

# 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 Submission	05/12/2020 10:33 (SGT)
Date of Accident	04/12/2020 12:10 (SGT)
Exact Location of Accident	Hougang, Singapore
Additional Location Information	HOUGANG STREET 21, BLK 210 OPEN CAR PARK.
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW8906H
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HOCK GUAN
NRIC No	SXXXX277F
Email Address	BTTAN33@GMAIL.COM
Mobile Phone No	(Phone) +65-96859641
Alternative Phone No	(Home) +65-96859641

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
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 - Claiming third party
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D18MPC0002387-02
Cover Note Number	-

### DRIVER

Name of Driver	TAN HOCK GUAN
NRIC No	SXXXX277F
Date Of Birth	20/03/1955

Date Of Driving Pass .....	27/12/1976
Driving experience .....	44 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96859641
Alt. Phone Number .....	(Home) +65-96859641
Email Address .....	BTTAN33@GMAIL.COM
Address .....	BLK 19 HOUGANG AVE 3 #04-201
Address complement .....	-
Postcode .....	530019
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO SKETCH PLAN ATTACHED.

#### 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 .....	SKT1535G
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Corolla
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KHAW CHIN GUAN
NRIC No .....	SXXXX101H
Contact Number .....	(Phone) +65-98225603
Address .....	-
Address complement .....	-

Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

SKETCH PLAN

IMPORTANT NOTES

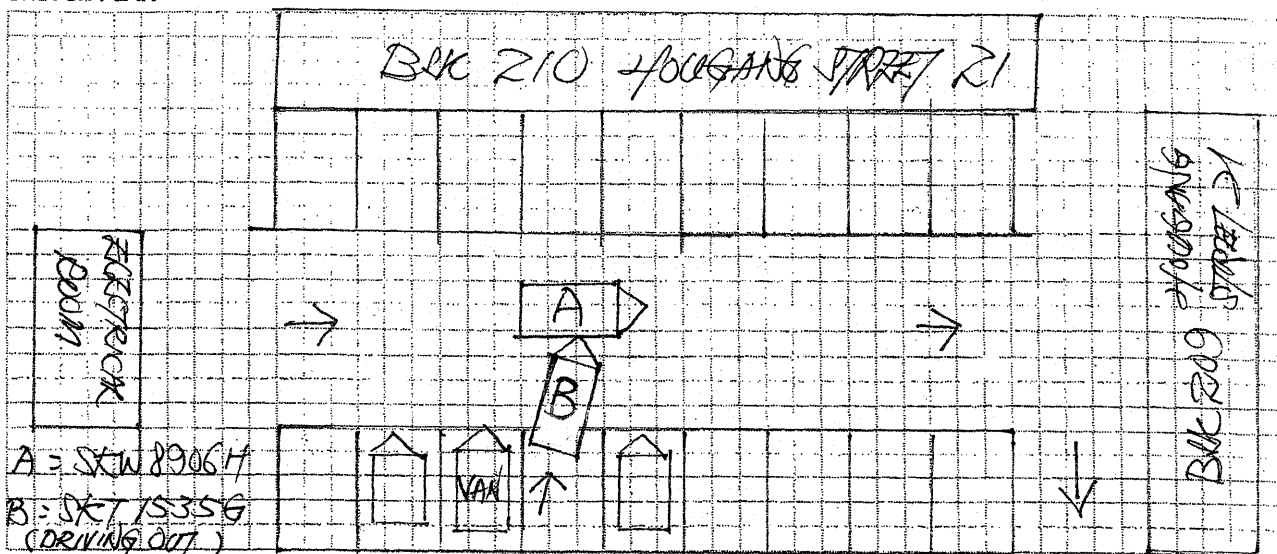
1. Please read carefully the details of the accident to assist in the above process.
2. This form must be completed by the policyholder and/or the deceased insured.
3. Submission of information for the sketch plan must be completed by the policyholder and/or the deceased insured. It may allow insurance companies to investigate the policyholder.
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 data reported must be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the deceased to the relevant authorities for the relevant insurance Association of Singapore (SIA) for archiving and that copies of this report will be made available upon application by interested parties.
7. By the completion of this report to the insurers, the policyholder is the author of this report and the content is subject to the relevant law and applicable law.
8. Changes under the Mutual Debt Insurance Act (MDIA)
  - (a) Any person, my workshop and the Mutual Insurance Association of Singapore ("SIA") may be permitted to collect, use, disclose and/or provide my personal information for the purposes of this form and any other personal information provided by me or provided by my workshop for the purposes of "Personal Information" and disclosure and/or use of such Personal Information to the insurers who have received information in this accident and/or persons who have received information in this accident shall be subject to the relevant law and applicable law, the Mutual Insurance Association of Singapore and any relevant government agency/authority (such as the police) for the purposes of:
    - (i) providing, handling and/or dealing with my claims involving the settlement of the claims and any necessary investigation relating to the claims;
    - (ii) investigating the accident and/or my claims;
    - (iii) carrying out and/or dealing with my claims and/or responding to my claims by me;
    - (iv) administering my claims (including the making of correspondence, documents, reports to insurers to the which could further disclosure of my personal information about me to bring about details of the claims to me as on the ground cover of my personal information);
    - (v) complying with applicable law or a court order, providing, handling and/or dealing with the claims and/or the "Personal Information".
  - (b) If I have provided information to the insurers in this accident and/or the insurers have provided information to the insurers, my personal information may be collected, use, disclose and/or provide my personal information for the purposes of the above "Personal Information".
  - (c) Any Personal Information may be disclosed by me or the insurers to the SIA for their third party service providers or agents providing their services. Such information may be used outside of Singapore, for the use of the above "Personal Information".
  - (d) The personal information which is collected and/or used by the insurers for the purposes of the above "Personal Information" may be disclosed to the insurers and/or the insurers' agents for the purposes of the above "Personal Information".
  - (e) The information is collected under (c) above may be stored, checked:
    - (i) as all insurers and/or other third parties that deal in collecting, handling, controlling or managing their information; use the information and/or government agencies and/or companies, including the relevant insurers, as
    - (ii) for checking with insurers to ensure any regulatory issues or other issues.

