

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 Actual 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	29/07/2022 17:34 (SGT)
Reported by	Driver
Date of Accident	28/07/2022 18:45 (SGT)
Exact Location of Accident	Upper Jurong Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1602X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHYE JOO CONSTRUCTION PTE. LTD.
Company Reg No	1XXXXX808K
Email Address	serene@chyejoo.com.sg
Mobile Phone No	(Phone) +65-65607788
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Iveco
Model	Trakker
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	Commercial vehicle
Transmission	Auto
CC	12882

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0000461_01

DRIVER

Name of Driver	PANNEER SELVAM RAJESHKANNAN
Passport No/FIN	GXXXX245K
Date Of Birth	30/06/1986
Occupation	Outdoor

Date Of Driving Pass	20/08/2015
Driving experience	6 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90380683
Alt. Phone Number	-
Email Address	serene@chyejoo.com.sg
Address	19 Kian Teck Rd
Address complement	-
Postcode	628772
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	Side Swipe
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 SKETCH PLAN

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	SCJ8428J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

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SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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.

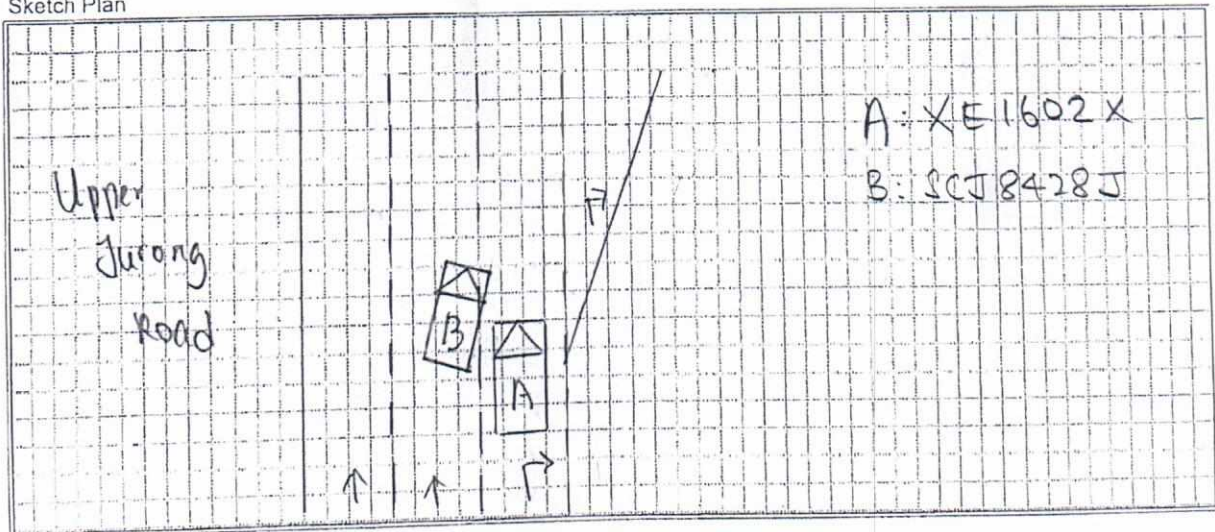


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

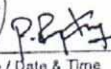


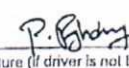
Describe Circumstance of the Accident

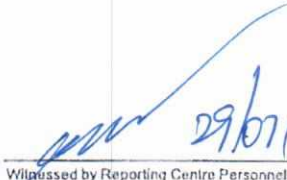
On 28/07/22, at about 18:45hrs, I was travelling along Upper Jurong Road. I was driving straight on the right most lane. Out of a sudden, I felt an impact from the left. I alighted and realised vehicle B had collided onto my vehicle's left front portion.

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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DETAIL

Accident Location	Along Upper Jurong Road
Accident Date / Time:	28th JULY 2022 / 18:45
Weather Conditions	<input checked="" type="checkbox"/> Clear / <input type="checkbox"/> Raining / <input type="checkbox"/> Drizzling / Others ()
Road Surface	<input checked="" type="checkbox"/> Dry / <input type="checkbox"/> Wet / Others ()

VEHICLE INFORMATION

Vehicle No.	XE1602X	Transmission	<input checked="" type="checkbox"/> Auto / <input type="checkbox"/> Manuel
Vehicle Make / Model	IVECO	C.C	
Insured Name	CHYE JOO CONSTRUCTION PTE LTD		
NRIC / FIN / UEN	198800808K	Contact Number	6560 7788
Are you claiming under your own insurance policy for repair to your vehicle?			
Own Damaged Claim / Third Party / <input checked="" type="checkbox"/> Reporting only	Insurance Company		
Type of Policy: <input checked="" type="checkbox"/> Comprehensive / <input type="checkbox"/> Third Party / TPTF	Policy Number		
D21MFL0000461-01			

SAME AS INSURED ()

Name Driver	PANNEER SELVAM RAJESHKANNAN		
NRIC / FIN / UEN	G8312245K		
Date of Birth	30/06/1986	Contact Number	9038 0683
Driving Pass Date	09/03/2011	Occupation	Indoor / <input checked="" type="checkbox"/> Outdoor
Email	serene@chyejoo.com.sg	Gender	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
Number of passenger include driver (Please provide name & gender of the passenger)			
DRIVER ONLY			

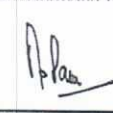
Was driver an employee of the Insured's Company? <input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No
If No, Relationship of the Driver with the Insured
Owner / Spouse / Friend / Relative / Children / Sibling / Other ()
Does the driver own any other vehicle? Yes / <input checked="" type="checkbox"/> No (If Yes, Please provide veh/model:)
Was any Foreign vehicle involved in this Accident? Yes / <input checked="" type="checkbox"/> No
Was anybody body injured in the Accident? Yes / <input checked="" type="checkbox"/> No
If Yes, Injured details:
Convey By Ambulance: Yes / <input checked="" type="checkbox"/> No
Was there any video capture by Car Camera? Yes / <input type="checkbox"/> No
Was there Accident Report to the Police? Yes / <input checked="" type="checkbox"/> No (If Yes, Pls provide Police Report:)

Third Party Vehicle	Thrid Party Name / NRIC	Contacr Number
Vehicle B	SCJ 8428J	
Vehicle C		
Vehicle D		
Vehicle E		
Vehicle F		

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, 1999 (MALAYSIA)

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

CERTIFICATE NO.: D21MFL0000461_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: NE1602X	
Chassis No	: WJME2NSS40C283050	
2. Name of Policyholder	: CHYE JOO CONSTRUCTION PTE LTD	
3. Effective date of Insurance	: 25 Jan 2022	
4. Expiry date of Insurance	: 24 Jan 2023	
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 Section I	: SGD	1,500.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: DBS Bank Limited	
FOR DRIVERS BELOW 21 YEARS & OR LESS THAN 1 YEAR SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$1000 - ON SECTION I WILL BE APPLICABLE.		
<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 : B000078/TAN INSURANCE BROKERS PTE LTD</p> <p>Date of Issue : 25-01-2022 16:17:39</p> <p>MLZ 300C - GOODS CARRYING (Company's use)</p> <p style="text-align: right;">For India International Insurance Pte Ltd</p> <p style="text-align: right;"></p> <p style="text-align: right;">Authorised Signatory</p>		

保險經紀有限公司
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