

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 06/06/2022 16:43 (SGT)
 Date of Accident 06/06/2022 09:36 (SGT)
 Exact Location of Accident Lornie Rd, Singapore
 Additional Location Information LORNIE RD TO THOMSON RD
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU661B

INSURED/POLICYHOLDER

Is company? Yes
 Name Of Registered Owner BETHLEHEM AUTOMOTIVE PRIVATE LIMITED
 Company Reg No 2XXXXX311G
 Email Address claimsbethlehemauto@gmail.com
 Mobile Phone No (Phone) +65-82083812
 Alternative Phone No +65-82083812

VEHICLE PARTICULARS

Manufacturer Toyota
 Model Prius
 Variant PRIUS ALPHA HYBRID 1.8S CVT
 Exact purpose for which vehicle was being used at time of accident Private hire
 Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
 Vehicle Category Private hire
 Transmission Auto
 CC 1797

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
 Type of Coverage Comprehensive
 Fleet Policy No
 Policy Number D22MFL0004212
 Cover Note Number 23/04/2022 - 22/04/2023

DRIVER

Name of Driver ZAULKFFLI BIN RAGMAN
 NRIC No SXXXX124H

Date Of Birth	28/01/1965
Occupation	Outdoor
Date Of Driving Pass	30/10/1998
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82083812
Alt. Phone Number	-
Email Address	claimsbethlehemauto@gmail.com
Address	612 YISHUN ST 61
Address complement	#03-189
Postcode	760612
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?	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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX2292S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	HO GUEK HIANG
NRIC No	SXXXX145H
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	ZAULKFFLI BIN RAGMAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SKU661B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment 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:

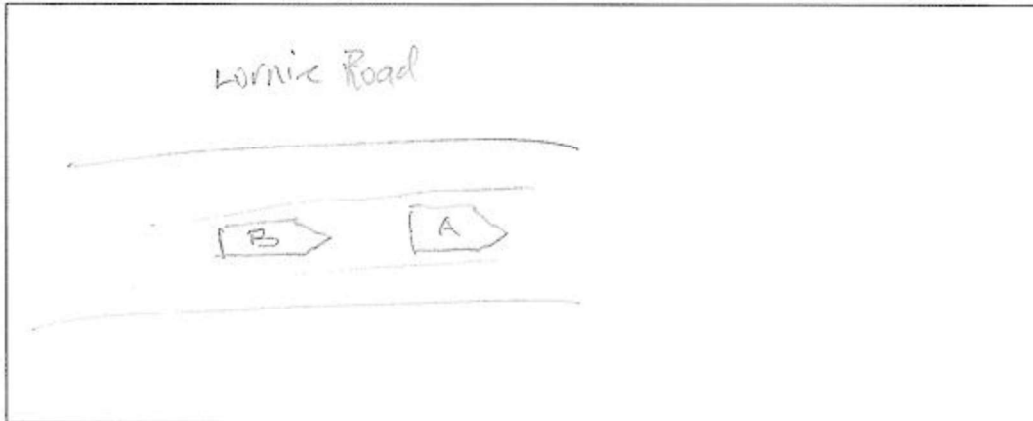
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time:


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


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

Date of accident: 6/6/22 Time: 09.36 Location: Lornie road to Thomson
 My Vehicle A: SKU 661 B Vehicle B: SLX 2292 S Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Travel along Lornie Rd where the car
 in front sudden brake. I manage to stop
 in time. Suddenly vehicle no. 'SLX 2292 S'
 hit from behind.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :


Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

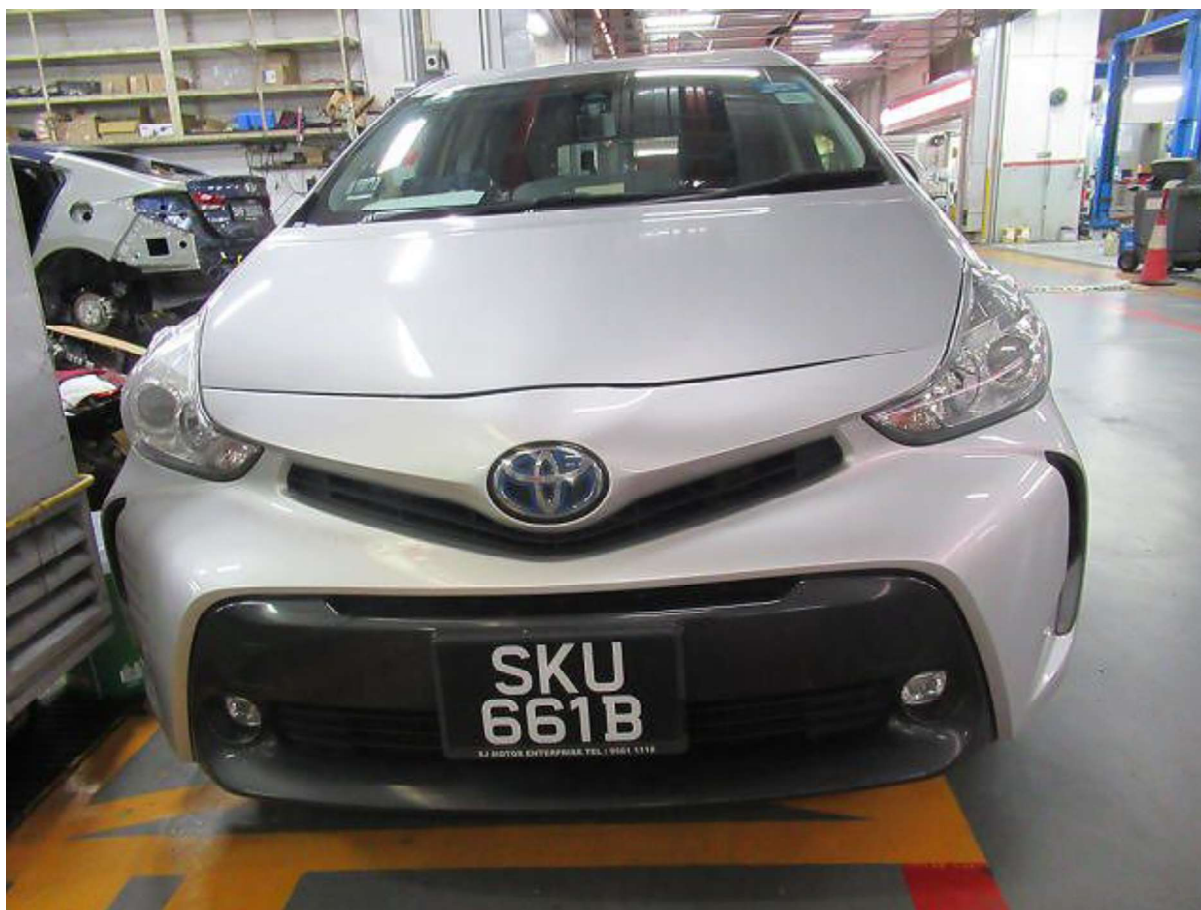
I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time:

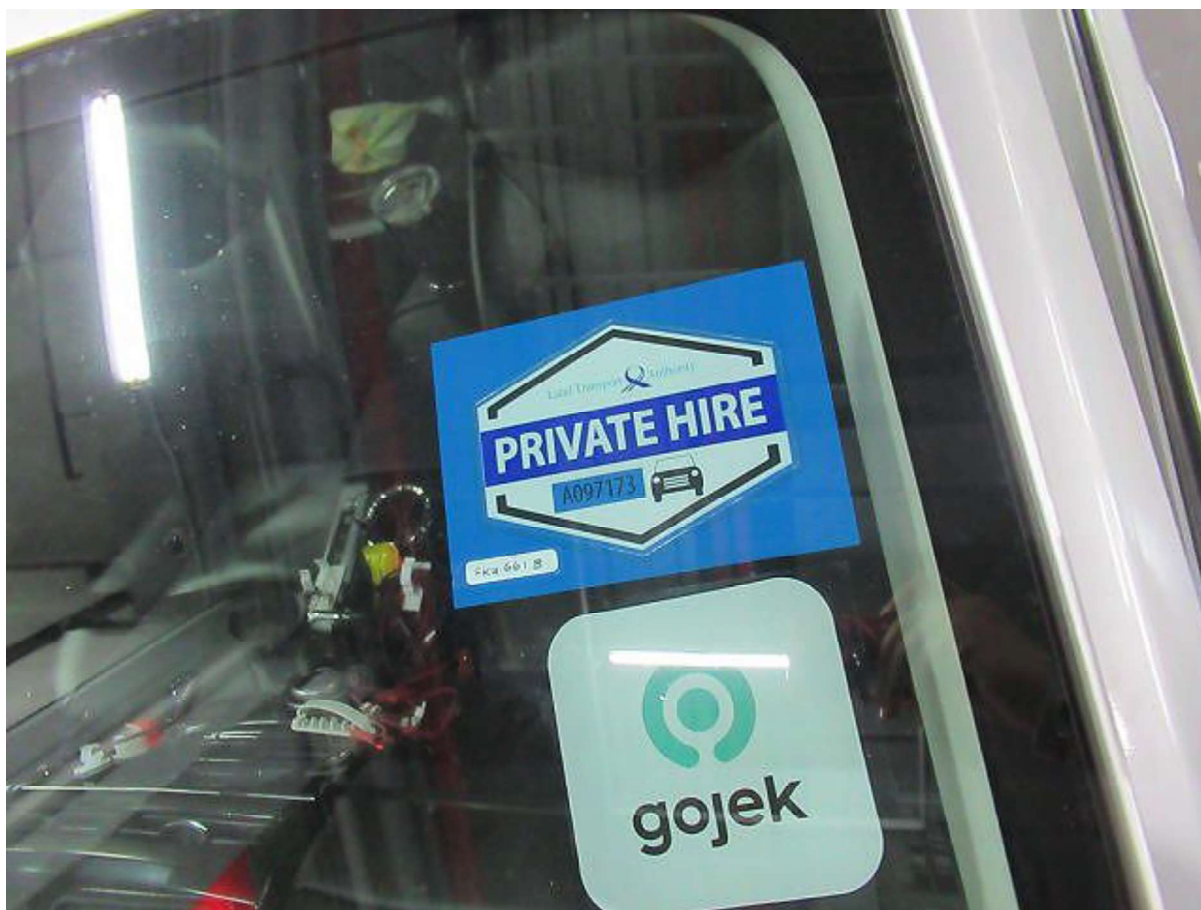

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


 Ah Lim Motor Company
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

AH LIM MOTOR COMPANY





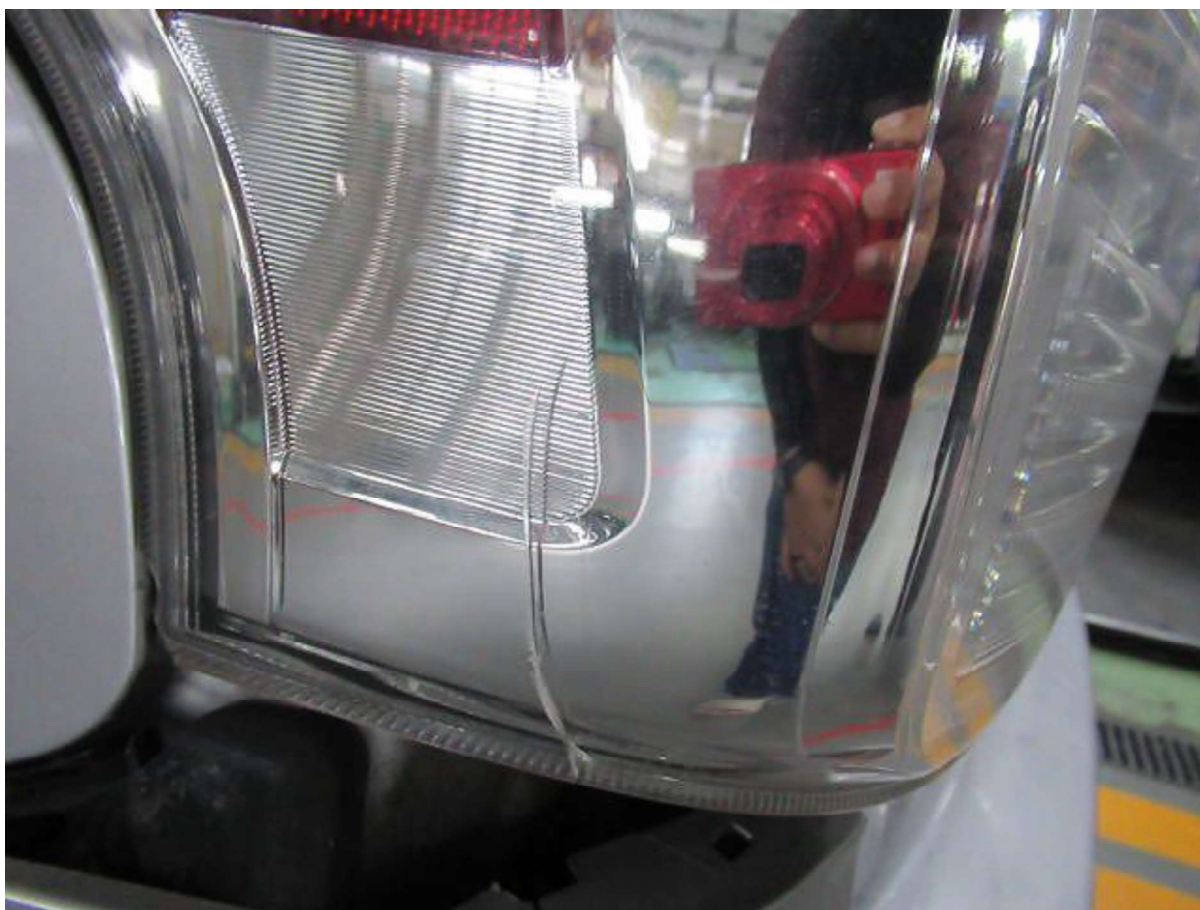






















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 769927
Tel No. 1800-8529999



T/20220606/2038

1 of 3

Report No. T/20220606/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 06/06/2022 13:03		Vide Report No.		Station Diary No.: 72	
Informant's Particulars					
Name of Informant ZAULKFFLI BIN RAGMAN			Address: APT BLK 612 YISHUN STREET 61 #03-189 SINGAPORE 760612		
ID Type / ID No.: NRIC NO / S1733124H			Contact No.: Home/Office: Mobile: 82083812		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 28/01/1965	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Private hire driver(GRAB)			Driving Licence Information: Class: 2B,2A,2.3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/06/2022 09:35	Type of Location: Gradient
Location: ADAM ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage 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
SKU661B	Car				Seriously Damaged	0
SLX2292S	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



1120220606/2038

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No. 1800-8529999

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Report No. 1120220606/2038

CONTINUATION OF REPORT

Driver				
