

# 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 .....	06/07/2022 15:17 (SGT)
Reported by .....	Driver
Date of Accident .....	05/07/2022 13:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	DUNEARN ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	CB6596L
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	DKJ TRANSPORT SERVICE
Company Reg No .....	39711900C
Email Address .....	LEOBAIMING@GMAIL.COM
Mobile Phone No .....	(Phone) +65-97723370
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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? .....	No - Reporting only
Vehicle Category .....	Bus
Transmission .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D20MFL0003693_02

### DRIVER

Name of Driver .....	CHUA YEOW HUI
NRIC No .....	S1298369G
Date Of Birth .....	08/09/1958
Occupation .....	Outdoor

Date Of Driving Pass .....	17/10/1987
Driving experience .....	34 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98156863
Alt. Phone Number .....	-
Email Address .....	LEOBAIMING@GMAIL.COM
Address .....	BLK 11 HOLLAND DRIVE #06-34
Address complement .....	-
Postcode .....	271011
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 - Change/cross lane
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) .....	10
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 3

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 4

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 6

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 7

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Teck Ghee Neighbourhood Police Post  
 Police Station Address ..... Blk 321 Ang Mo Kio Street 31 Singapore 560321  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO POLICE REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... FBP7987Z  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Motorcycle  
 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) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... WANG HUI  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... FBP7987Z  
 Were seat belts worn? ..... No  
 Was this injured conveyed to hospital by ambulance? ..... No

# SKETCH PLAN

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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 firms/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 firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

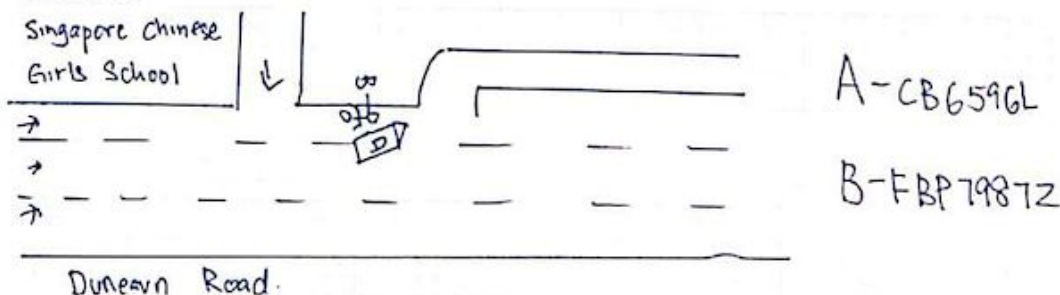
UKJ TRANSPORT SERVICE  
RCB No. 39711900C  
7 Soon Lee Street  
#05-12 ISpace  
Singapore 627609

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**

Please refer to Police Report

**Declaration**

We declare the foregoing particulars are true in every respect.

