

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 23/03/2021 16:13 (SGT)
Date of Accident 22/03/2021 10:30 (SGT)
Exact Location of Accident Near 441 Commonwealth Ave W, Clementi Bus Interchange, Singapore 120441
Additional Location Information AMBER ROAD ROUNABOUT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH5414R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CFI TRANSPORT PTE LTD
Company Reg No 201806390H
Email Address VAN-RELATED.CFI@BGC.SG
Mobile Phone No (Phone) +65-83888360
Alternative Phone No (Office) +65-83888360

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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 999

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MCV0003928
Cover Note Number -

DRIVER

Name of Driver JI JYH WEI

NRIC No	S7304947D
Date Of Birth	18/02/1973
Occupation	Outdoor
Date Of Driving Pass	21/04/1994
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83888360
Alt. Phone Number	-
Email Address	VAN-RELATED.CFI@BGC.SG
Address	BLK 12 BEDOK SOUTH AVE 2 #04-624
Address complement	-
Postcode	460012
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 - Head on collision
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

PLEASE REFER TO SKETCH PLAN

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	SHD106M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NEO SAY LEONG
Contact Number	(Phone) +65-83289176
Address	-



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

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

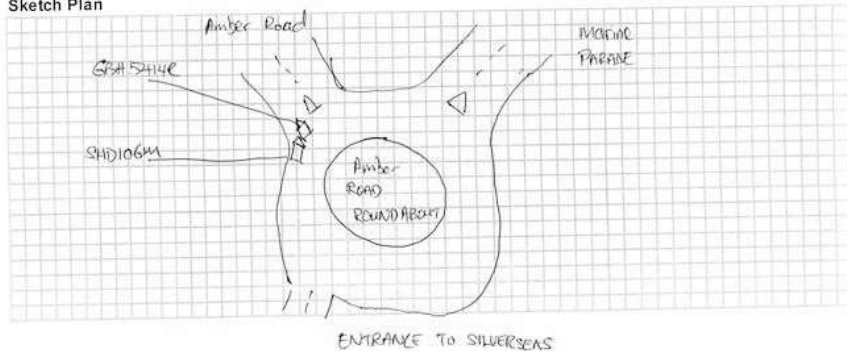


Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

SHENG AUTO PTE LTD
1, Kaki Bukit Ave 3 #01-60
Singapore 417911
Tel: 6747 6221
Email: laesheng@sheng.com.sg

Sketch Plan

Describe Circumstances of the Accident

On 22/05/2021, I was driving my van, 6BH 5414E, along Amber Road roundabout. At 1030HRS when I was turning left to exit towards Amber Road, a taxi, SHD 106MY, hit the left of my van.

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

Witnessed by Reporting Centre Personnel

LEE SHENG AUTO PTE LTD
1, Kaki Bukit Ave 6 #01-00
Singapore 417853
Tel: 6747 7307
Email: lssheng@singtel.com.sg















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SLOE213N0001 Vehicle Registration No: GBH 5414R
 Name (as shown in NRIC): J1 JYH WEI NRIC/FIN/Passport No: S
 (* Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: B1K12 Bedok South Ave 2 #04-624 Singapore 460062
 Contact (Tel): _____ Mobile No.: 83888360
 Email Address: _____
 Date of Accident: 22/03/2021 Time of Accident: 10:30
 Place of Accident: Amber Road Round About
 Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

The accident date was erroneously written
key in by workshop as 22/03/2011 which should
be 22/03/2021



Policyholder / Driver's Signature
 Date:

LEE SHENG AUTO PTE LTD
 1, Kaki Bukit Ave 5 #01-60
 Singapore 417883
 Tel: 6747 7387
 Email: lee.sheng@lsingnet.com.sg

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

GLA/15 Addendum Form



INDIA INTERNATIONAL INSURANCE PTE LTD
 On Reg. No. 198703792K (GST Reg. No. M2-0878006-X)
 6A (Cecil Street) #04 | #05 | #06-02 | NIB Building | Singapore 049211
 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, 1969 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.: D20MCV0003928		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	GBH5414R	
Chassis No	JTFHT02P800243616	
2. Name of Policyholder	CFI TRANSPORT PTE. LTD.	
3. Effective date of Insurance	11 Jul 2020	
4. Expiry date of Insurance	10 Jul 2021	
5. Persons or Classes of Persons entitled to drive*	<p>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.</p>	
6. Limitations as to use*	<p>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.</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 Sect I	: SGD 1,200.00	
Windscreen Excess	: SGD 100.00	
Hire Purchase Company	: GENIE FINANCIAL SERVICES PTE LTD	
<p>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.</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	: A000051/SGP ASSIST	
Date of Issue	: 30/06/2020 17:51:11	
M.Z. 300C - GOODS CARRYING (ORGANIZATION)		
		<p>For India International Insurance Pte Ltd</p> <p>Authorized Signatory</p>