Name	ZAULKFFI BIN RAGMAN		ID No.	S1733124H
Related Vehicle	SKU661B (Car)		Contact No.	82083812
Hospital/Clinic	YISHUN MEDICAL CENTRE		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/06/2022		Date Discharge	06/06/2022
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	HO GUEK HIANG		ID No.	S1484145H
Related Vehicle	SLX2292S (Car)		Contact No.	93692825
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 6th June 2022 at around 0936hrs I was driving my car SKU661B along Adam Road towards Lornie Highway in the second lane. When I was near to Arcadia Road, the car in front of me jammed it's brakes as the cars ahead of it were stationary. I applied my emergency brakes and came to a stop too. As I was about to move off, a car SLX2292S rear ended my vehicle. We got out of our vehicles and made a check on one another, at that moment I was feeling slight pain in my lower neck, shoulders and back. The lady driver informed me that she was okay. We then exchanged our particulars and went on our way.

As the pain in my lower neck, shoulders and back got worse over time I went to Yishun Medical Centre and was given 3 days of MC.

Damages to my vehicle would be; rear left panel dented and dislodged, rear bumper dented and dislodged, rear door dented, reversing sensor dislodged.



SINGAPORE
POLICE FORCE



1120220600/2038

Police Station Of Origin:
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. 1120220600/2038

