

## 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             | 21/08/2020 16:33    |
| Date Of Accident           | 20/08/2020 10:30    |
| Exact Location Of Accident | 473A PASIR RIS DR.6 |
| Country/State of Loss      | SINGAPORE           |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | GZ1281D |
|-----------------------------|---------|

#### Insured/Policyholder

|                          |                                  |
|--------------------------|----------------------------------|
| Name Of Registered Owner | COMFORDELGRO ENGINEERING PTE LTD |
| Co Reg No                | 199506048W                       |
| Email Address            | NOEMAIL                          |
| Mobile Phone No          |                                  |
| Alternative Phone No     | OFFICE-98394475                  |

#### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | HIACE-2.0 (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          | COMPREHENSIVE                         |
| Fleet Policy              | NO                                    |
| Policy Number             | D20MFL0000767                         |
| Cover Note Number         |                                       |

#### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TAN SOON CHOY         |
| NRIC No              | S0128257C             |
| Date Of Birth        | 11/02/1954            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 20/03/1976            |
| Driving Experience   | 44 YEARS AND 5 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-98394475  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

|   |                                       |
|---|---------------------------------------|
| Address   | BLK 101 JURONG EAST STREET 13 #03-178 |
| Postcode  | 600101                                |
| 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 PARKED VEHICLE |
| 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                         | 1   |
| 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)   | 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         | SMU390J     |
| Vehicle Make/Model/Colour           | HYUNDAI     |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      | MR NG       |
| NRIC/Passport Number                |             |
| Contact Number                      | 90069474    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |

**SKETCH PLAN**

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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.

COMFORTDELGRO ENGINEERING PTE LTD  
205 BRADDELL ROAD  
SINGAPORE 579701

Policyholder's Signature  
Date & Time:

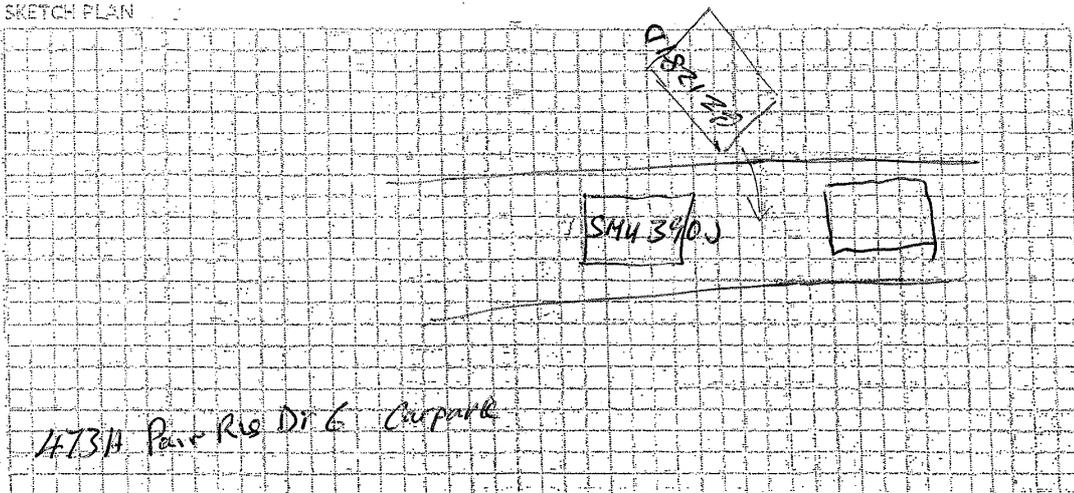
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

COMFORTDELGRO ENGINEERING PTE LTD

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

20/8/20 1030am

I Tan Soon CHoy was assigned a job at BIK 473 PASIR RIS Drive 6 at @ 10.00 am. to replace the punctured tyre on vehicle number STL 1723 J. After Job completed at @ 10.45 am, I was reversing the vehicle out from the car park lot, I accidentally hit the vehicle of ~~SMU 390~~ SMU 390 J which was park beside my van. I immediately went out of my van and inspected the damage caused and found scratches mark on the Right Hand front bumper.

DECLARATION

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

COMFORTDELTA ENGINEERING PTE-LTD  
205 BRADDELL ROAD  
SINGAPORE 579701

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.:



**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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

|   |                                |
|---|--------------------------------|
| <b>CERTIFICATE NO.:</b> D20MFL0000767   | <b>COVER:</b> Third Party Only |
| <p><b>1. Index Mark and Registration Number of Vehicle</b> : GZ1281D<br/> <b>Chassis No</b> : JTFHS02P500034840</p> <p><b>2. Name of Policyholder</b> : COMFORTDELGRO ENGINEERING PTE. LTD.</p> <p><b>3. Effective date of Insurance</b> : 01 Jan 2020</p> <p><b>4. Expiry date of Insurance</b> : 31 Dec 2020</p> <p><b>5. Persons or Classes of Persons entitled to drive*</b><br/>                 Any person who is driving on the Policyholder's order or with their permission.<br/>                 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> <p><b>6. Limitations as to use*</b><br/>                 (1) Use in connection with the Policyholder's business.<br/>                 (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.<br/>                 (3) Use for social, domestic and pleasure purposes.</p> <p><b>The Policy does not cover</b><br/>                 (1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.<br/>                 (2) 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> |                                |
| <p>EXCESS: S\$2000/- SECTION II FOR DRIVERS AGED BELOW 21 YEARS &amp;/OR THE HOLDER OF A PROVISIONAL DRIVING LICENCE.</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> <p>Agent/Broker : B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD<br/>                 Date of Issuc : 22/01/2020 12:01:02<br/>                 M.Z. 300C - GOODS CARRYING(Company's use)</p> <p style="text-align: right;"><i>For India International Insurance Pte Ltd</i><br/> <br/>                 _____<br/>                 Authorised Signatory</p>  |                                |

3 4 8 5 8 7 0



NRIC No. **S0128257C**



Date of Issue  
**12-03-2004**

Address  
**APT BLK 101 JURONG EAST STREET 13  
#03-178  
SINGAPORE 600101**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

|  | PASS DATE   |
|--|-------------|
| Class 1A Motorcycles not exceeding 200 cc  | 01 Sep 1976 |
| Class 2 Motorcycles between 201 cc and 400 cc  | 01 Sep 1976 |
| Class 3 Motorcycles exceeding 400 cc   | 01 Sep 1976 |
| Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 20 Mar 1976 |

Licence No: S0128257C



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0128257C



Name  
TAN SOON CHOY

陳 順 財

Race  
CHINESE

Date of birth  
11-02-1954

Sex  
M

Country of birth  
SINGAPORE

S0128257C

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0128257C

Name  
TAN SOON CHOY

Birth Date: 11 Feb 1954

Issue Date: 15 Feb 2003



4000198456F

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