**UKJ TRANSPORT SERVICE**  
 RCB No. 39711900C  
 7 Soon Lee Street  
 #05-12 iSpace  
 Singapore 627609

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*



Witnessed by Reporting Centre Personnel































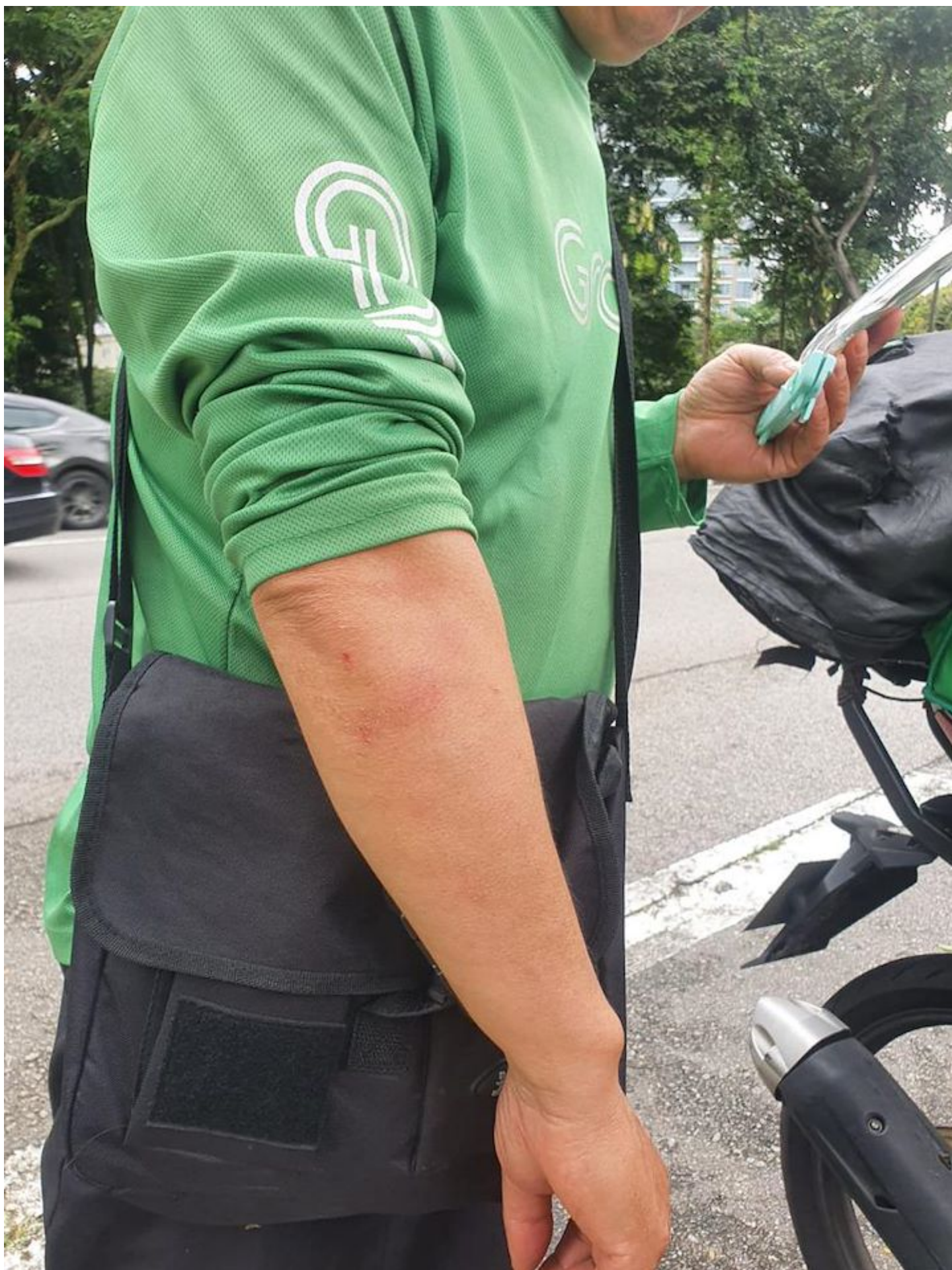






































Annex D

**NOTICE OF REPORTING**

This is to confirm that Chua Yeow Hui, NRIC: S1298369G, has reported to the Police a non-injury traffic accident which occurred along, Dunearn Rd, on 05/07/2022 at 1.40pm involving the following vehicles:

CB6596L & FBP7987Z

On 05/07/2022 at about 1340hrs, I was driving vehicle number CB6596L travelling out from Singapore Chinese girls school exit.

Along Dunearn Rd, there was huge traffic jam along the road. I then signaled my left-hand signal light going to change lane. I also checked my blind spot on the left-hand side mirror.

While I was changing lane, a grab rider vehicle, FBP7987Z hit on my vehicle on the left side and fell on the ground to the left.

I then alighted from my vehicle and assisted the rider. The rider sustained minor bruises on him however he refuses medical attention. The rider and I exchange particulars and proceed with insurance claims.


2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSSgt Yip Wai Leong

Date: 06/07/2022 Time: 1450hrs

S/D Ref: 3

Police Post/Unit: Teck Ghee NPP

  
Teck Ghee NPP  
Bik 321 Ang Mo Kio St 31  
S'pore 560321  
Tel : 800 - 459 9999

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police





## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X  
 64 | Cecil Street | #04 | #05 | #06-02 | 10B 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.: D20MFL0003693_02		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: CB6596L	
Chassis No	: JTFST22P200009229	
2. Name of Policyholder	: DKJ TRANSPORT SERVICE	
3. Effective date of Insurance	: 01 Jul 2022	
4. Expiry date of Insurance	: 30 Jun 2023	
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he/she is in the Policyholder's employ and is driving on their 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>Use only for the carriage of passengers or goods in connection with the Policyholder's business, Within The Republic of Singapore.</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.          (2) Use whilst drawing a trailer except the towing (other than for reward) 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 Section I WITHIN SINGAPORE	: SGD	1,500.00
Excess Section II WITHIN SINGAPORE	: SGD	1,500.00
Windscreens Excess	: SGD	200.00
Hire Purchase Company	: N.A	
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 70 YEARS OF AGE &amp; OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$2500.00 ON SECTION I &amp; II (SEPARATELY) 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> <p>Agent/Broker : A000047/SINCL PTE LTD          Date of Issue : 30/06/2022 12:20:43          M.Z. 601CM - OMNIBUS Company's use</p> <p style="text-align: right;">For India International Insurance Pte Ltd</p> <p style="text-align: right;">           Authorized Signatory       </p>		

santhosh/30/06/2022 12:20:43

30/06/2022 12:22:55