

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	17/08/2022 16:43 (SGT)
Reported by	Driver
Date of Accident	15/08/2022 18:15 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1110Z
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHYE JOO CONSTRUCTION PTE LTD
Company Reg No	1XXXXX808K
Email Address	estrpt66@gmail.com
Mobile Phone No	(Phone) +65-84089202
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	3336k/6x4
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	11946

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0004151_02

DRIVER

Name of Driver	MAHALINGAM ARUL
Passport No/FIN	GXXXX006U
Date Of Birth	14/06/1983
Occupation	Outdoor

Date Of Driving Pass	11/11/2015
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84089202
Alt. Phone Number	-
Email Address	estrpt66@gmail.com
Address	19 KIAN TECK ROAD Singapore 628772
Address complement	-
Postcode	-
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	SLX6829T
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)	-

SKETCH PLAN

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 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.



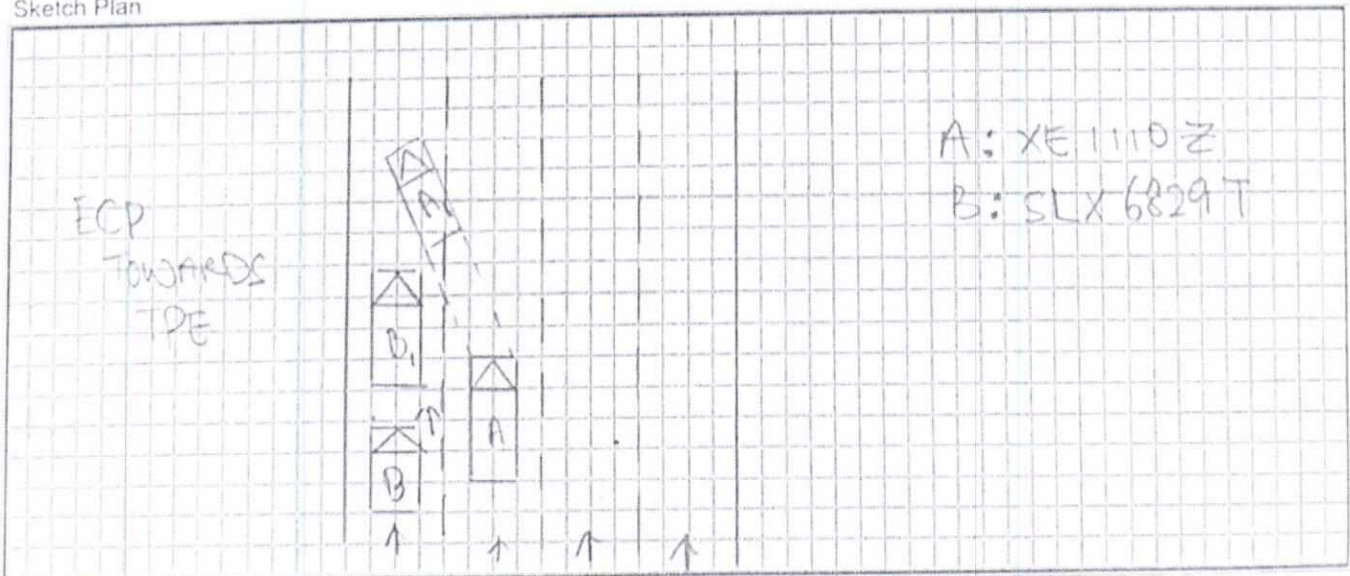
Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 17/08/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On 15/08/22, at about 18:15hrs, I was travelling along ECP towards TPE with my company vehicle XE1110Z for work purpose. I was driving straight on lane 3 of 4 lanes. There was noise coming from my vehicle, I slowed down, signaled, checked traffic was cleared and slowly lane change to the left most lane. Out of a sudden, I felt an impact from the rear. I then realised vehicle B had collided onto the rear portion of my vehicle.

Declaration

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



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 17/08/2022
Witnessed by Reporting Centre Personnel
(Name as in NRICAD card)

ACCIDENT STATEMENT

ACCIDENT DETAIL

Accident Location-	ECP towards TPE
Accident Date / Time:	15/08/22 / 18:15
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.	XE 1110 Z	Transmission	<input checked="" type="checkbox"/> Auto / <input type="checkbox"/> Manual
Vehicle Make / Model	Mercedes 3336/6x4C		7545
Insured Name	Chye Joo Construction Pte Ltd		
NRIC / FIN / UEN	198800808K	Contact Number	8408 9202
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	INDIA
Type of Policy: Comprehensive / Third Party / TPTF		Policy Number	D20M FL0004151-02

SAME AS INSURED ()

Name Driver	Mahalingam Arul		
NRIC / FIN / UEN	G822 2006 U		
Date of Birth	14 Jun 1983	Contact Number	8408 9202
Driving Pass Date	11 Dec 2015	Occupation	Indoor / <input checked="" type="checkbox"/> Outdoor
Email	estrpt66@gmail.com	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 checked="" 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	Contact Number
Vehicle B	SLX 6829T	
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, 1980 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.: D20MFL0004151_02		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: NE1110Z	
Chassis No	: WDB9321612L909808	
2. Name of Policyholder	: CHYE JOO CONSTRUCTION PTE LTD	
3. Effective date of Insurance	: 15 Jul 2022	
4. Expiry date of Insurance	: 14 Jul 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 1	: 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 1 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 Date of Issue : 08/07/2022 15:19:56 M.Z. 300C - GOODS CARRYING(Company's use)</p> <p style="text-align: right;">For India International Insurance Pte Ltd</p> <p style="text-align: right;"> Authorised Signatory</p>		