Policyholder's Signature  
Name & Date

Insurer's Signature  
If done on behalf of the policyholder, Name & Date

Reporting Officer's Signature  
Name  
SIA/2019 No.

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (A) STRAIGHT AHEAD ALONG BLK 210 HOUGANG STREET 21 OPEN CAR PARK, SUDDENLY CAR (B) SKT 1535G DRIVING OUT FROM THE PARKING LOT, WITH OUT CHECKING THE ON COMING TRAFFIC, AS THE RESULT, CAR (B) FRONT PORTION HIT ON TO MY CAR RIGHT SIDE PORTION.

AFTER THE ACCIDENT, CAR (B) DRIVER ADMITTED HIS FAULT & WE EXCHANGE THE PARTICULARS FOR INSURANCE REPORT, CAR (B) DRIVER ADVISE ME TO CLAIM HIS CAR INSURANCE FOR MY CAR REPAIR COST.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP <input checked="" type="checkbox"/>
Claim OD / TP at other workshop

## 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.:

[illegible]

## 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.: D18MPC0002387\_02**

**COVER: COMPREHENSIVE**

1. **Index Mark and Registration Number of Vehicle** : **SKW8906H**  
**Chassis No** : **MR053REH104541162**
2. **Name of Policyholder** : **TAN HOCK GUAN**
3. **Effective date of Insurance** : **19 Nov 2020**
4. **Expiry date of Insurance** : **18 Nov 2021**
5. **Persons or Classes of Persons entitled to drive\***
  - (a) The Policyholder  
The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.
  - (b) Any other person who is driving on the Policyholder's order or with his/her 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\***  
Use only for social, domestic and pleasure purposes and for the Policyholder's business.  
**The Policy does not cover**
  - a) Use for hire or reward.
  - b) Use for racing, pace-making, reliability trial, speed-testing.
  - c) Use for the carriage of goods other than samples in connection with any trade or business.
  - d) Use for any purpose in connection with the Motor Trade.

\*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.

Insured & Named Drivers Excess Sect I : SGD1,600.00  
Unnamed Drivers Excess Sect I : SGD2,100.00  
Windscreen Excess : SGD100.00

Hire Purchase Company : DBS Bank Ltd

**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 : A000038/M Plus Consultancy  
Date of Issue : 02/11/2020 15:34:58  
MX1-Private Car (Insured Driving)

**For India International Insurance Pte Ltd**



Authorised Signatory