

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 22/09/2021 15:07 (SGT)
Date of Accident 22/09/2021 08:37 (SGT)
Exact Location of Accident Singapore
Additional Location Information ECP TOWARDS AIRPORT BEFORE MARINE VISTA EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP3737Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner S D KAM PTE LTD
Company Reg No 201207774Z
Email Address kenchang_sg@yahoo.com
Mobile Phone No (Phone) +65-98394400
Alternative Phone No +65-98394400

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model JETTA 1.4 TSI AT 1622G5
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 Private car
Transmission Auto
CC 1390

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D18MPC0000803_03
Cover Note Number 30/07/2021 TO 29/07/2022

DRIVER

Name of Driver CHANG JIN SENG

Date Of Birth	14/11/1960
Occupation	Outdoor
Date Of Driving Pass	14/01/1981
Driving experience	40 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98394400
Alt. Phone Number	-
Email Address	kenchang_sg@yahoo.com
Address	APT BLK 8 SELEGIE ROAD #06-15 (S) 180008
Address complement	-
Postcode	-
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	Chain 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	7
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	Bedok South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002448999
Alt. Police Station Phone No	(Fax) +65-62446558
Police Station Address	20 Chai Chee Drive Singapore 469045
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7686H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK8261K
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMT5697Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLJ7850Y
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SMZ4114Z
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SMF7382R
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	CHANG JIN SENG
Gender	Male
Phone No	(Phone) +65-98394400
Address	APT BLK 8 SELEGIE ROAD #06-15 (S) 180008
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKP3737Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.



[Handwritten Signature]

Policyholder's Signature / Date & Time

[Handwritten Signature]

14-40
22/9/21

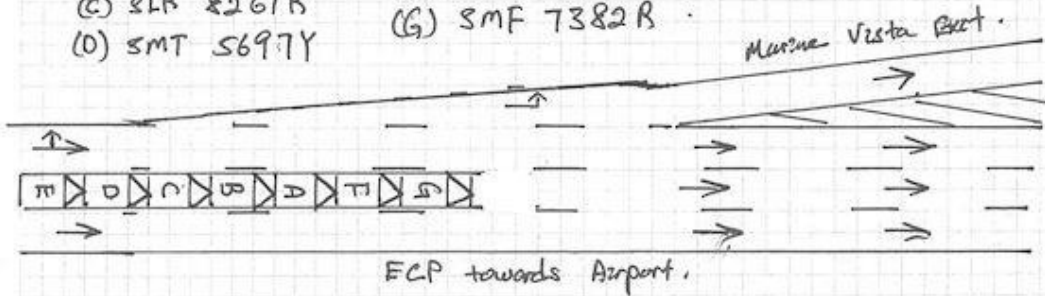
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

- | | |
|---------------|---------------|
| (A) SKP 3737Z | (E) SLJ 7850Y |
| (B) SH 7686H | (F) SMZ 4114Z |
| (C) SLK 8261K | (G) SMF 7382R |
| (D) SMT 5697Y | |



Describe Circumstances of the Accident

On 22/09/2021 at @ 0837 hrs, I was travelling in my vehicle (SKP 3737 Z) along ECP towards Airport before Marina Vista exit on the centre lane. The vehicle (SMZ 4114 Z) in front of me jam brake due to accident happened ahead. I jam hard on my brake too. Before my vehicle come to a stop, I felt a great impact from the rear. The impact was so strong, that pushed my vehicle forward and caused my vehicle to collide onto the vehicle ahead of me. I got down from my vehicle and found it was a chain collision involving 7 vehicles.


Declaration

We declare the foregoing particulars are true in every respect.



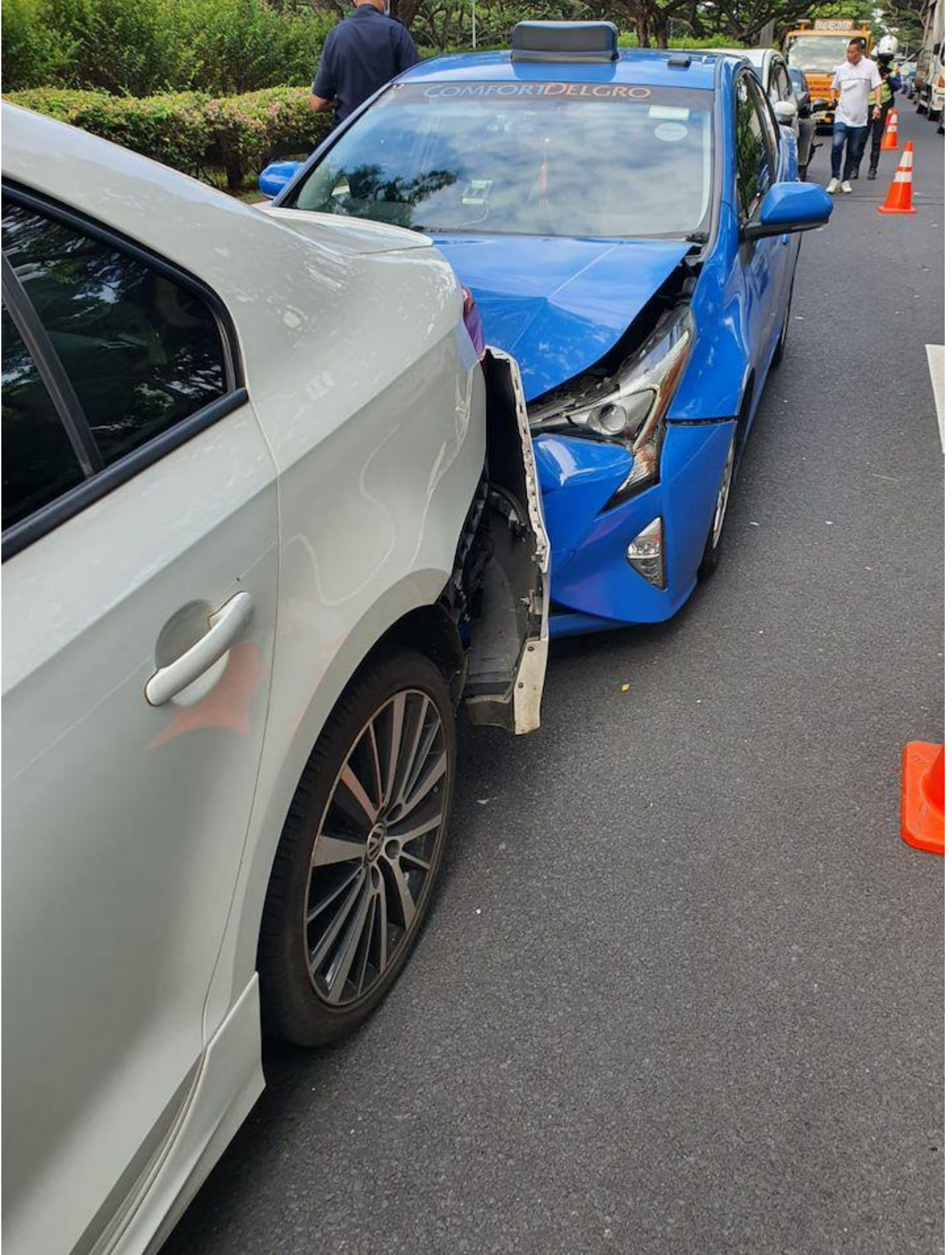

Policyholder's Signature / Date & Time

Policyholder's Signature / Date & Time

