# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 17/05/2022 13:13 (SGT) Date of Accident 16/05/2022 16:40 (SGT) Exact Location of Accident Woodlands Centre Rd, Singapore Additional Location Information WOODLANDS CENTRE ROAD TOWARDS WOODLAND E5 Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBF6758H

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner JS CARPENTRY & CONTRACTORS Company Reg No 52926651B **Email Address** ADMIN@JSCARPENTRY.COM.SG Mobile Phone No (Phone) +65-98519892 Alternative Phone No (Office) +65-63620595

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of **Employment** 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 Policy Number D21MCV0001098\_01 Cover Note Number

## DRIVER

Name of Driver ADAIKKALAM THIRUPPATHI Passport No/FIN F8496414W

Date Of Birth 04/02/1970 Occupation Outdoor Date Of Driving Pass 19/06/2019 Driving experience 2 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-84379516 Alt. Phone Number Email Address ADMIN@JSCARPENTRY.COM.SG Address 182 WOODLANDS INDUSTRIAL PARK E5 Address complement Postcode 757513 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 DRIZZLING Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Bukit Panjang North Neighbourhood Police Post Police Station Address Blk 27 Marsiling Drive Singapore 730027 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER POLICE REPORT NO: T/20220516/2065 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 SHC2783A Vehicle Manufacturer Vehicle Model

MOHAMED HASSAN BIN MURASHA

S1226192F

# Accident report SC0Q225H0004

Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver

NRIC No

Contact Number	-
Address	_
Address complement	
Postcode	-
nsurance Company Name	-
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

l 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")

PolicyMolder's Signature PDate &

(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 Personel-Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including the the third party service providers or agents (including the the third party service providers or agents).

Rock

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

el: 6219 2006 (Blines) Fak: 6219 2 Witnessed by Reporting Centre

Personnel

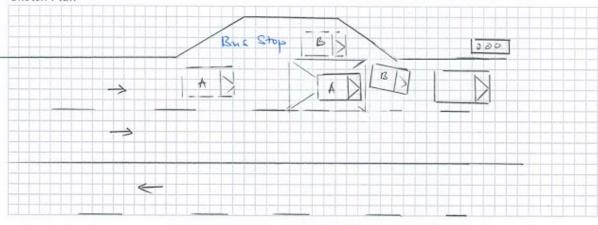
有限公司

es Pte Ltd ark East 1 hal Park

Time UEN: 52 Sketch Plan

3

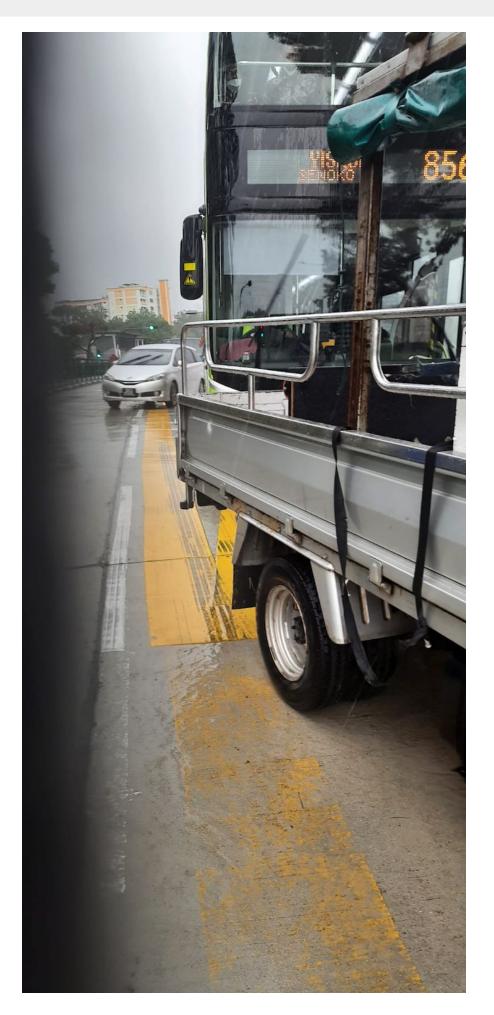
CARP

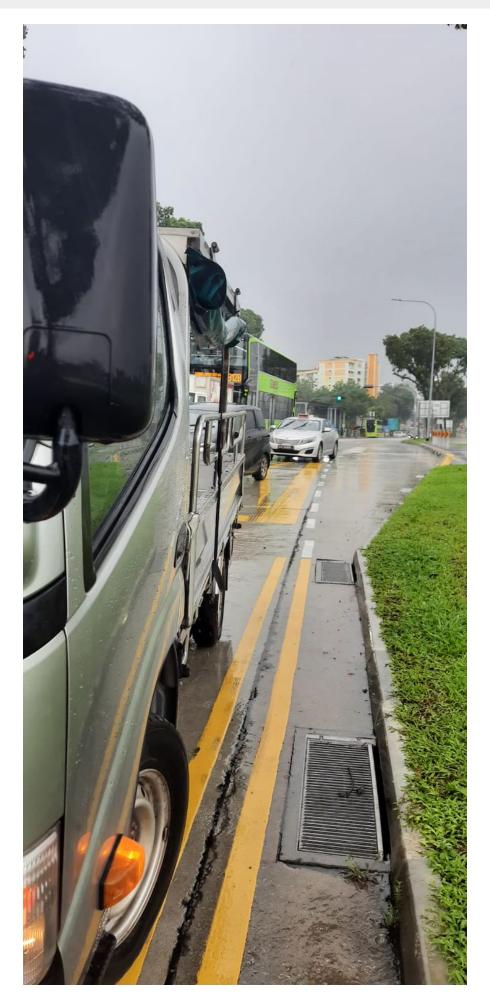


A - GBE 67 50 14

B-84C2713A

Keter	Police Pepart No: 7/20220516/2065
. DI	te that your insurer may have 14days Time Frame for you to submit an Own Damage claim
	r own comprehensive policy, please check with your policy for more information.















