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Owner/Driver: (KUTT	C RAYOUT		Tel:		
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Insured/Driver Liability: (%) [N	ote-Use Status (W	70): N: 0-2	0%; P: 21-79%	. F; 80-100	***
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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 witholding 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.

oror courts.	
	ACCIDENT STATEMENT
Date Of Report	16/11/2020 17:43
Date Of Accident	13/11/2020 12:00
Exact Location Of Accident	JUNCTION OF UPPER PAYA LEBAR RD & BARTLEY RD EAST
Country/State of Loss	SINGAPORE
New or suckey to the state of the state	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GW7302D
Insured/Policyholder	
Name Of Registered Owner	LIAN HUP MOTOR WORKS
Co Reg No	0XXXX600X
Email Address	NOEMAIL.
Mobile Phone No	(LOCAL) +65-98253169
Alternative Phone No	OFFICE-98253169
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-2.0 (M)
Exact Purpose for which vehicle was being used time of accident	at WORK PURPOSE
Are you claiming under your own insurance polic for repair to your vehicle?	Ey 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	THIRD PARTY
Fleet Policy	NO
Policy Number	D18MCV0002003_02
Cover Note Number	
Driver	
Name of Driver	LING HENG HOE
NRIC No	SXXXX860Z
Date Of Birth	29/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	10/07/1979
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98253169
	(20012) 100-30235105
Fax Number	(200,2) (00-00200100
Fax Number Contact Number	(20012) 100-30235103

Address

BLK 515 JURONG WESTST 52

#08-31

Postcode

640515

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

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

VO

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?

YES

If Yes, Please state which Police Station

Police Station Name

HONG KAH SOUTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-5648999 - FAX NO: 66655797

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO : T/20201114/2028

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

Vehicle Make/Model/Colour

Details Of Properties

TRAFFIC LIGHT

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:

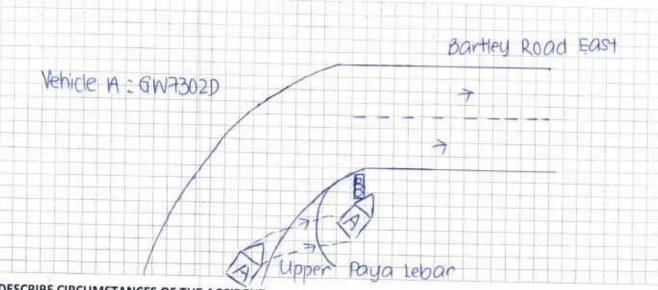
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 :
 - 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:
 - 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.

S MC OS

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

Reporting Centre Personnel's Signature Name:

NRIC FIN NO.



DESCRIBE CIRCUMSTANCES OF THE

THE ACCIDENT
On 13-11-2020 at about 1200Hrs, I was driving my company
van GNT302Dalong upper Paya Lebar Road and about to
turn right into Bartley Road East in the X-Junction.
While executing the turn, I misjudged the turn and my
Vehicle went up the Kerb and side swipe the traffic light.
No one was injured however my vehicle's left side was
semonsly damage. After the incident I got down and took
photos of the scene. There was no visible damage on the
said traffic light. I do not have any dash cam in the
van and continued with my journey.

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 .:

PERSONAL PARTICULARS

Date of Accident: 13/11/20120 Time of A	accident: 12 DO (24Hrs)
	iake/Model: Toyota Van
Exact Location of Accident: Junction of Up	per Paya Lebar Road and Bartley Road Eac
Owner's Name/NRIC: Lian Hup motor W	lorks / 04594600x
Driver's Name/NRIC: Ling Heng Hoe / SI	
Driver's Contact: 98253169 Insuran	ice Co & Policy No: India Insurance
Driver's Email Address: hancarrepairs @g	mail com D18mcV0002003_02
Relationship between Owner & Driver: Spouse/Children/F	riend/Parents/Others specify: Employer/Employee
What do you wish to claim (Please circle one only)	int to claim against) 3) Reporting)(For Recording Purposes)
Exact Purpose for which the vehicle was being use Private Use / Work Purpose	d at time of accident? (Please circle one only)
Weather Condition & Road Conditions? Clear & Dry / Raining & Wet / After-Rain & Wet /	Drizzling & Wet
Occupation	
Indoor Y Outdoor	
Any Injuries? (MC of 3 Days or more, police repo	rt is required)
Yes No If Yes, which police station?	
The Other Party (Vehicle B) Details	
Driver's Name/IC:	Vehicle No:
Insurance Company:	Driver's Contact:
(If more than 2 vehicles involved, please indica	te the other party vehicle numbers below)
Other Vehicle (Vehicle C) :	
Independent Witness (If Any):	Centact:
Preferred Workshop (If Any):	Contact:
* If no proper document are produced, IDAC sho	