14.40
22/9/21


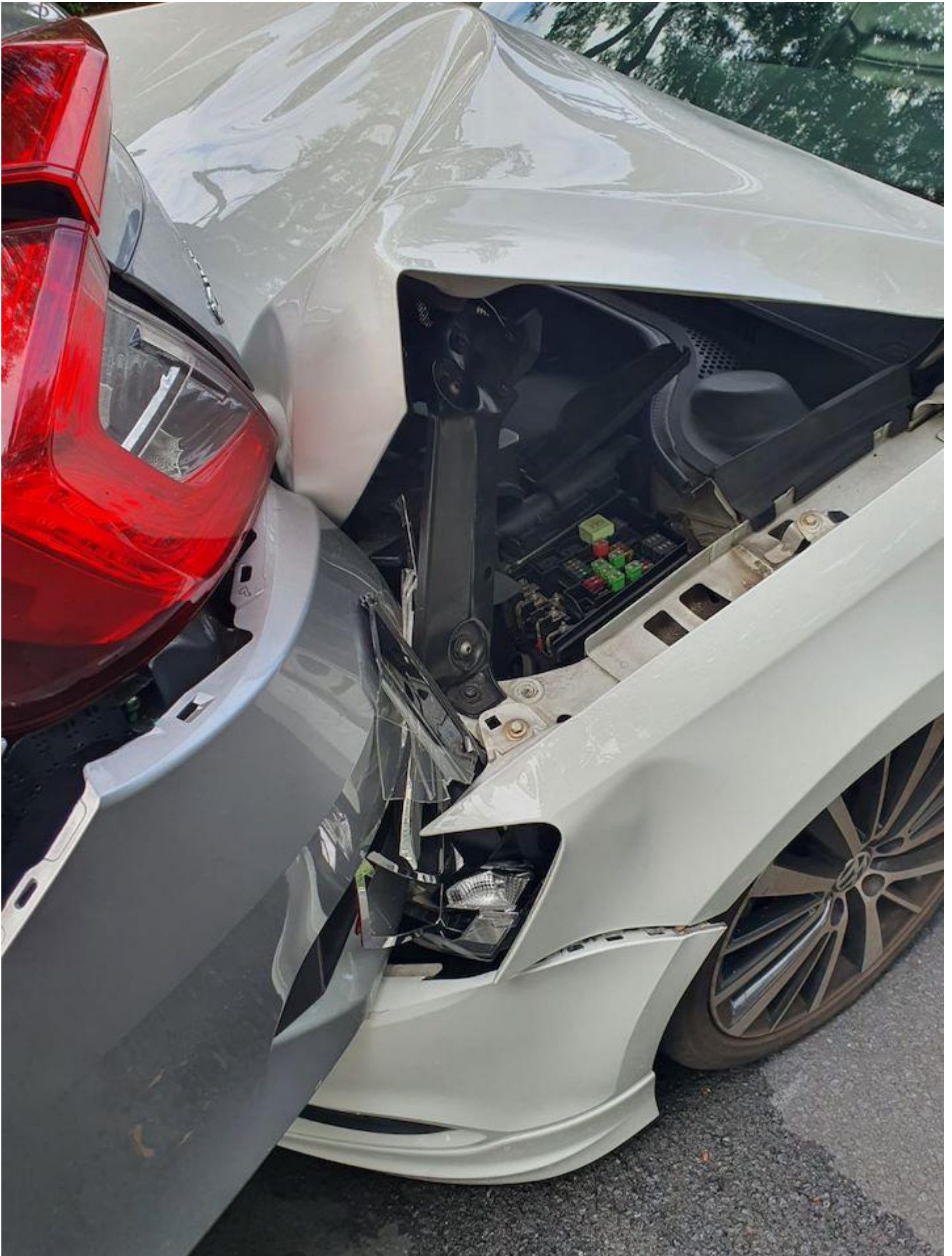
Driver's Signature (If driver is not the policyholder) / Date & Time

