

# 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 ..... 16/12/2020 12:29 (SGT)  
Date of Accident ..... 15/12/2020 14:25 (SGT)  
Exact Location of Accident ..... Near Opp Blk 460, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC7736J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FUKUYAMA ENGINEERING & CONSTRUCTION PTE. LTD.  
Company Reg No ..... 201115631D  
Email Address ..... planning@fukuyama.com.sg  
Mobile Phone No ..... (Phone) +65-67470159  
Alternative Phone No ..... (Office) +65-67470159

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... India International  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D19MFL0006160  
Cover Note Number ..... NA

### DRIVER

Name of Driver ..... NARAYANAN GOPALAKANNAN  
NRIC No ..... S7565110D  
Date Of Birth ..... 15/06/1975  
Occupation ..... Outdoor

Date Of Driving Pass .....	12/04/2010
Driving experience .....	10 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87198445
Alt. Phone Number .....	-
Email Address .....	planning@fukuyama.com.sg
Address .....	683B CHOA CHU KANG CRESCENT
Address complement .....	#02-382
Postcode .....	682683
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Change/cross lane
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? .....	Yes
Police Station Name .....	Clementi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008729999
Alt. Police Station Phone No .....	(Fax) +65-68728039
Police Station Address .....	No. Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON DATE 15/12/2020, AT ABOUT 1425 , I WAS DRIVING MY MINIBUS (PC7736J) ALONG TOWARDS AYE CITY AND HEADING O INTERNATIONAL BUSINESS PARK. I THEN EXIT 10B AYE AT CLEMENTI AVE 2 AFTER ENSURING THE ONCOMING TRAFFIC IS CLEARED ALONG CLEMENTI AVE 2 TOWARDS COMMONWEALTH AVE WEST. I THEN DROVE OUT FROM THE FILTER LANE TO CLEMENTI AVE 2 AT THE LEFT LANE. HOWEVER, AFTER TURNED TO CLMENTI AVE 2 SUDDENLY A VAN GBD8217U FROM THE RIGHT LANE CHANGED TO LEFT LANE DUE TO THAT THE VAN KNOCKED ONTO VAN RIGHT FRONT BUMPER INFRONT THE RIGHT FRONT SIDE MIRROR AREA

WE THEN STOPPED MY VAN ASIDE AND TOOK PHOTOS OF THE SCENE AND EXCHANGED PARTICULARS. NO ONE SUFFERED INJURY DURING THE ACCIDENT. MY VAN FRONT RIGHT AREA WAS DENTED AND HAVE SCRATCHES ND MARKS

#### 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 .....	GBD8217U
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Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Hiace
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LEE KENG SERN
NRIC No .....	S7341889E
Contact Number .....	(Phone) +65-97970321
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-



SKETCH PLANIMPORTANT NOTICE

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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.

Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)

Date & Time: 16/12/20 11:00 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



























**SINGAPORE  
POLICE FORCE**



T/20201215/2101

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20201215/2101

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE KENG SERN		ID No. S7341889E
Related Vehicle	GBD8217U (Van)		Contact No. 97970321
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	NARAYANAN GOPALAKANNAN		ID No. S7565110D
Related Vehicle	PC7736J (Van)		Contact No. 89492720
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 15/12/2020 at about 1425hrs, I was driving my van (PC7736J) along AYE towards City and heading to International Business Park. I then exit the AYE at Clementi Avenue 2.

After ensuring the oncoming traffic is cleared along Clementi Avenue 2 towards Commonwealth Avenue West. I then drove out from the filter lane to Clementi Avenue 2 at the left lane. However, after turned to Clementi Avenue 2 suddenly a van (GBD8217U) from the right lane changed to left lane. Due to that, the van knocked onto my van right front bumper, in front the right front side mirror area.

We then stopped my van aside and took photos of the scene and exchanged particulars. No one suffered injury during the accident.

My van front right area was dented and have scratches mark. No ambulance or traffic police at scene.



SINGAPORE  
POLICE FORCE



T/20201215/2101

3 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20201215/2101

## 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:

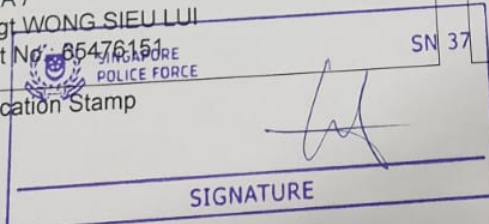
D /  
Sgt 3 WU HAIHAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No: 85476151

Authentication Stamp  
NP168



Signature Of Informant:

Date/Time:  
15/12/2020 15:57

Classification Of Case:





INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 1907037925 | GST Reg. No. M2 0070000-X  
 64 Cecil Street | #04 | #05 | #06-02 | Raffles Building | Singapore 049711  
 Office (65) 63476100 Email insure@ii.com.sg  
 Fax (65) 62244174 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, 1969 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

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

<b>CERTIFICATE NO.: D19MFL0006160_01</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	:	PC7736J
Chassis No	:	JTFST22P300039324
2. Name of Policyholder	:	FUKUYAMA ENGINEERING & CONSTRUCTION PTE. LTD.
3. Effective date of Insurance	:	27 Sep 2020
4. Expiry date of Insurance	:	26 Sep 2021
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he/she is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>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>Use only for the carriage of passengers or goods in connection with the Policyholder's business, Within The Republic of Singapore only.</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) 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 Section I WITHIN SINGAPORE	:	SGD 1,500.00
Excess Section II WITHIN SINGAPORE	:	SGD 1,500.00
Windscreen Excess	:	SGD 200.00
Hire Purchase Company	:	UNITED OVERSEAS BANK LIMITED
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2500/- ON SECTION I &amp; II SEPARATELY WILL BE APPLICABLE</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>		
Agent/Broker	:	A000021/Tan Shi Jack
Date of Issue	:	24/09/2020 09:22:37
M.Z. 601CS	:	OMNIBUS Company's use
		<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorised Signatory</p>

lucywen/24/09/2020 09:22:37

24/09/2020 09:27:35