

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	03/08/2022 10:48 (SGT)
Reported by	Driver
Date of Accident	16/07/2022 13:30 (SGT)
Exact Location of Accident	Bulim Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP2740X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FAVOURITE CAR RENTAL PTE LTD
Company Reg No	201838589K
Email Address	peijie@expresscar.com.sg
Mobile Phone No	(Phone) +65-91998131
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0009917

DRIVER

Name of Driver	GUET SWEE KHIM
NRIC No	S1363230H
Date Of Birth	28/06/1959
Occupation	Outdoor

Date Of Driving Pass	28/02/1981
Driving experience	41 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97348853
Alt. Phone Number	-
Email Address	peijie@expresscar.com.sg
Address	BLK 457 CHOA CHU KANG AVE 4 #04-187
Address complement	-
Postcode	680457
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 on collision
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?	Yes
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?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220727/2041

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	SD CARD WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE7242L
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

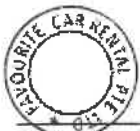
INJURED 1

Name of injured person	GUET SWEE KHIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Proximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP2740X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 and/or 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.



Handwritten signature and date 2/8/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Rule to paha report

We declare the foregoing particulars are true in every respect.

Witnessed by Registering Centre
Personnel:

















**SINGAPORE
POLICE FORCE**



T/20220727/2041

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20220727/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2022 12:16	Video Report No.: J/20220716/0072	Station Diary No.: 43
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Informant's Particulars

Name of Informant: GUET SWEE KHIM			Address: APT BLK 457 CHOA CHU KANG AVENUE 4 #04-187 SINGAPORE 680457		
ID Type / ID No.: NRIC NO / S1363230H			Contact No.: Home/Office: Mobile: 97348853		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 28/06/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/07/2022 13:30	Type of Location: Straight Road
Location: BULIM DRIVE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMP2740X	Car				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220727/2041

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20220727/2041

CONTINUATION OF REPORT

Driver			
Name	GUET SWEE KHIM	ID No.	S1363230H
Related Vehicle	SMP2740X (Car)	Contact No.	97348853
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4A Date of Expiry: NIL
Date Treatment	16/07/2022	Date Discharge	23/07/2022
No. of Days granted Medical Leave	21	Degree of Injury	Serious

Brief Details.

On 16/07/2022 at around 1330hrs. I was along Bulim Drive, Customs Operations Command to pick up a passenger. That was all that I could remember and I woke up in Ng Teng Fong General Hospital. I asked the doctor if my passenger was injured and he said no. I was given 21 days MC from 16/07/2022 to 05/08/2022. I suffered Head injury, fractured right clavicle and scalp laceration with needed 4 stitches.

I wish to state that I am unable to recall how the accident happen as everything was a blur.

My vehicle was brought to Traffic Police compound and my SD card is still with the TP IO. I was advised to lodge an accident report to retrieve the SD card.

TP IO Hairi , 96207150


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20220727/2041

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Report No. T/20220727/2041

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:

J/
SGT 1 NUR FADILLAH BINTE
ABDULLAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/07/2022 12:16

Officer In Charge Of Case:
TP / GIT /
SI KOH WEI JIE
Contact No.: 97303412

Classification Of Case:

NP158



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K (GST Reg. No. M2 0070866-X)
 501 Cecil Street #03-005 (406-02) RUI Building | Singapore 079311
 Office (65) 63376100 Email: insurance@ii.com.sg
 Fax: (65) 62211174 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, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1967 (MALAYSIA)

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

CERTIFICATE NO.: D21MFL0009917	
1. Index Mark and Registration Number of Vehicle	: SMP2740X
Chassis No	: GP7-2007360
2. Name of Policyholder	: FAVOURITE CAR RENTAL PTE LTD
3. Effective date of Insurance	: 06 Dec 2021
4. Expiry date of Insurance	: 05 Dec 2022
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.</p> <p>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.</p> <p>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 racing, pace-making, reliability trial, or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>(3) 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>
<p>PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY</p> <p>FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN SINGAPORE AND WEST MALAYSIA.</p> <p>THE VEHICLE IS STRICTLY TO BE DRIVEN BY THE PERSON TO WHOM IT IS HIRED TO. THE HIRER IS NOT ALLOWED TO SUBLET THE VEHICLE TO ANOTHER PARTY. SUBLETTING IS NOT COVERED. IF THE VEHICLE IS RENTED OUT TO A COMPANY, DRIVER MUST BE THE EMPLOYEE(S).</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: B000018 COMFORT DELIGRO INSURANCE BROKERS PTE LTD</p> <p>Date of Issue: 02/12/2021 15:49:53</p> <p>MZ106 - Hire Car (LIC)</p>	<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorized Signatory</p>