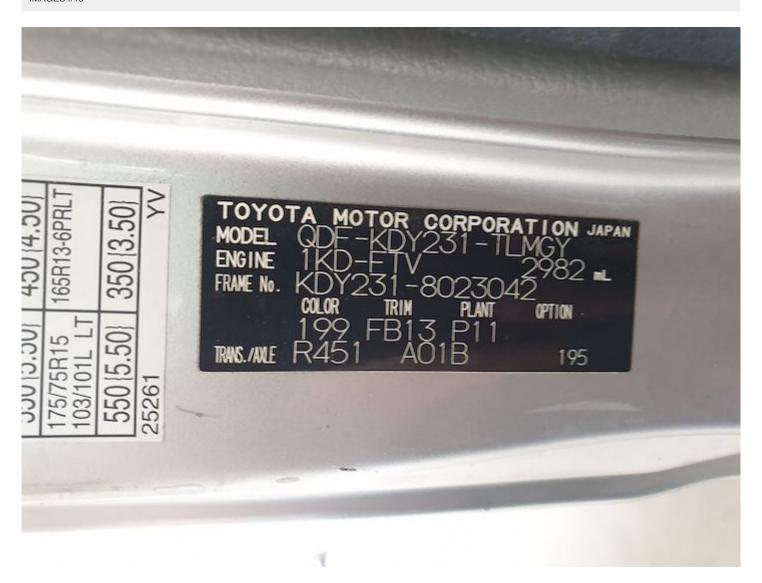


















Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 1 of 3 Report No. T/20220516/2065

Tel No: 1800-3689999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2022 19:52		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars		DESCRIPTION OF THE PROPERTY OF THE		
Name of Informant: ADAIKKALAM THIRUPPATHI			Address: 182 WOODLANDS INDUSTRIAL PARK E5 SINGAPORE 757513			
ID Type / ID No.: FIN NO / F8496414W			Contact No.: Home/Office:	Mobile: 84379516		
Nationality: INDIAN			Email:			
Sex: Age: Date of Birth: Male 52 04/02/1970			Type of Informant: Driver			
Race: Indian			Language: English	Institution / School Name:		
Occupation: Other car and light goods vehicle			Driving Licence Information: Class: 2B,3	Date of Expiry: 13/05/2023		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/05/2022 16:40	Type of Location Straight Road	
Location: WOODLAND Weather: Drizzling	S CENTRE ROAD	Road Surface:		Road Speed Limit:	
Traffic Flow:				Traffic Volume: Moderate	
Traffic Flow: One Way		Traffic Control: Traffic Light - Work	ting		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE6758H	Lorry				Slightly Damaged	0
SHC2783A	Car				Slightly Damaged	0

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA			





Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 2 of 3 Report No. T/20220516/2065

Tel No: 1800-3689999

CONTINUATION OF REPORT

Driver				T		
Name	ADAIKKALAM THIRUPPATHI			ID No		F8496414W
Related Vehicle	GBE6758H (Lorry)			Conta	ct No.	84379516
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,3 Date of Expiry: 13/05/2023
Date Treatment	NIL Date I			charge	NIL	
No. of Days granted Medical Leave NIL		NIL	Degree o	f Injury	NIL	

#### Brief Details.

V1) GBE6758H

V2) SHC2783A

On 16/05/2022 at about 1634hrs, I was driving V1 along Woodlands Center Road Lane 2 towards to Woodlands E5. Out of sudden, V2 drove out from the bus stop lane into lane 2. I tried applied emergency brake but still hit onto V2's rear. After which, I alighted and make a checked. V1's front bumper was damaged. I am lodging this report as instructed by my company.





Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

3 of 3 Report No. T/20220516/2065

Tel No: 1800-3689999

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: L / STAFF SGT AIK QISONG	Signature Of Informant:				
Signature Of Interpreter: Not applicable	Date/Time: 16/05/2022 19:52				
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:				
NP168					



#### INDIA INTERNATIONAL INSURANCE PTE LTD

Gr. Reg. No. 1907/03792k | GST Reg. No. M2-0070006-X 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 0197 | 1 Office (65) 63476400 final assuremixemsg. Fax (65) 62244474 Website www.niccomsg.

# 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.: D21MCV0001098 01

COVER: Comprehensive

1. Index Mark and Registration Number of Vehicle

: GBE6758H

Chassis No

: KDY2318023042

2. Name of Policyholder

: JS CARPENTRY & CONTRACTS

3 Effective date of Insurance

: 23 Feb 2022

4. Expiry date of Insurance

: 22 Feb 2023

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.

Limitations as to use\*

- 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.

# The Policy does not cover

- a) Use for hire or reward.
- b) Use for racing, pace-making, reliability trial or speed-testing.
- c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\*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

Windscreen Excess : SGD100.00

Hire Purchase Company : United Overseas Bank Limited

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 : A000038/M Plus Consultancy Date of Issue : 12/01/2022 17:15:50

Date of Issue

M.Z. 300C - GOODS CARRYING(ORGANIZATION)

For India International Insurance Pte Ltd

Authorised Signatory

livun/12/01/2022

Page I of I

12/01/2022 17:16:13