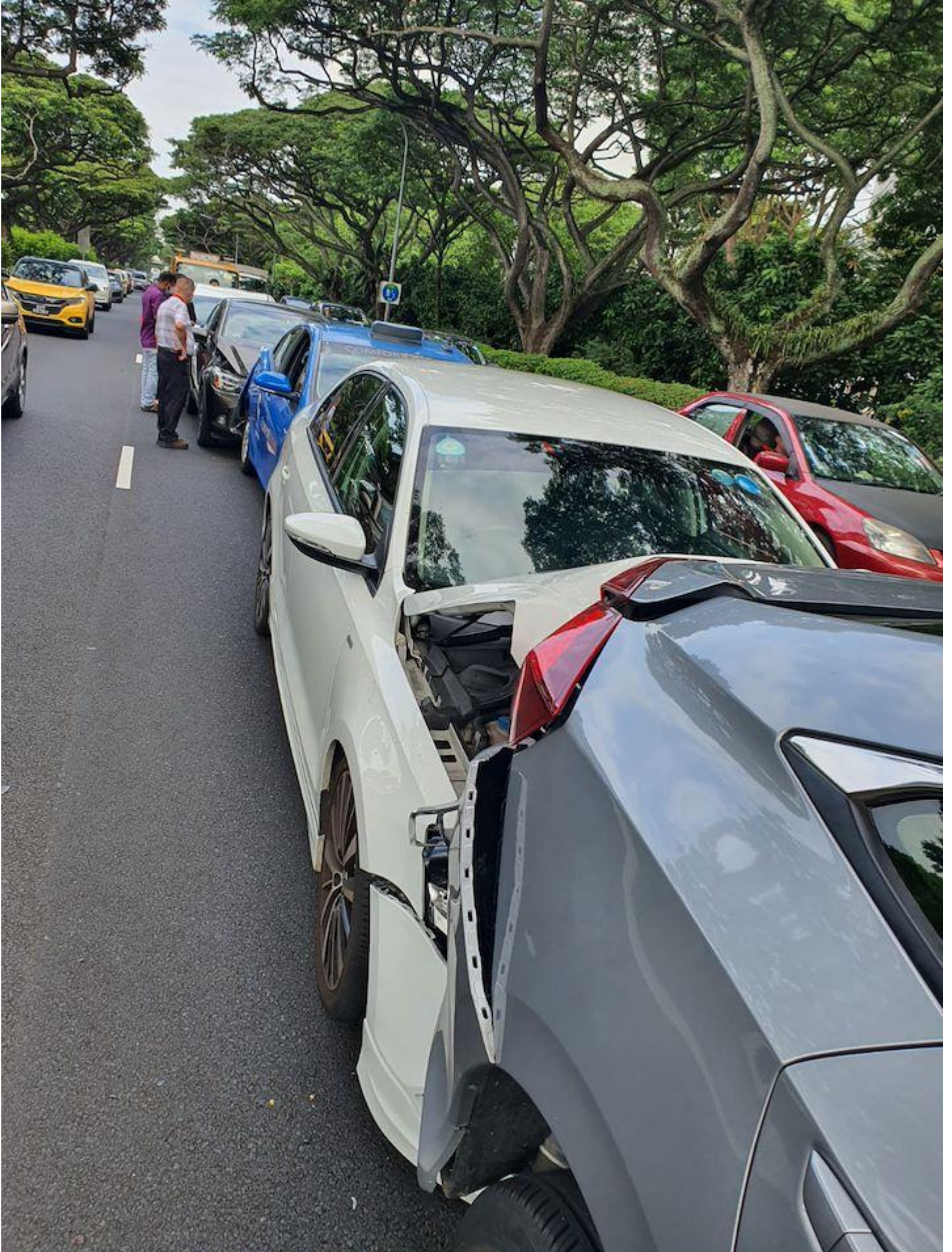
Witnessed by Reporting Centre Personnel

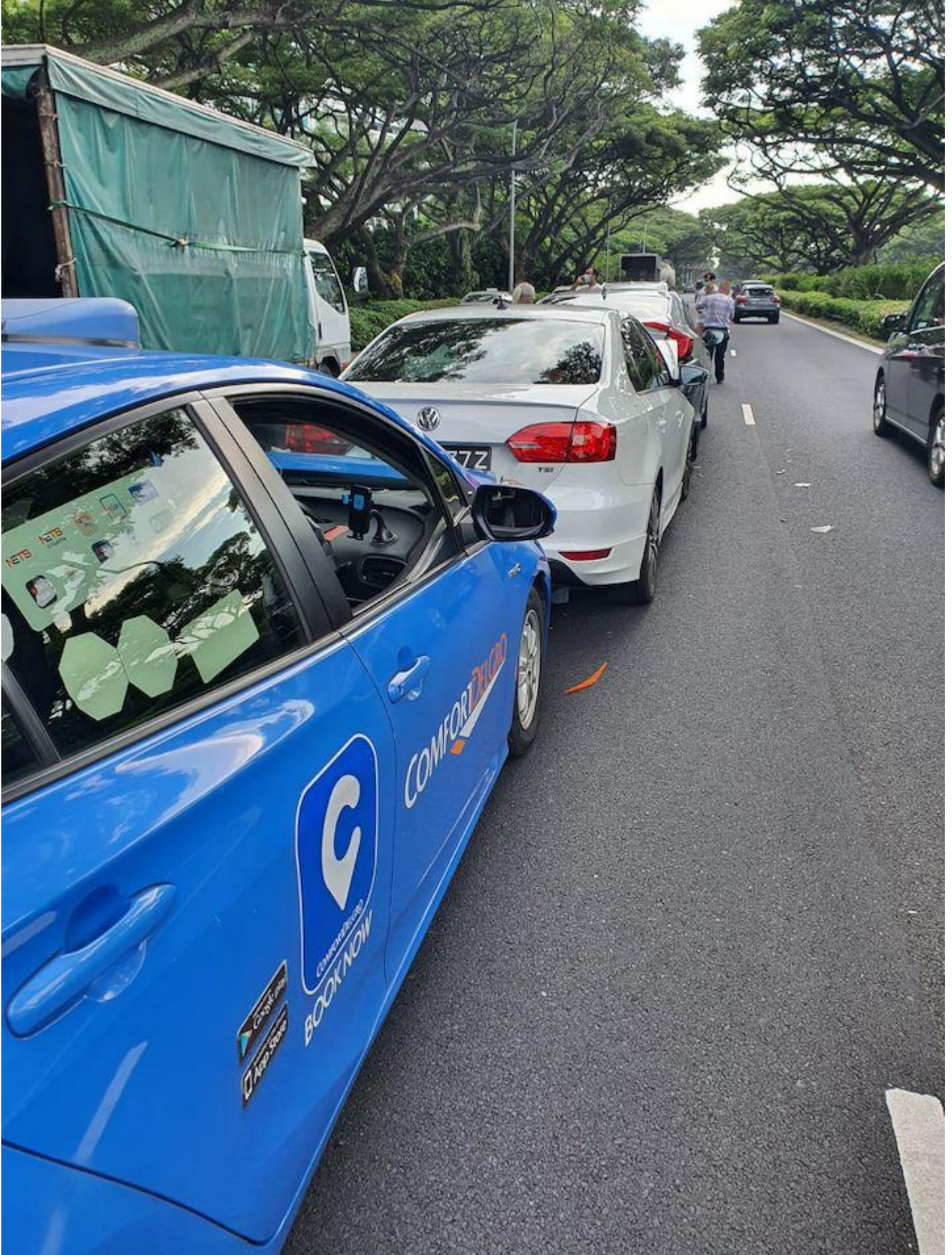















































**SINGAPORE
POLICE FORCE**


T/20210922/2037

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 3

Report No. T/20210922/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2021 13:29	Video Report No.: G/20210922/0073	Station Diary No.: 25
Informant's Particulars		
Name of Informant: CHANG JIN SENG	Address: APT BLK 8 SELEGIE ROAD #06-15 SINGAPORE 180008	
ID Type / ID No.: NRIC NO / S1411111E	Contact No.: Home/Office:	Mobile: 98394400
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 60	Date of Birth: 14/11/1960
	Type of Informant: Driver	
Race: Chinese	Language: English	Institution / School Name:
Occupation: MANAGER	Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/09/2021 08:40	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH7686H	TAXI					0
SKP3737Z	Car				Seriously Damaged	0
SLJ7850Y	Car					0
SLK8261K	Car					0
SMF7382R	Car					0



**SINGAPORE
POLICE FORCE**



T/20210922/2037

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 3

Report No. T/20210922/2037

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMT5697Y	Car					0
SMZ4114Z	Car					0

Brief Details.

On the 22/09/2021 at about 0840hrs, I was driving (SKP3737Z) along ECP towards Changi Airport on lane 02 of a 3 way lane. As I was near the Marine Vista exit, I noticed the vehicle in front (SMZ4114Z) of me stopped suddenly. I immediately applied my brakes and did not hit the vehicle in front of me. The vehicle (SH7686H) behind me however hit onto the rear of my car which resulted my car to surge forward and hit onto the vehicle at the front. I went out to check if anyone need assistance and eventually exchanged particulars with the other drivers. Subsequently Traffic Police and ambulance were at scene to assist in the matter. I also have in car camera footage and had passed it to the Traffic Police officer.



