

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 13/04/2022 10:42 (SGT)
Date of Accident 09/04/2022 16:10 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE (CHANGI) TOA PAYOH FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG6404T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORTDELGRO CORPORATION LTD & ALL ITS
SUBSIDIARIES FOR THEIR RESPECTIVE RIGHTS AND
INTERESTS
Company Reg No 201202781W
Email Address zulkiflibn@sbstransit.com.sg
Mobile Phone No (Phone) +65-96395569
Alternative Phone No +65-96395569

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Triton
Variant -
Exact purpose for which vehicle was being used at time of
accident Employment
Are you claiming under your own insurance policy for repair to
your vehicle? Yes
Vehicle Category Commercial vehicle
Transmission Auto
CC 2500

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D18MFL0001360_03
Cover Note Number -

DRIVER

Name of Driver	SAFWAN BIN KASBOL
NRIC No	S9135140D
Date Of Birth	21/09/1991
Occupation	Indoor
Date Of Driving Pass	01/11/2011
Driving experience	10 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91687852
Alt. Phone Number	-
Email Address	smigle72@hotmail.com
Address	BLK 802 WOODLANDS ST 81 #03-89
Address complement	-
Postcode	730802
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FADZLY
Gender	Male

PASSENGER 2

Name	ZAKI
Gender	Male

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
Reasons for not uploading a video of the accident	FILE UNABLE TO OPEN AT TIME OF REPORTING.
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ6404T
Vehicle Manufacturer	Ford
Vehicle Model	Ranger
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WANG CHIOU SHI
NRIC No	S7823336B
Contact Number	(Phone) +65-96564665
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	DZULFADZLY
Phone	(Phone) +65-92279875
Email	-

SKETCH PLAN

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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.

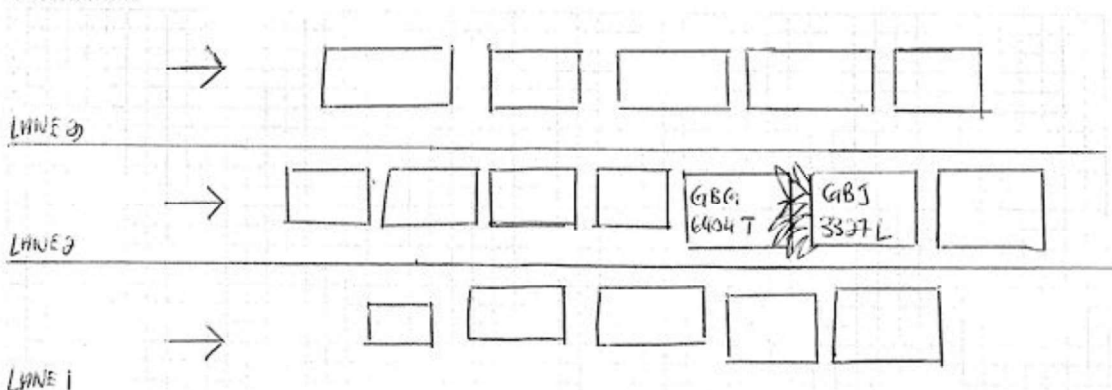


Policyholder's Signature / Date & Time

[Signature]
12/4/2022 (1600)
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


Slow moving vehicles at PIE (Changi) before the Raptor Flyover. SBSI vehicle (C8616421) was driving under the speed limit. Suddenly a Blue Ford Ranger (C8J3307L) came into stop position on the expressway due to traffic jam. Without realising the vehicle ahead is getting nearer and I straight away stepped onto the foot brake. However the vehicle didn't stop on time but it stop gradually instead and hit the rear part of the Ford Ranger.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 12/4/2022 (1600)
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel




INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792R | GST Reg. No. M2-0078806-X
 64 | Cecil Street | #04 | #05 | #06-02 | IOE 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.: D18MFL0001360 03		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBG6404T	
Chassis No	: MMAJYKL10GI029073	
2. Name of Policyholder	: COMFORTDELGRO CORPORATION LTD & ALL ITS SUBSIDIARIES FOR THEIR RESPECTIVE RIGHTS AND INTERESTS	
3. Effective date of Insurance	: 30 Aug 2021	
4. Expiry date of Insurance	: 29 Aug 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.</p> <p>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>(1) Use in connection with the Policyholder's business.</p> <p>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.</p> <p>(2) Use whilst drawing a trailer except 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 All Claims	: SGD	750.00
Windscreen Excess	: SGD	50.00
Hire Purchase Company	: N/A	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$2500.00 ON ALL CLAIMS 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	: B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD	
Date of Issue	: 01/09/2021 12:18:27	
M.Z. 300C - GOODS CARRYING(Company's use)		
		<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorised Signatory</p>

letchmy/01/09/2021 12:18:27

01/09/2021 12:29:53

