

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 30/08/2021 17:58 (SGT)
Date of Accident 30/08/2021 13:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE EXIT TO BKE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE6616Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner DYNAMIC EQUIPMENT LEASING PTE LTD
Company Reg No 2XXXXX229W
Email Address bruce@lumens.sg
Mobile Phone No (Phone) +65-91541897
Alternative Phone No +65-91541897

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fuso
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 10677

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number 104508

DRIVER

Name of Driver KOH CHIN SENG
NRIC No SXXXX266E

Date Of Birth	17/10/1956
Occupation	Outdoor
Date Of Driving Pass	22/06/1977
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86005618
Alt. Phone Number	-
Email Address	bruce@lumens.sg
Address	APT BLK 119D RIVERVALE DRIVE #11-358
Address complement	-
Postcode	544119
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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 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?	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?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH1716X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-81616604
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

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. 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 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.
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

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
Witness (GIA Records Centre Personnel)

Sketch Plan

A: XE6616Z
B: GBH1716X

A

B

Chantek flyover

Describe Circumstances of the Accident

Veh A was travelling along BKE over Chartek Flyover.
 Veh B was travelling fast & skidded into the RH
 of my veh. Veh A was travelling on the inner most
 lane

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN
 OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

Please state:

☐ Claim Own policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Declaration

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

KOH

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7944
 Witnessed by Report Centre Personnel (Claims Section)























INDIA INTERNATIONAL INSURANCE PTE LTD

(INCORPORATED IN SINGAPORE) CO. REG. NO. 198703792K

64 CECIL STREET #04/#05 IOB BUILDING SINGAPORE 049711

TEL: 6347 6100 FAX: 6224 4174

POSTAL ADDRESS: ROBINSON ROAD P. O. BOX NO. 738 SINGAPORE 901438

ORIGINAL

This cover note is valid for
Singapore Registered Vehicles only.

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1959
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Motor Dept: 5th Level

A/c: Lee Tian Hock A000099
Cover Note No. 104508

Cover note not valid if issued on or after

Date: 2017 (20 21

Dynamic Equipment Leasing Pte Ltd
202025229W having proposed for insurance in respect of the Motor Vehicle described in
the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of
Comprehensive Policy applicable thereto for the period from 11.15 a.m./p.m.
2017/21 to midnight on 1 year unless the cover be
terminated by the Company by notice in writing in which case the insurance will thereupon cease and
a proportionate part of the annual premium otherwise payable for such insurance will be charged for
the time the Company has been on risk and provided that an insurance covering the aforesaid liability
has not been effected with other authorised insurers.

SCHEDULE

Make and Type of Body	Year of Manufacture	Cubic Capacity/ Carrying Capacity/ Tonnage	Proposer's estimate of present value including accessories	TYPE	Petrol/Diesel Eng.
Mitsubishi / FV70HJD2VDEA-		-	Market Value	Private Car	-
Tipper				Commercial Vehicle	Registration No.
Truck	Engine No: 470912C0621093			Motor Cycle	BBA
	Chassis No: FV70HJA10105				
Use	Authorised Driver				Excess
Rental & Leasing	-				As per Agreed

CERTIFICATE OF INSURANCE

I/WE HEREBY CERTIFY that this cover note 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).

Approved Insurers

Hire Purchase: DBS Bank Ltd

for INDIA INTERNATIONAL INSURANCE PTE LTD

IMPORTANT NOTE:

Please note that this Cover Note is valid for 30 days only from the date of issue and should be replaced by a Certificate of Insurance as soon as possible.

Authorised Signatory