

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 11/08/2021 16:57 (SGT)
Date of Accident 10/08/2021 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANG MO KIO AVENUE 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJJ9957J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CERTACT ENGINEERING PTE LTD
Company Reg No 196800577N
Email Address chakforever17@gmail.com
Mobile Phone No (Phone) +65-84535079
Alternative Phone No (Office) +65-84535079

VEHICLE PARTICULARS

Manufacturer Honda
Model Freed
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 Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D19MPC0004804_01
Cover Note Number -

DRIVER

Name of Driver YIP CAI WAH
NRIC No T0170694I

Date Of Birth	10/02/2001
Occupation	Outdoor
Date Of Driving Pass	03/03/2021
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84535079
Alt. Phone Number	-
Email Address	chakforever17@gmail.com
Address	APT BLK 474 JURONG WEST STREET 41
Address complement	#03-402
Postcode	640474
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 - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME MY VEHICLE SJJ9957J WAS STATIONARY ON THE STATED VENUE AS RIGHT TURN ARROW WAS RED. I WAS THE FOURTH VEHICLE ON LANE 2. WHEN THE RIGHT TURN ARROW TURN GREEN THE CAR IN FRONT OF ME MOVE OFF AND I FOLLOW SUIT. AS I MADE MY RIGHT TURN HALFWAY SUDDENLY VEHICLE SKR4623B WHO WAS ON MY OPPOSITE DIRECTION BEAT THE RED LIGHT AND MY VEHICLE COLLIDED INTO HIS VEHICLE RIGHT PORTION. THE IMPACT WAS GREAT AND MY AIRBAG WAS DEPLOYED. LATER TRAFFIC POLICE AND AMBULANCE CAME AND I WAS CONVEYED TO SENGKANG GENERAL HOSPITAL. I SUFFERED PAIN ON MY ARMS, HEAD, NECK AND BACK. I WAS THEN HOSPITALIZED FOR A DAY AND WAS GIVEN 14 DAYS HL.

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	SKR4623B
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YIP CAI WAH
Gender	Male
Phone No	(Phone) +65-84535079
Address	APT BLK 474 JURONG WEST STREET 41
Address Complement	#03-402
Post Code	640474
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJJ9957J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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' 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.



Policyholder's Signature / Date & Time 11-08-2021 @ 03:40pm

Driver's Signature (If driver is not the policyholder) / Date & Time 11-08-2021 @ 03:40pm

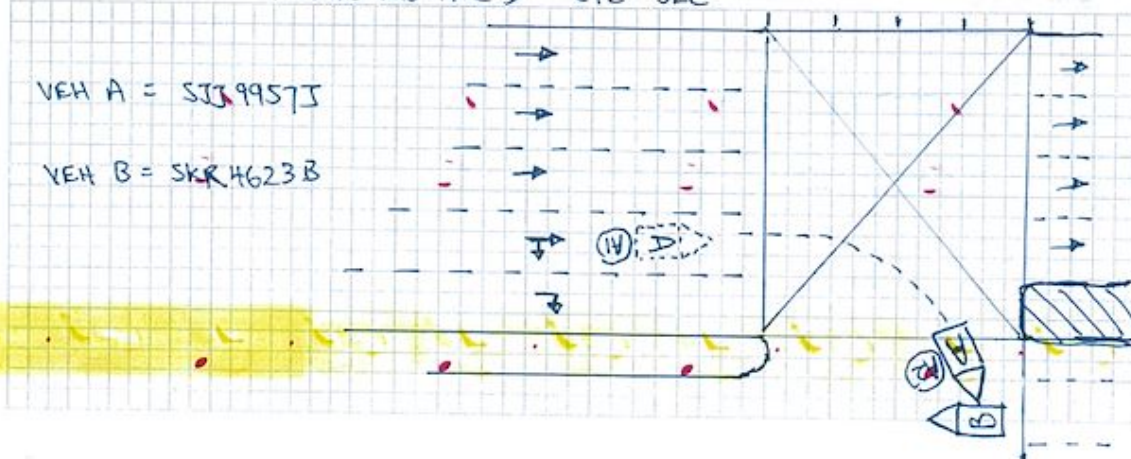
Witnessed by Reporting Centre Personnel

Sketch Plan

ANG MO KIO AVE S - CTE - SLE

VEH A = SJJ 9957J

VEH B = SKR 4623B



As Per Police Report

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel



























**SINGAPORE
POLICE FORCE**



T/20210811/7009

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210811/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2021 12:05		Vide Report No.: F/20210810/0105		Station Diary No.:	
Informant's Particulars					
Name of Informant: YIP CAI WAH			Address: 474 JURONG WEST STREET 41 #03-402 SINGAPORE 640474		
ID Type / ID No.: NRIC NO / T01706941			Contact No.: Home/Office: Mobile: 84535079		
Nationality: MALAYSIAN			Email: bayunbin0225@gmail.com		
Sex: Male	Age: 20	Date of Birth: 10/02/2001	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Quality control/assurance engineer			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/08/2021 15:00	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJJ9957J	Car	HONDA	Fit		Seriously Damaged	0
SKR4623B	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210811/7009

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No T/20210811/7009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YIP CAI WAH	ID No.	T0170694I
Related Vehicle	SJJ9957J (Car)	Contact No.	84535079
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	10/08/2021	Date	11/08/2021
No. of Days granted Medical Leave	04	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SJJ9957J was stationary on the stated venue as right turn arrow was red. I was the fourth vehicle on lane 2. When the right turn arrow turn green the car in front of me move off and I follow suit. As I made my right turn halfway suddenly vehicle SKR4623B who was on my opposite direction beat the red light and my vehicle collided into his vehicle right portion. The impact was great and my airbag was deployed. Later traffic police and ambulance came and I was conveyed to sengkang general hospital. I suffered pain on my arms, head, neck and back. I was then hospitalized for a day and was given 4 days HL



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210811/7009

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Report No T/20210811/7009

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
11/08/2021 12:05

Classification Of Case:



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg No. 190703792k | GST Reg No. M2-0070906-X
 64 Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 019711
 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, 1910 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.

CERTIFICATE NO.: D19MPC0004804_01		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	:	SJJ9957J
Chassis No	:	GB31001038
2. Name of Policyholder	:	CERTACT ENGINEERING PTE. LTD.
3. Effective date of Insurance	:	30 Sep 2020
4. Expiry date of Insurance	:	29 Sep 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>Use only for social, domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover</p> <ul style="list-style-type: none"> 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. <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 (For Employees)	:	SGD600.00
Excess Sect I (For Non-Employees)	:	SGD1,100.00
Windscreens Excess	:	SGD100.00
Hire Purchase Company	:	Hong Leong Finance Limited
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		
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	:	A000021/Tan Shi Jack
Date of Issue	:	11/08/2020 11:36:11
MX4 - Private Car (Company)	:	
		For India International Insurance Pte Ltd Authorized Signatory