

## 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	23/12/2019 17:33
Date Of Accident	22/12/2019 10:25
Exact Location Of Accident	TAMPINES AVE 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3994Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OKADA-MCS PTE LTD
Co Reg No	199902398N
Email Address	SERENE@CONTRACTS.COM.SG
Mobile Phone No	(LOCAL) +65-90193487
Alternative Phone No	OFFICE-64834163

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MCV0001228
Cover Note Number	20/03/2019 - 19/03/2020

### Driver

Name of Driver	RIPON
Passport No/FIN	G8529577U
Date Of Birth	08/03/1996
Occupation	INDOOR
Date Of Driving Pass	06/11/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90193487
Fax Number	
Contact Number	OFFICE-64834163
EEmail Address	NOEMAIL

Address	NIL
Postcode	
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	COLLIDED INTO PROPERTY
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)	2
Passenger 1	NAME: : SELAMAT GENDER: : MALE

#### 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 THE SKETCH PLAN BY DRIVER

#### 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	YQ758L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1


### 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)**

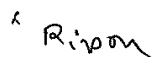
I understand, acknowledge, agree and consent that:


- (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:

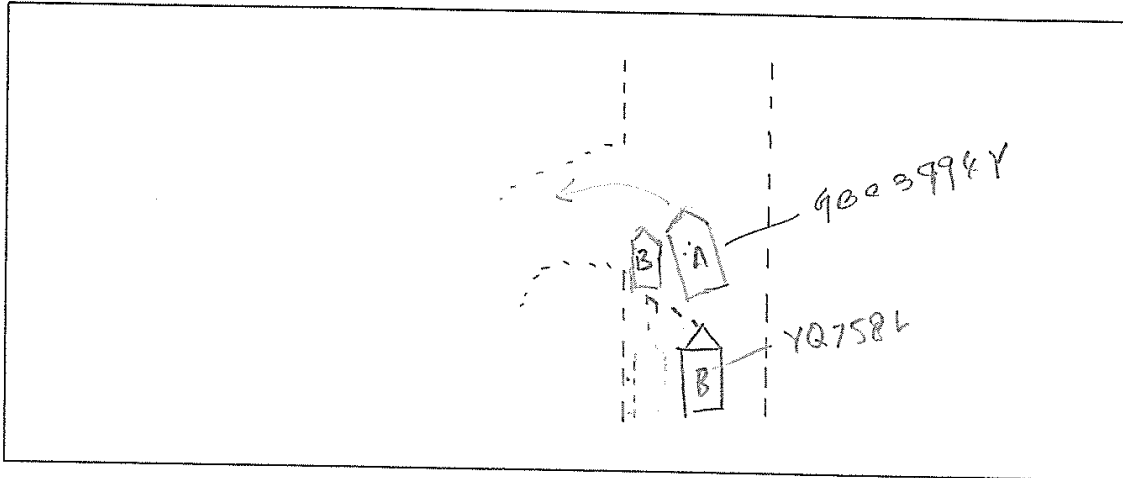


  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Sketch Plan Pg. 2

Date of accident: 22/12/16 Time: 10:20 Location: Timpany Ave 11  
 My Vehicle A: GBC3994Y Vehicle B: YQ758L Vehicle C: —  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refers to the attached.

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :


& myself :

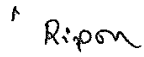
Email address : \* severne@comtssops.com.sg / 6483 4163


Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

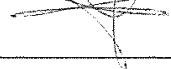
  
 Policyholder's Signature  
 Date & Time:

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

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

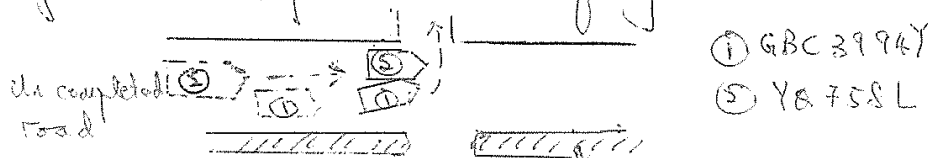
## Injured account of accident/incident (Vehicle)

Date & time of statement made: 23/12/19 2:30 pm

Name of interviewer: Wong Wong Soon Signature of interviewer: 

### Statement of accident/incident:

On 22/12/19 at 10:26 am, I was driving on a yet-to-be-completed road off Tampines Ave 11, and about to turn into the site office. I noticed a lorry was behind me. After I signalled to turn left into the site office, a lorry YB 758 L tried to overtake my vehicle GBC 3994Y from my left side. I stopped my vehicle immediately but YB 758 L drove fast and hit my left mirror and damaged the left corner of my vehicle.



1. I confirm that the contents are true and correct.

Signature/Thumbprint of Driver: Ripon  NRIC/Work Permit No.: 028529577U

for official use only

Prepared By \_\_\_\_\_ Date \_\_\_\_\_

Vetted By \_\_\_\_\_ Date \_\_\_\_\_



INDIA INTERNATIONAL INSURANCE PTE LTD

Co Reg No: 1907005702 | GST Reg No: M2-087000003  
 04 | Cecil Street | #04 | #05 | #06-02 | DBB Building | Singapore 049711  
 Office: (65) 63476100 Email: insure@ii.com.sg  
 Fax: (65) 62244174 Website: www.ii.com.sg

## THE SCHEDULE

Agency : PACIFIC INSURANCE BROKERS PTE.LTD/B000125  
 Policy Number : D19MCV0001228  
 Issued on : 28 Feb 2019 in Singapore (SIF)  
 Type of Policy : Commercial Vehicle - Own Business Use

Period of Insurance : 20 Mar 2019 to 19 Mar 2020 both dates inclusive  
 Insured's Name : OKADA-MCS PTE LTD  
 Address : 81 TAGORE LANE  
 #01-22  
 SINGAPORE  
 787502

Nature of Business : Construction

Premium :  
 After 15% No Claim Discount : SGD 1,140.67  
 7% GST : SGD 79.85  
 Total Premium Due : SGD 1,220.52

## GOODS CARRYING

Registration : GBC3994Y  
 Type of Cover : Comprehensive  
 Make/Model : TOYOTA / DYNA 150 MANUAL 3SEATER  
 Body Type : LORRY WITH HOOD  
 Tonnage : 1.72  
 Year of Manufacture : 2012  
 Engine No. : 1KD2177204  
 Chassis No. : JTFAT35Y00K201954  
 Hire Purchase : N.A

Excess Sect I: SGD600.00  
 Windscreen Excess: SGD100.00

SUM INSURED: MARKET VALUE AT TIME OF LOSS

The following clauses and endorsements apply to this vehicle:

Endorsements Applicable : PASSENGER RISK  
 M1,M2,M6,M8,M11,M12,M19,M20,M21,M28,M29 & MEMO 1  
 25(SRCC),57(FLOOD),72(B),WAR & TERRORISM EXCLUSION ENDT,  
 CONDITION 5 OF THE POLICY IS REVISED AS PER THE ATTACHED  
 AMENDED CONDITION 5 ENDT,NOTIFICATION CLAUSE.  
 WINDSCREEN LIMIT: S\$1000/-

**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.**

A PERSON WHO IS NOT A PARTY TO THIS POLICY CONTRACT SHALL HAVE NO RIGHT UNDER THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 2001 TO ENFORCE ANY OF ITS TERMS.

## AUTHORISED DRIVER\*

Any person who is driving on the Insured'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 or a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

## Accident/Incident Investigation (Vehicle)

Vehicle No : GBC 3994 Y  
 Name of Driver : RIPON  
 Insurance Co / Period of Insurance : India International Insurance (20/3/19 to 19/3/20)

### Particulars of accident/incident

Date & time it occurred	22-12-2019
Place of occurrence	PN 609 Tampenis
Other Vehicles Involved?	Yes. 7Q 758L ANIVAMALAI GURU
Public involved?	N/G (G 2800 723T)
Persons injured? (If yes, how many)	NO

