

# 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 .....	04/10/2021 16:52 (SGT)
Date of Accident .....	01/10/2021 14:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Upper Serangoon Road
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBH5775Z
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	T G Kiat & Co (Pte) Ltd
Company Reg No .....	199704244W
Email Address .....	norine@rosesyrup.com
Mobile Phone No .....	(Phone) +65-90667716
Alternative Phone No .....	+65-90667716

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	D21MCV0004785
Cover Note Number .....	-

### DRIVER

Name of Driver .....	Sim Kian Kok
NRIC No .....	S1722592H

Date Of Birth .....	15/06/1965
Occupation .....	Outdoor
Date Of Driving Pass .....	02/08/1985
Driving experience .....	36 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90667716
Alt. Phone Number .....	-
Email Address .....	norine@rosesyrup.com
Address .....	Blk 470, Choa Chu Kang Ave 3, #08-111
Address complement .....	-
Postcode .....	680470
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 .....	Side Swipe
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Prakash Rao
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kolam Ayer Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002969999
Alt. Police Station Phone No .....	(Fax) +65-62937659
Police Station Address .....	Blk 72 Geylang Bahru #01-3038 Singapore 330072
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report no.: T/20211001/2074.

#### 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 .....	with driver.
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGQ4810E
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Vehicle Manufacturer .....	Honda
Vehicle Model .....	Stream
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) .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

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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' 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

## Sketch Plan



Please note that you might be able to submit an Own Damage claim under your own policy within 14 days.  
☐ Claim Own Damage (OD) ☐ Claim Third Party (TP) ☒ Reporting Only ☐ Claim OD/TP at other workshop

3/10/21

Describe Circumstances of the Accident

Refer to police report no. T/2021 1001/2074.

Declaration

We declare the foregoing particulars are true in every respect.

永裕隆有限公司  
T.O. KAM & CO (P) LTD



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



T/20211001/2074

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

1 of 3

Report No. T/20211001/2074

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2021 15:16		Vide Report No.:		Station Diary No.: 24	
<b>Informant's Particulars</b>					
Name of Informant: SIM KIAN KOK			Address: APT BLK 470 CHOA CHU KANG AVENUE 3 #08-111 SINGAPORE 680470		
ID Type / ID No.: NRIC NO / S1722592H			Contact No.: Home/Office: Mobile: 90667716		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 15/06/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/10/2021 14:45	Type of Location: Bend
Location:  UPPER SERANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
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
GBH5775Z	Lorry	TOYOTA	DYNA 150 5MT		Slightly Damaged	0
SGQ4810E	Car	HONDA	STREAM 1.8 A		Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20211001/2074

2 of 3

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No. T/20211001/2074

**CONTINUATION OF REPORT**

**Brief Details.**

On 01/10/2021 at about 1445hrs, I was travelling in my vehicle (GBH5775Z) on Jln Toa Payoh. I was travelling on the 3rd lane and under the Woodsville Flyover, I wanted to make a right turn into Bendemeer road. As I was completing my turn, I felt an impact from the rear. Vehicle (SGQ4810E) had knock into my vehicle rear. The driver claim he wish to make a left turn but the lane was for right turn only and my vehicle was already in front of his vehicle. No one was injured and no police arrived at scene. We exchanged our particulars and let the place.



**SINGAPORE  
POLICE FORCE**



T/20211001/2074

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

3 of 3




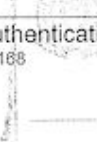
Report No. T/20211001/2074

**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 A / Sgt 2 WANG CHAOFAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2021 15:16
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168  	





## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078006-X  
 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711  
 Office (65) 63476100 Email insure@iii.com.sg  
 Fax (65) 62244174 Website www.iii.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.

<b>CERTIFICATE NO.: D21MCV0004785</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	: GBH5775Z	
Chassis No	: JTFAT35Y50K210830	
2. Name of Policyholder	: T G KIAT & CO (PTE) LTD	
3. Effective date of Insurance	: 16 Jul 2021	
4. Expiry date of Insurance	: 15 Jul 2022	
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.  <b>The Policy does not cover</b>          a) Use for hire or reward.          b) Use for racing, pace-making, reliability trial or speed-testing.          c) Use whilst drawing a trailer except 1st 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	: SGD600.00	
Windscreen Excess	: SGD100.00	
Hire Purchase Company	: N.A	
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &amp;/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	: A000078/INSURANCE SOLUTIONS HUB & CONSULTANCY AGENCY PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 02/07/2021 09:55:04	
M.Z. 300C - GOODS CARRYING(ORGANIZATION)		
		 Authorised Signatory