

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	20/05/2020 16:47
Date Of Accident	18/05/2020 17:00
Exact Location Of Accident	UPP PAYA LEBAR RD TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7259E
Insured/Policyholder	
Name Of Registered Owner	BUILDERS HARDWARE MARKETING
Co Reg No	4XXXX100A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96993866
Alternative Phone No	OFFICE-96993866

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TRANSPORTER T5 2.0 TDI A/T 5DR (3T) CAAC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	D19MCV0001805_01
Cover Note Number	

Driver

Name of Driver	LOW KIAM FATT
NRIC No	SXXXX509G
Date Of Birth	14/11/1947
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1966
Driving Experience	53 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91018883
Fax Number	
Contact Number	OFFICE-91018883
EEmail Address	NOEMAIL

Address	BLK 814 TAMPINES STREET 81 #06-574
Postcode	520814
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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 STATEMENT.

Attachment(s)

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

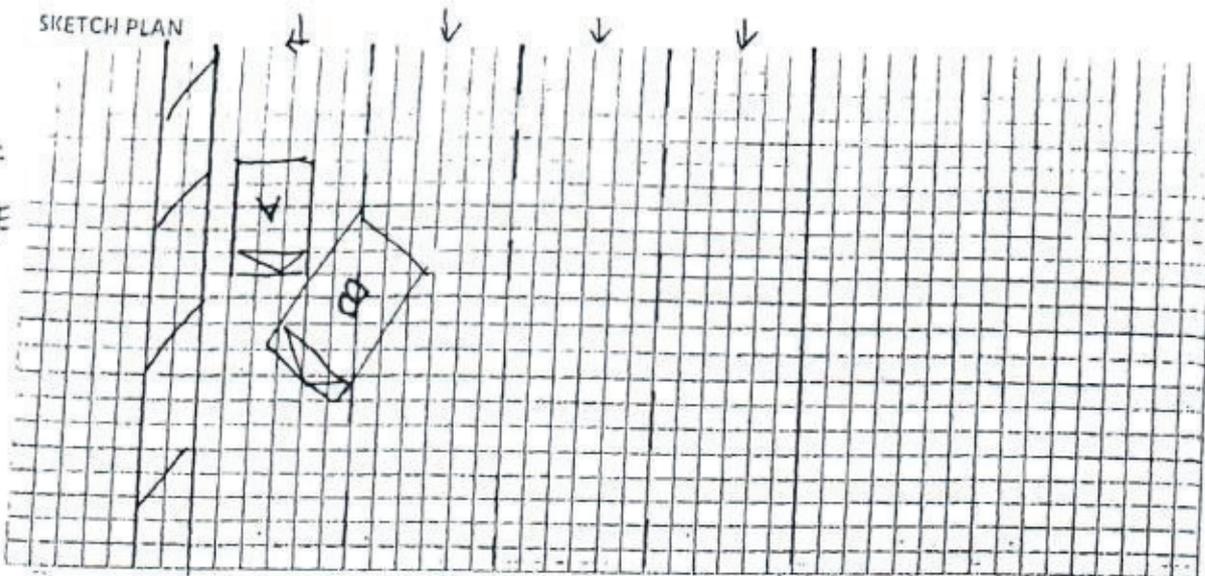
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ8727H
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KEITH LIEW JUN JIE
NRIC/Passport Number	SXXXX273H
Contact Number	92995505
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Vehicle A:
GBD7259E

Vehicle B:
GBJ8727H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was travelling on my vehicle bearing carplate number GBD7259E on inner lane along upper paya lebar and towards upper serangoon road.

Suddenly a lorry bearing carplate number GBJ8727H cut into my lane from the left and collided onto my vehicle. The collision broke my side mirror immediately.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Handwritten Signature]

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

[Handwritten Signature]

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

Date of Accident : 18 May 2020 Accident Time: 1700HR (24-HR-Format)
 Accident Place : Upper Paya Lebar twds Upper Serangoon Road
 Vehicle Reg. No. (Car Plate No.) : GBD 7259E
 Vehicle Make/Model : VW
 Insurance Company : Indra Intl Policy No. _____
 Owner or Company Name / IC No. : Builders Hardware Marketing 40266100A
 Owner or Company Contact No. : 96993866 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Low Kram Fatt 50620509G
 DRIVER'S Date Of Birth : 14-11-1947 DRIVER'S License Pass Date 12-07-1966
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Blk 814 Tampines St 61 # 06-574 55208K
 DRIVER'S Contact No / Alt No. : 1) 91018883 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Admin@mycar.sg
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WBT
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ ~~Work purpose~~

Other Party Driver's Particular (if any)

Vehicle Reg. No: <u>GBJ 8727H</u>	Vehicle Reg. No: _____
Vehicle Make/Model: <u>Toyota Dyna</u>	Vehicle Make/Model: _____
Name Driver: <u>Keith Kiew Jun Jie</u>	Name Driver: _____
IC No. Driver: <u>S9446273H</u>	IC No. Driver: _____
Driver's Contact & Add: <u>92995505</u>	Driver's Contact & Add: _____



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 190703792k | GST Reg. No. M2-0078000-X
64 | Cecil Street | #04 | #05 | #06-02 | JOB Building | Singapore 04971
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.

CERTIFICATE NO.: D19MCV0001805_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBD7259E	
Chassis No	: WV1ZZZ7H2FH076547	
2. Name of Policyholder	: BUILDERS HARDWARE MARKETING	
3. Effective date of Insurance	: 31 Mar 2020	
4. Expiry date of Insurance	: 30 Mar 2021	
5. Persons or Classes of Persons entitled to drive*		
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*		
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. The Policy does not cover a) Use for hire or reward. b) Use for racing, pace-making, reliability trial or speed-testing. c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
*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.		
Excess Sect I: SGD800.00 Windscreen Excess: SGD100.00 ONE CLAIM ONLY Hire Purchase Company : Maybank		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE & OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$3300/- ON SECTION 1 WILL BE APPLICABLE UNDER ENDT M22B.		
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 : A000053-U. I Enterprise		For India International Insurance Pte Ltd
Date of Issue : 01/04/2020 17:17:42		
M.Z. 300C - GOODS CARRYING(ORGANIZATION)		
		Authorized Signatory