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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

12/09/2022 10:33 (SGT)

Driver

08/09/2022 15:00 (SGT)

Seletar West Walk, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

XE1082X

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

CHYE JOO CONSTRUCTION PTE LTD

XXXXXX808K

serene@chyejoo.com.sg (Phone) +65-65607788

VEHICLE PARTICULARS

Manufacturer

Model

Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

vour vehicle?

Vehicle Category

Transmission

CC

Mercedes 3336k/6x4

Employment

No - Reporting only

Commercial vehicle

Auto

11946

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

India International Insurance Pte Ltd

D20MFL0004151 02

DRIVER

Name of Driver

Passport No/FIN

Date Of Birth

Occupation

DURAISAMY SURESH

GXXXX869N

02/06/1982

Outdoor

Accident report SN09229C0002

Date Of Driving Pass 02/12/2009 Driving experience 12 YEARS AND 9 MONTHS Gender Male Mobile Number (Phone) +65-97788994 Alt, Phone Number Email Address serene@chyejoo.com.sg 19 KIAN TECK ROAD Address Address complement 628772 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 Collided into Motorcyclist Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes 1 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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



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

- Please report conjuctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as truthful and accurate as possible. Any will a micropresentation or withholding of material facts may allow insurance compenies to regulate 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 compenies
- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- 5. This report will be forwarded by the insurers to the GIA Records Management Centre established by the Goneral Insurance Association of Singapore (GIA) for attributing and that copies of this report will for a fee be made available upon application by interested parties.
- By the loggsment 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 aforesed.
- 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 us 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 of responding to any enquiries by me;
- (iv) administering my claims (including the making 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 papeares is anxion.
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(a) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, maylers 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 apply (including their lawyers/law forms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyhulder's Signatur Cate & Time

Oriver's Signature (if driver is 14the policyholder) / Date & Time Visiting by Reporting Centre Parsonnel
Name as in NRICUD card)

SELETAR WEST CINK

A XE 1082 X

B FBP 1239 P

SELETAR WEST WHILE

1

Describe Circumstance of the Accident

On 08/09/2022, at about 15:00hrs, I was travelling along Seletar West Walk towards Seletar West Link.

Upon reaching the stop line, there was no rehicle beside me. I stopped my rehicle. I checked the traffic was cleared. As I was about to move off, I heard some noice, and I stopped my rehicle. I alighted and realized wehicle B was on the ground, on the left side of my rehicle. The rider told me that his mobile phone rang and that is why he stopped his vehicle. As it was at my blindopot and I could not see whicle B, thus, collided onto vehicle B. No one injured.

Declaration

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

Palicyholder's Signatur Osite & Time

Driver's Signature (If driver I not the policyholder) / 8 Time With field by Reporting Centre Personnell
Name as in WilCoD Earts

ACCIDENT STATEMENT

ACCIDENT DETAIL			Control of the Contro
Accident Location	Seletar was	t walk.	
Accident Date / Time:	08/09/22	/ 15:00 kg	
Weather Conditions (Clear Raining / Drizzling /	Others ()	
Road Surface (Dryy Wet / Others (1	
- I - I - I - I - I - I - I - I - I - I	ION		
VEHICLE INFORMATI	XE 1085X	Transmision	(Auta) Manuel
Vehicle Make / Model	10,000	C.C	
Insured Name	CHYE JOO CONSTRU	INTION PIELT	D
	198800808 K	Contact Number	6560 7788
NRIC / FIN / UEN	your own insurance policy for	repair to your vehicle?	
		Insurance Company	TU
	nird Party (Reporting only)	Policy Number	
Type of Policy: Compreh	ensive Third Paty / TPTF	I one i con	
SAME AS INSURED ()		
Name Driver	DURALJAMY SURES G824869 N	H	
NRIC / FIN / UEN	G824869N		10-120 000M
Date of Birth	02/06/1982	Contact Number	9778 8994
Orlying Pass Date	02/12/2009	Occupation	Indoor (Outdoor
mail gerenea	chyejoo.com.sg	Gender	(Male/ Female
Number of passenger inc DRINER C	lude driver (Please provese na	me & gender of the pa	asenger)
	1	7	
Was driver an employee o	of the Insured's Company? (Ye	s/No	
No, Relationship of the	Driver with the Insured / Relative / Children / Sibling	/ Other (
wher / Spouse / Friend	other vehicle? Yes (No)(If Yes	s, Please provide veh/n	nodel:
Ges the griver own only	nvolved in this Accident? Yes	(NO)	
	d in the Accident? Yes (No.)		
Yes, injured details:			
onvey By Ambulance: Ye	(NO)		
	re by Car Camera? Yes (No		
as there any video capto	t to the Police? Yes (No)If Ye	es. Pls nrovide Police Re	anast:
as there Accident Report			PHW 1
ird Party Vehicle	Thrid Party Name / NRIC		Contacr Number
nicie 8 FBP 1239	P		
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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@iii.com.ag Fax (65) 62244174 Website www.iii.com.ag Website www.lin.com.sg

COVER: Comprehensive

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.: D20MFL0004151 02

: XE1082X

1. Index Mark and Registration Number of Vehicle

Chassis No.

: WDB9321612L906597

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*

Any person who is driving on the Policyholder's order or with their 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*
 - (1) Use in connection with the Policyholder's business.
 - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
 - (3) Use for social, domestic and pleasure purposes.

The Policy does not cover

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

Excess Section I

SGD

1,500.00

Windscreen Excess Hire Purchase Company

SGD 100.00 : DBS Bank Limited

FOR DRIVERS BELOW 21 YEARS &/OR LESS THAN 1 YEAR SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$\$1000/- ON SECTION 1 WILL BE APPLICABLE.

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).

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)

For India International Insurance Pte Ltd

Authorised Signatory