### Particulars of injured Driver (If Any)

Name of injured	NO
I/C No.	NO
Age/Sex	Years Male/Female
Occupation	
Years of experience (Join Date)	
Name of employer	
Nature of injury	
Hospitalised?	Yes/No Pls specify hospital
Estimated period of medical leave	
Name of injured's supervisor	

### Witness to accident/incident

	Witness 1	Witness 2	Witness 3
Name of witness	Ratnawati Selvaraj		
IC No	060654522		
Occupation	Supervisor		
Name of employer			




INDIA INTERNATIONAL INSURANCE PTE LTD

Co Reg No: 190701793B (1987 Reg No: M20070006A)  
6A Leesh Street #04-100 #04-02 KIB Building (Singapore 040011)  
Office: (65) 63476100 Email: insur@ii.com.sg  
Fax: (65) 62246175 Website: www.ii.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.: D19MCV0001228		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBC3994Y	
Chassis No	: JTFAT35Y00K201954	
2. Name of Policyholder	: OKADA-MCS PTE LTD	
3. Effective date of Insurance	: 20 Mar 2019	
4. Expiry date of Insurance	: 19 Mar 2020	
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>	
6. Limitations as to use*	<p>a) Use in connection with the Policyholder's business. b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. c) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>a) Use for hire or reward or for racing, pace-making, reliability trail, or speed-testing. b) Use whilst drawing a trailer except the towing 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 Sect I:	SGD600.00	
Windscreen Excess:	SGD100.00	
Hire Purchase Company	: N.A	
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	: B000125/PACIFIC INSURANCE BROKERS PTE.LTD	
Date of Issue	: 28/02/2019 10:16:49	
MZ300C (GOODS CARRYING) COMPANY		
		<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorised Signatory</p>

Identification Card Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G8529577U**

Name: **RIPON**

Birth Date: **08 Mar 1996**

Issue Date: **06 Nov 2019**

Valid Till: **05/11/2024**

002994336K

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

Employer: **PRELIM CONSTRUCTION PTE LTD**

Name: **RIPON**

Work Permit No: **0 64861271**

Sector: **CONSTRUCTION**

K0627601

STRICTLY  
FOR WORKSHOP USAGE

USE FOR ACCIDENT  
REPORTING ONLY

*Sumantra 6433 4163*

*90193487*

~~*62815111*~~

*DLC*

*Hoingun.*

*NO CAMERA.*

*Age*

*Salama (M)*

STRICTLY  
FOR WORKSHOP USAGE

USE FOR ACCIDENT  
REPORTING ONLY

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

**Class 3** Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$

EFFECTIVE DATE: **06 Nov 2019**

Licence No: **G8529577U**

NP 428A

**VISIT PASS**  
Immigration Regulations

25-07-2019

Name: **RIPON**

FIN: **G8529577U**

Date of Birth: **08-03-1996**

Sex: **M**

Nationality: **BANGLADESHI**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status

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

ACCREDITED  
CERTIFICATION  
BODY  
SAC  
Member of the AP M&A for QMS

王永順建築私人有限公司  
OES CONSTRUCTION PTE LTD  
Blk 123 Hougang Ave 1 #01-1416  
Singapore 530123

T : (65) 6282 5414  
F : (65) 6284 5691  
E : oes@oesconstruction.com.sg

STRICTLY  
FOR WORKSHOP USAGE  
USE FOR ACCIDENT  
REPORTING ONLY

TP driver ←

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G2300723T

Name: ANNAMALAI GURU

Birth Date: 11 Jun 1991

Issue Date: 05 Apr 2019

Valid Till: 11/05/2024

002920381B

STRICTLY  
FOR WORKSHOP USAGE  
USE FOR ACCIDENT  
REPORTING ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G8529577U

Name: RIPON

Birth Date: 08 Mar 1996

Issue Date: 06 Nov 2019

Valid Till: 05/11/2024

002994336K

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





A white Toyota Hilux pickup truck is parked in a well-lit garage. The truck has a blue '222' sticker on the side of the cab. The front of the truck shows some damage to the bumper and headlight area. The license plate is 'CRC 1234'. The truck is parked on a concrete floor with red markings. In the background, there are shelves with various items and a red car.

Accident Photo



Accident Photo



Accident Photo

