

# 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 ..... 13/01/2022 11:22 (SGT)  
Date of Accident ..... 12/01/2022 17:35 (SGT)  
Exact Location of Accident ..... Near 2 Kaki Bukit Pl, Singapore 416180  
Additional Location Information ..... OUTSIDE KB-1 BUILDING  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX6063Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SKYWAY MOTOR PTE LTD  
Company Reg No ..... 199904194N  
Email Address ..... rental@skyway.com.sg  
Mobile Phone No ..... (Phone) +65-63336333  
Alternative Phone No ..... +65-63336333

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... D20MFL0004693\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE KAR HOW JACKY  
NRIC No ..... S8801324G

Date Of Birth .....	19/01/1988
Occupation .....	Indoor
Date Of Driving Pass .....	22/06/2011
Driving experience .....	10 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96204904
Alt. Phone Number .....	-
Email Address .....	jacky_lee_1988@hotmail.com
Address .....	BLK 999B BUANGKOK CRESCENT #06-749
Address complement .....	-
Postcode .....	532999
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 .....	Collision - Head to Rear
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) .....	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 ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMV6184T
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Fit
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	AYADI BIN AZLI
- .....	S9000411E
Contact Number .....	(Phone) +65-96879458
Address .....	-

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

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.

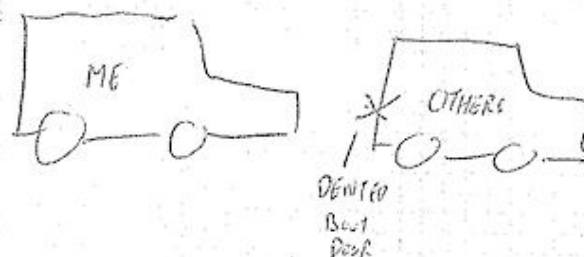


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident

TURNING RIGHT FROM KAKI BUKET AVE 3 TO  
 KAKI BUKET ROAD 3. SLIGHTLY FURTHER UP ROAD 3, <sup>OUTSIDE</sup> KB-1  
 DUE TO PEAK HOUR TRAFFIC, FRONT VEHICLE BRAKE, <sup>BUILDING</sup> DOES NOT  
 HAVE ~~EN~~ ENOUGH TIME TO REACT, DEPRESS BRAKE AS MUCH AS  
 I COULD, BUT STILL END UP KNOCKING INTO FRONT VEHICLE

Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date &  
 Time

 13-JAN-2022  
 Driver's Signature (If driver is not the policyholder) / Date  
 & Time

  
 Witnessed by Reporting Centre  
 Personnel



## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0070806-X  
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049211  
 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, 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.:</b> D20MFL0004693_01		<b>COVER:</b> Third Party Only
1. Index Mark and Registration Number of Vehicle	:	SMX6063Z
Chassis No	:	NHP1707181271
2. Name of Policyholder	:	SKYWAY MOTOR PTE LTD
3. Effective date of Insurance	:	08 Aug 2021
4. Expiry date of Insurance	:	07 Aug 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 in connection with the Policyholder's business.		
<b>The Policy does not cover</b>		
(1) Use for hire or reward		
(2) Use for racing, pace-making, reliability trial or speed-testing.		
(3) Use for the carriage of goods (other than samples) in connection with any trade or business.		
(4) Use for any purposes 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.		
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 : B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD		For India International Insurance Pte Ltd
Date of Issue : 02/08/2021 11:17:51		
MZ406 - Hire Car (Hired Driving)		
		 Authorised Signatory