CONTINUATION OF REPORT

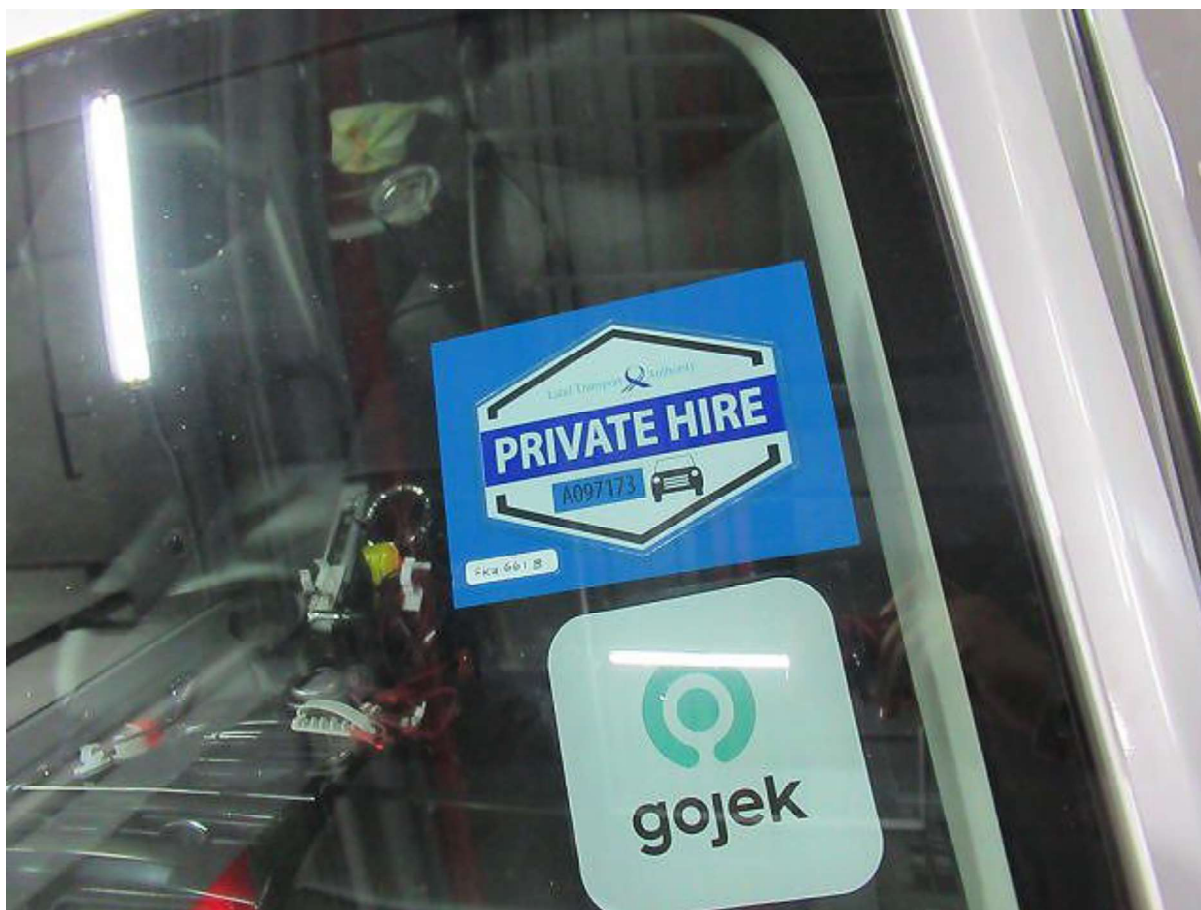
Sketch Plan

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 / SGT 2 ANGELO MARCEL THOMAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/06/2022 13:03
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168





INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 190703792K | GST Reg. No. M2-0078006-N
 64 Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
 Office (65) 63426100 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, 1939 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D22MFL0004212		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: SKU661B	
Chassis No	: ZYV400029632	
2. Name of Policyholder	: BETHLEHEM AUTOMOTIVE PRIVATE LIMITED	
3. Effective date of Insurance	: 23 Apr 2022	
4. Expiry date of Insurance	: 22 Apr 2023	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with his/her permission. The Hirer.</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>Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired</p> <p>The Policy does not cover</p> <p>(1) Use for hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward). (2) Use for racing, pace-making, reliability trial, or speed-testing. (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. (4) Use for any purpose in connection with the Motor Trade</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 Section I WITHIN SINGAPORE	: SGD	1,500.00
Excess Section I OUTSIDE SINGAPORE	: SGD	3,000.00
Excess Section II WITHIN SINGAPORE	: SGD	1,500.00
Excess Section II OUTSIDE SINGAPORE	: SGD	3,000.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: Thiam Heng Auto (S) Pte Ltd	
SUNROOF EXCESS: \$200.00		
FOR DRIVERS BELOW 24 YEARS OLD OR ABOVE 69 YEARS OLD &/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$1,500.00 ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE.		
PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY.		
FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA.		
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).		
		For India International Insurance Pte Ltd
		Authorised Signatory

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15/04/2022 00:13:58