**SINGAPORE
POLICE FORCE**



T/20210922/2037

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



3 of 3
Report No. T/20210922/2037

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 G / Sr Staff Sgt MOHAMMED FADELI BIN MOHAMED SYUIB	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2021 13:29
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESAN Contact No.: 65476178	Classification Of Case:
Authentication Stamp NP168	 <p>SIGNATURE</p>



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X
 64 Cecil Street | #04 | #05 | #06-02 | IOF Building | Singapore 049711
 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, 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.: D18MPC0000803_03		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	:	SKP3737Z
Chassis No	:	WVWZZZ16ZEM035344
2. Name of Policyholder	:	S D KAM PTE LTD
3. Effective date of Insurance	:	30 Jul 2021
4. Expiry date of Insurance	:	29 Jul 2022
5. Persons or Classes of Persons entitled to drive*		
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.		
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.		
Excess Sect I: SGD600.00 (Employee)		
Excess Sect I: SGD1,100.00 (Non-Employee)		
Windscreen Excess: SGD100.00		
Hire Purchase Company : N/A		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 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	:	B000057/AETNA INSURANCE BROKERS PTE LTD
Date of Issue	:	23/07/2021 11:07:15
MX4 - Private Car (Company)		
		For India International Insurance Pte Ltd
		Authorized Signatory