T/20201114/2028

1 of 3

Report No. T/20201114/2028

Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2020 13:43			Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	ulars	SALET LANGUE DE PERMIT			
Name of	Informant: NG HOE		Address: APT BLK 515 JURONG WEST STREET 52 #08-31 SINGAPORE 640515			
ID Type / ID No.: NRIC NO / S1275860Z			Contact No.: Home/Office:	Mobile: 98253169		
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Age: Date of Birth: Male 62 29/11/1957			Type of Informant: Driver			
Race: Chinese Occupation: Other car and light goods vehicle drivers nec			Language:	Institution / School Name:		
			Driving Licence Information: Class: 2B,3,4	Date of Expiry:		

Seneral Infor	mation of the Ac	Cident	Dist	Date/Time of	Type of Location:
Type of Accident:	Non-Injury Governmen	t Property	Drink Drive: No	Accident: 13/11/2020 12:00	X-Junction
Location: BARTLEY RO	DAD EAST				
Weather:		Roa	ad Surface:		Road Speed Limit:
Traffic Flow: Dual Carriag	e Wav	Tra	ffic Control: ffic Light - Wo	orking	Traffic Volume: Heavy
Type of Colli	The state of the s		-		Anyone conveyed by ambulance:

Details of v	ehicle Invo	iveu	I I I I I I I I I I I I I I I I I I I	PROTES	A STATE OF THE PARTY OF THE PAR	No of Descende
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
BESSEL STORY	T. F.	TOYOTA		Blue	Seriously	0
GW7302D	Van	TOTOTA		500	Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999 2 of 3 Report No. T/20201114/2028

CONTINUATION OF REPORT

Driver		Gallette St.		HALLIN.	-25	
Name	LING HENG HOE					S1275860Z
Related Vehicle	NIL			Conta	ct No.	98253169
Hospital/Clinic	ic NIL			Class of Driving Licence & Expiry Date		Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 13.11.2020 at about 1200hrs, I was driving my company van; GW7302D along Upper Paya Lebar Road and about to turn right into Bartley Road East in the X-junction. While executing the turn, I misjudge the turn and my vehicle went up the kerb and side swipe the traffic light.

No one was injured however my vehicle's left side was seriously damage. After the incident I got down and took photos of the scene. There was no visible damage on the said traffic light. I do not have any dash cam in the van and continued with my journey.





3 of 3

Report No. T/20201114/2028

Police Station Of Origin: Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999

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: J / Staff Sgt MOHAMMED AMIRULHAFIZ BIN RAMLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2020 13:43
Officer In Charge Of Case: TP./ AEIT./ Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	



INDIA INTERNATIONAL INSURANCE PTE LTD

Gr. Reg. No. 27007037528 | GST Beg. No. M2-0076806-3; 64 (Capil Stryot) #14 (#65) #06-02) 100 Building | Singapore 949713

Office (65) 63476100 Usual interventioning. Fin (63) 62244174 Welling assembly coming

CERTIFICATE OF INSURANCE

MITTER VPHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 199)
MOTOR VEHICLES (THIRD-PARTY BISKS AND COMPENSATION) RELES, 1990 ROAD TRANSPORT ACT, 1982 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY BISKS) RULES; 1991 (MALAYSIA)

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

C	ERTIFICATE NO.: D18MCV0002003 02			COLUMN
17	- 12 - 12 - 12 - 12 - 12 - 12 - 12 - 12	_		COVER: Third Party Only
L	Index Mark and Registration Number of Vehicle		GW7302D	
	Chassis No		CR425006342	
2.	Name of Policyholder	z	LIAN HUP MOTOR WORKS	
3	Effective date of Insurance	:	09 Get 2020	
4.	Expiry date of Insurance		08 Oct 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 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.

*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 (Mulaysin), are not to be included under these headings.

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE & OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN EXCESS OF \$2500 - ON SECTION II 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 : A000030/Drivers' Choice (Pte Lid)

Date of Issue 18/09/2020 11:11:48

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd

Authorised Signatory

frvun/18/09/3030

Page I of I

18/09/2020 11:12:31