letchmy/02/08/2021 11:17:51

02/08/2021 11:59:59











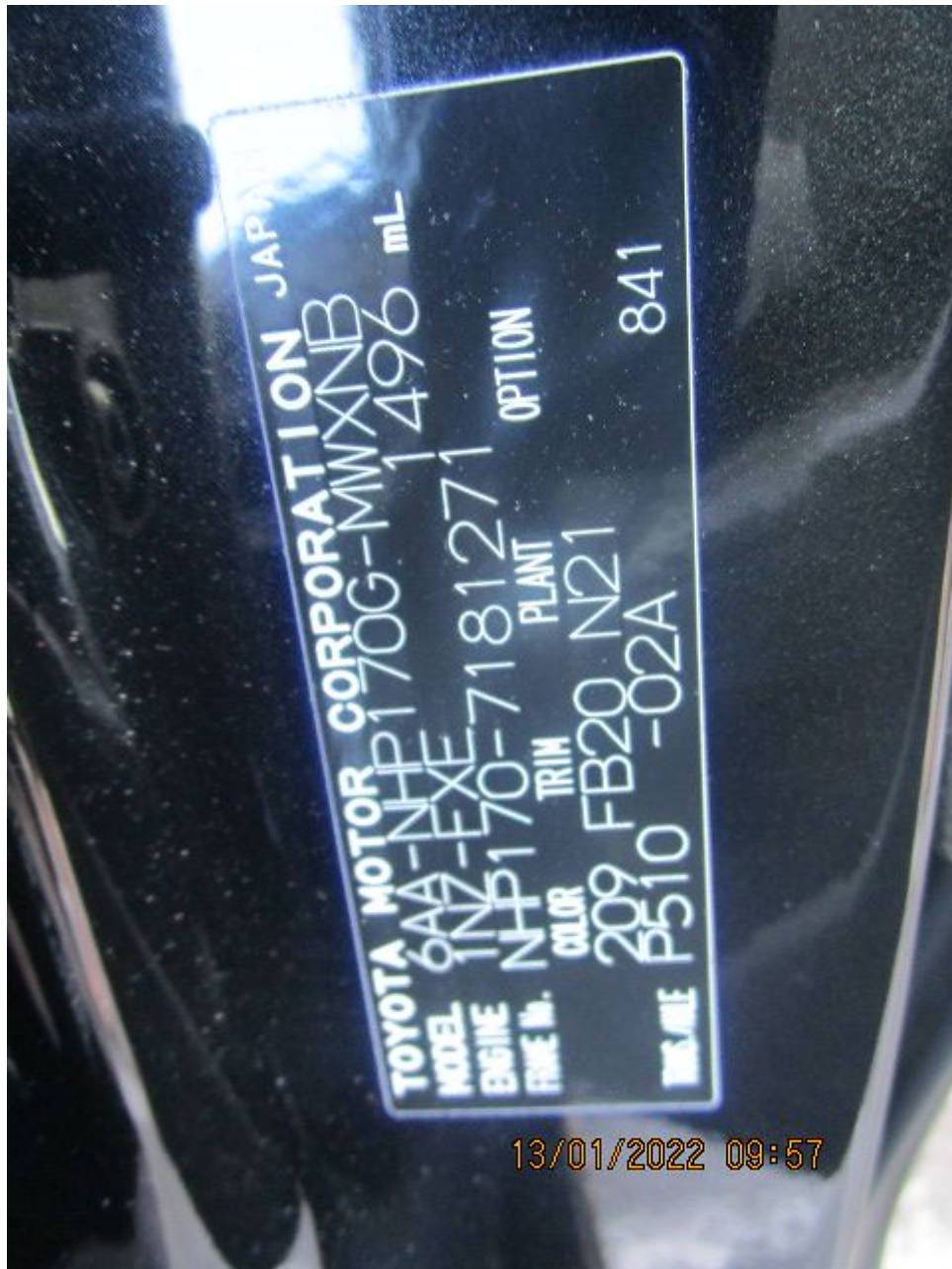




































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No: SC1K221D0001 Vehicle Registration No: SMX6063Z  
 Name (as shown in NRIC): Skyway Motor Pte Ltd NRIC/FIN/Passport No: \_\_\_\_\_  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 12/01/22 Time of Accident: 1735  
 Place of Accident: outside ke-1 Building  
 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:

To amend the vehicle number to read as SMX6063Z

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.: 07103122  
 Date:

EXAMPLE Addendum 2