

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	02/09/2022 17:43 (SGT)
Reported by	Driver
Date of Accident	01/09/2022 08:30 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	SLIP RD OF TOH TUCK AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD463C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SALLEH EXPRESS
Company Reg No	52888884J
Email Address	SALLEHEXPRESS@ROCKETMAIL.COM
Mobile Phone No	(Phone) +65-90015441
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5105036641-03

DRIVER

Name of Driver	MOHAMAD ZAIN BIN HASHIM
NRIC No	S1124320G
Date Of Birth	01/06/1955
Occupation	Outdoor

Date Of Driving Pass	23/12/1997
Driving experience	24 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93495491
Alt. Phone Number	-
Email Address	SALLEHEXPRESS@ROCKETMAIL.COM
Address	BLK 435 ANG MO KIO AVE 10 #03-1391
Address complement	-
Postcode	560435
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 - 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
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

I WAS DRIVING STRAIGHT ALONG THE CLEMENTI AVE 6 SLIP RD OF TOH TUCK AVE AT THE EXTREME LEFT LANE OF 3 LANES. THE TRAFFIC AT THAT POINT OF TIME WAS HEAVY. ALL VEHICLES IN FRONT OF ME WERE MOVING SLOWLY AND STOPPING INTERMITTENTLY. ALL VEHICLES IN FRONT OF ME SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. SUDDENLY, I FELT A HUGE IMPACT FROM BEHIND. VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED DAMAGES.

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	SHA3064E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMAD ZAIN BIN HASHIM
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD463C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

SALLEH EXPRESS

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> A </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> B </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> C </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> D </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> E </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> F </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> G </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> H </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> I </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> J </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> K </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> L </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> M </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> N </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> O </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> P </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Q </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> R </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> S </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> T </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> U </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> V </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> W </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> X </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Y </div> <div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> Z </div> </div>	<p>clementine Ave 6 slip road at Toh Tuck Ave</p>	<p>A: GBD463C</p> <p>B: SHA 3064E</p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along the Clementi Ave 6 slip road of Toh Tuck Ave at the extreme left lane of 3 lanes.

The traffic at that point of time was heavy, all vehicles in front of me were moving slowly and stopping intermittently.

All vehicles in front of me slowed down and stopped, I followed suit.

Suddenly, I felt a huge impact from behind. Veh "b" collided into the rear portion of my vehicle and caused damage.


DECLARATION

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

SALLEH EXPRESS

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

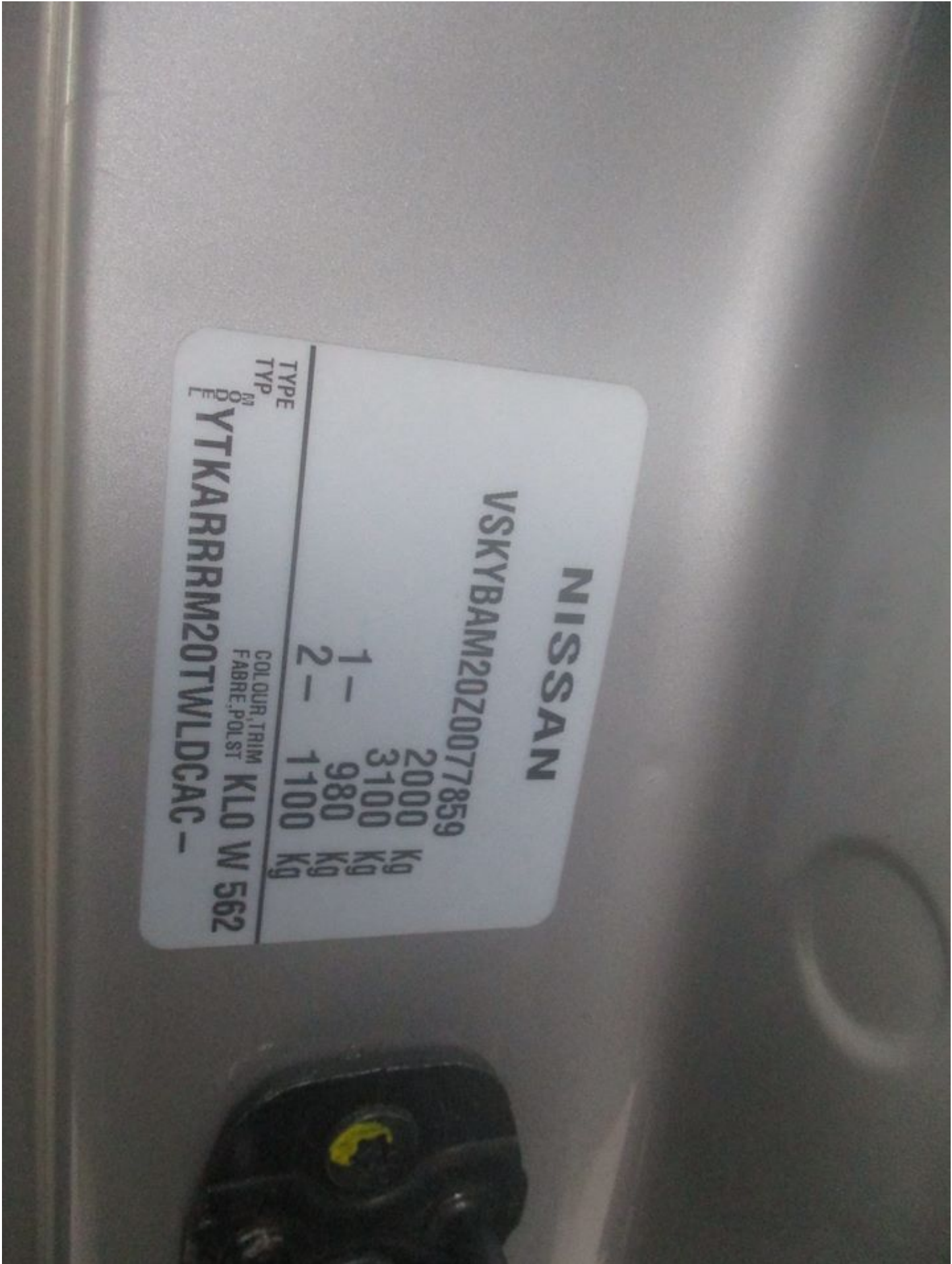


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





















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)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5105036641-03

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : GBD463C |
| Chassis Number | : VSKYBAM20Z0077859 |
| 2. Name of Policyholder | : SALLEH EXPRESS |
| 3. Effective Date of Insurance | : 22 Nov 2021 |
| 4. Expiry Date of Insurance | : 21 Nov 2022 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| 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. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : AA INTERNATIONAL INSURANCE AGENCY (00000572347)
 Date of Issue : 27 Oct 2021 16:35 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive