

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	12/09/2022 10:33 (SGT)
Reported by	Driver
Date of Accident	08/09/2022 15:00 (SGT)
Exact Location of Accident	Seletar West Walk, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1082X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHYE JOO CONSTRUCTION PTE LTD
Company Reg No	XXXXXX808K
Email Address	serene@chyejoo.com.sg
Mobile Phone No	(Phone) +65-65607788
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	DUR AISAMY SURESH
Passport No/FIN	GXXXXX869N
Date Of Birth	02/06/1982
Occupation	Outdoor

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
Address	19 KIAN TECK ROAD
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	Collided into Motorcyclist
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	FBP1239P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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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

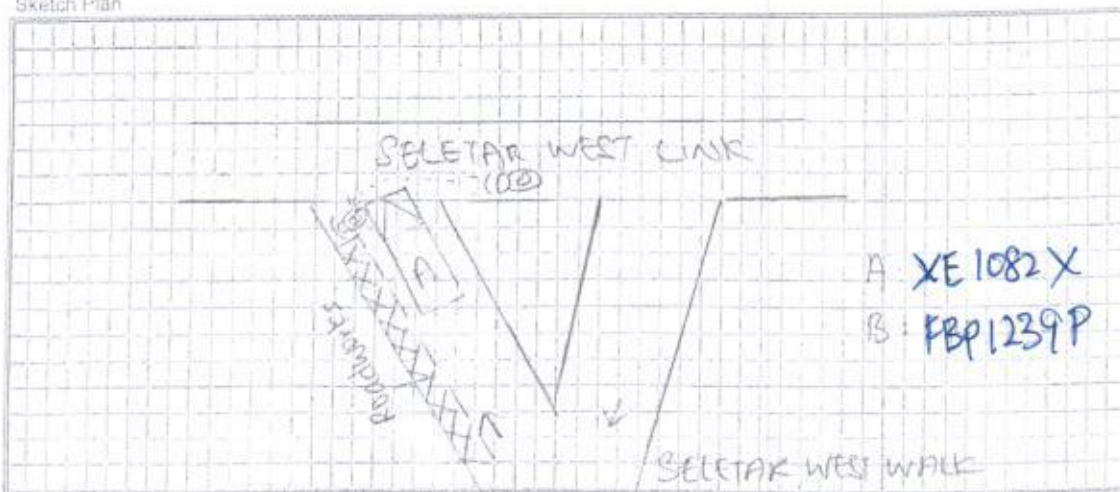
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


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):  12/09/2022

Sketch Plan



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 vehicle beside me. I stopped my vehicle. I checked the traffic was cleared. As I was about to move off, I heard some noise, and I stopped my vehicle. I alighted and realised vehicle B was on the ground, on the left side of my vehicle. The rider told me that his mobile phone rang and that is why he stopped his vehicle. As it was at my blindspot and I could not see vehicle B, thus, collided onto vehicle B. No one injured.

Declaration

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

Policyholder's Signature / Date & Time

D. Singh



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

D. Singh

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

12/09/2022

ACCIDENT STATEMENT

ACCIDENT DETAIL

Accident Location	Seletar West Walk.
Accident Date / Time	08/09/22 / 15:00hrs
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining / Drizzling / Others ()
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet / Others ()

VEHICLE INFORMATION

Vehicle No.	XE 1082X	Transmission	<input checked="" type="radio"/> Auto <input type="radio"/> Manual
Vehicle Make / Model		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="radio"/> Reporting only	Insurance Company	TH
Type of Policy:	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party / TPTF	Policy Number	

SAME AS INSURED ()

Name Driver	DURAIJAMY SURESH		
NRIC / FIN / UEN	G824869N		
Date of Birth	02/06/1982	Contact Number	9778 8994
Driving Pass Date	02/12/2009	Occupation	Indoor <input checked="" type="radio"/> Outdoor
Email	serene@chyejoo.com.sg	Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Number of passenger include driver (Please provide name & gender of the passenger)			
DRIVER ONLY			

Was driver an employee of the Insured's Company? ☒ Yes ☐ 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 ☒ No ☐ (If Yes, Please provide veh/model:)

Was any Foreign vehicle involved in this Accident? Yes ☐ No ☒

Was anybody body injured in the Accident? Yes ☐ No ☒

If Yes, Injured details:

Convey By Ambulance: Yes ☒ No ☐

Was there any video capture by Car Camera? Yes ☐ No ☒

Was there Accident Report to the Police? Yes ☐ No ☒ If Yes, Pls provide Police Report:)

Third Party Vehicle	Thrid Party Name / NRIC	Contact Number
Vehicle B	FBP 1239P	
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, 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	: XE1082X	
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*	<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.		
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)		
	<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorised Signatory</p>	