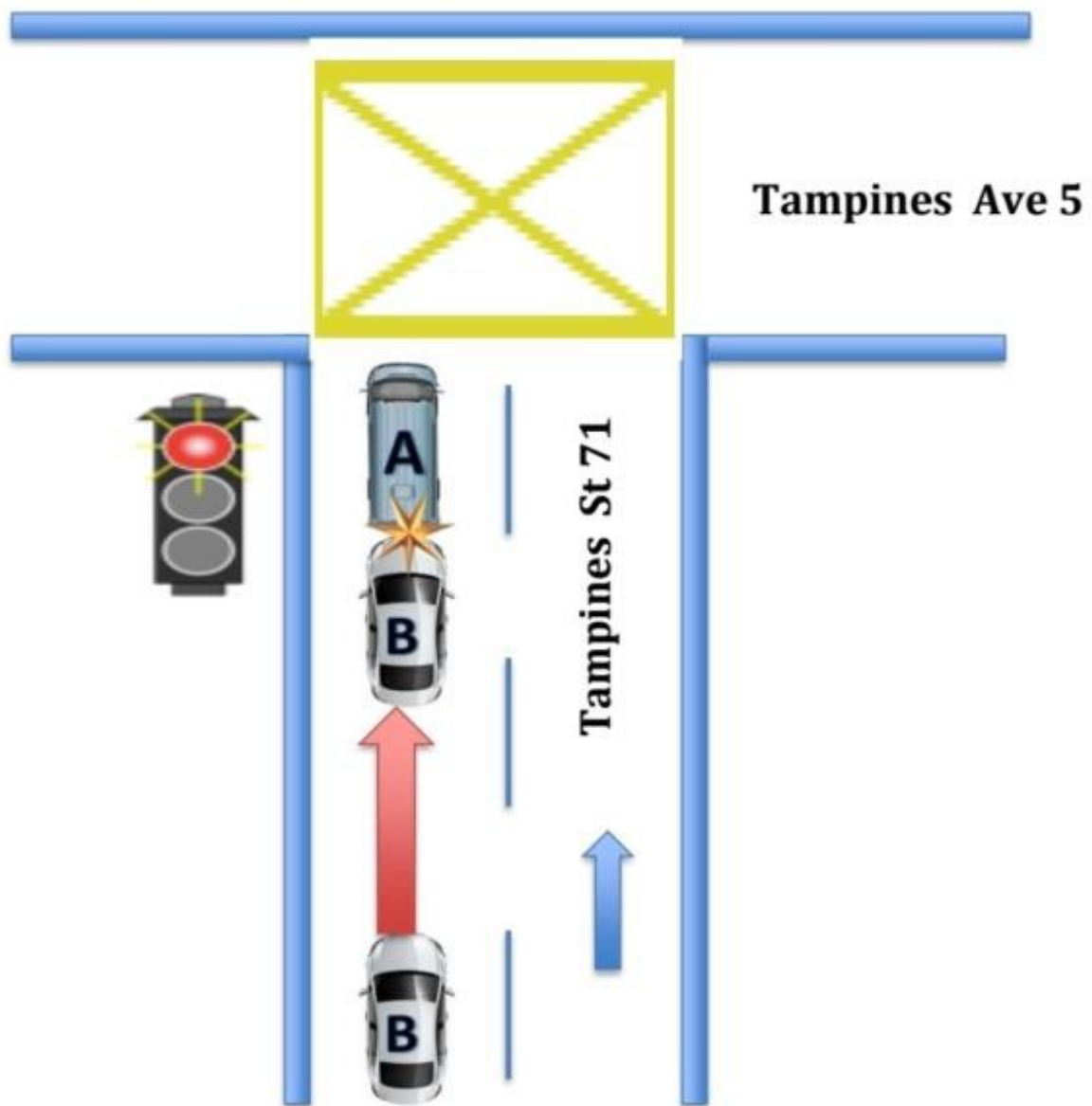
  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Sketch Plan #3



=PC6339D



=SHD3474E



## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 190703792k | GST Reg. No. M2-0078006-X  
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711  
 Office (65) 63476100 Email insure@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.

<b>CERTIFICATE NO.:</b> D19MFL0001317		<b>COVER:</b> Comprehensive	
1. Index Mark and Registration Number of Vehicle	:	PC6339D	
Chassis No	:	DW4E2600365	
2. Name of Policyholder	:	YANG YUN XIN BUS SERVICE	
3. Effective date of Insurance	:	26 Mar 2019	
4. Expiry date of Insurance	:	25 Mar 2020	
5. Persons or Classes of Persons entitled to drive*		<p>Any person provided he/she is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>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</p>	
6. Limitations as to use*		<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business, Within The Republic of Singapore only.</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>	
Excess Section I	:	SGD	1,250.00
Excess Section II	:	SGD	1,250.00
Windscreen Excess	:	SGD	300.00
Hire Purchase Company	:	N.A	
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 70 YEARS OF AGE &amp;/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2500.00 ON SECT I &amp; II (SEPARATELY) WILL BE APPLICABLE</p>			
<p>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).</p>			
Agent/Broker : A000047/SINCL PTE LTD		For India International Insurance Pte Ltd	
Date of Issue : 04/03/2019 20:34:38			
M.Z. 601CS - OMNIBUS Company's use			
		Authorized Signatory	

Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1427107D**



Name  
**LIM BAN POH**  
**林 萬 宝**

Race  
**CHINESE**

Date of birth  
**09-11-1960**

Sex  
**M**

Country of birth  
**SINGAPORE**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1427107D**  
Name: **LIM BAN POH**

Birth Date: **09 Nov 1960**  
Issue Date: **26 Nov 2007**



Land Transport Authority

**VOCATIONAL LICENCE**

Licence No : **S1427107D**  
Name : **LIM BAN POH**

Card Issue Date : **19/01/2018**


Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence






# Identification Card

4145263





NRIC No. **S1427107D**

Date of issue  
**27-11-2007**

Address  
**APT BLK 196A PUNGGOL FIELD  
#15-519  
SINGAPORE 821196**

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

PASS DATE


Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 22 Sep 1998

NP 428A

Licence No: S1427107D

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	19/01/2018
04	BUS ATTENDANT	19/01/2018





SCENE PHOTO



Accident Photo



Accident Photo





Accident Photo



Accident Photo







Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

