

# 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 ..... 13/09/2022 18:02 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 11/09/2022 18:30 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... ALONG AYE TOWARDS TUAS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PA9177U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SETSCO SERVICES PTE LTD  
Company Reg No ..... 196900269D  
Email Address ..... yongll@setsco.com  
Mobile Phone No ..... (Phone) +65-68950660  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D20MFL0000795\_02

### DRIVER

Name of Driver ..... THANGASWAMY SIVALINGOM  
Passport No/FIN ..... G8022817T  
Date Of Birth ..... 10/06/1972  
Occupation ..... Indoor

Date Of Driving Pass .....	03/01/2019
Driving experience .....	3 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85253742
Alt. Phone Number .....	-
Email Address .....	mayyeo@setsco.com
Address .....	BLK 531 BUKIT BATOK ST 23
Address complement .....	-
Postcode .....	659547
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? .....	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 ATTACHED.

#### 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 .....	YQ3990L
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Canter
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	HII PENG LEE
Passport No/FIN .....	G2633612R

Contact Number ..... (Phone) +65-88145101  
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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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.



X

Policyholder's Signature / Date & Time

*J. Lim*  
13/9/22

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

*T. S/L* 12/09/22

Witnessed by Reporting Centre Personnel

*Kelvin*

Refer to Description

Describe Circumstances of the Accident

	toward Tuas	
<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 0 auto;">SETSCO</div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> PA 9177U             </div> <div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> YQ 3990L             </div> </div>
<div style="border: 1px solid black; padding: 2px; width: 50px; margin: 0 auto;">Singapore Mint</div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin-bottom: 2px;"></div> </div>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> PA 9177U             </div> <div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> YQ 3990L             </div> </div>
	AYE (Toll Road)	

On 11/09/2022 (Sunday) I was instructed by my engineer to pick up a newly hired staff from the quarantine centre to jalan tukay dormitory. I was driving my company (setSCO Services Pte Ltd) Vehicle PA 9177U. My travelling speed is about 60-70 km/h. At around 6:30pm the rear Vehicle YQ3990L suddenly hit my vehicle rear portion at the location AYE (Toll Road). I stopped and check. I saw my vehicle rear bumper, right signal light and rear mirror was badly damage. We then exchange the partical and took some photos before we left the scene. No one was injured in this accident.

Declaration

We declare the foregoing particulars are true in every respect.

 SETSCO SERVICES  
531 BUKIT BATOK STREET (2)  
SINGAPORE 659547  
TEL: 6566 7777  
FAX: 6566 7718

*Juli*  
Policyholder's Signature / Date & Time  
13/9/22

*T. S. L.* 12/09/22  
Driver's Signature (If driver is not the policyholder) / Date & Time

*Kelvin*  
Witnessed by Reporting Centre Personnel



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 190703793J | GST Reg. No. 0028006-X  
 65 Cecil Street | #01-005 | 006-02 | 303 Building | Singapore 049711  
 Office (65) 63176100 | Email: [insurance@iia.com.sg](mailto:insurance@iia.com.sg)  
 Fax (65) 62244174 | Website: [www.iia.com.sg](http://www.iia.com.sg)

### 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.: D20MFL0000795_02		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: PA9177U	
Chassis No	: JTFJT02P100001297	
2. Name of Policyholder	: SETSCO SERVICES PTE LTD	
3. Effective date of Insurance	: 01 Jan 2022	
4. Expiry date of Insurance	: 31 Dec 2022	
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he/she is in the Policyholder's employ and is driving on their 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</p>	
6. Limitations as to use*	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.            (2) Use whilst drawing a trailer except the towing (other than for reward) 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>	
Hire Purchase Company	: N.A.	
<p>EXCESS: S\$750/- SECTION I FOR INSURED'S EMPLOYEES &amp; AUTHORISED DRIVERS &amp; ADDITIONAL OF S\$2,000/- SECTION I FOR DRIVERS AGED BELOW 21 YEARS &amp;/OR THE HOLDER OF A PROVISIONAL DRIVING LICENCE.</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/COMFORTDELGRO INSURANCE BROKERS PTE LTD            Date of Issue : 12/01/2022 11:54:49            M.Z. 600C - PUBLIC BUS Company's use</p>		
		<p>For India International Insurance Pte Ltd</p>  _____ Authorized Signatory

lechny/12/01/2022 11:54:49

12/01/2022 12:08:45

### AUTHORIZATION LETTER

Date:.....

To Whom It May Concern:

I SETSCO SERVICES PTE LTD, Company Reg No 196900169D

hereby like to authorized THANGASWAMY SIVALINGOM, IC 68022877

to make accident report behalf of company.

Your Sincerely

 SETSCO SERVICES PTE L  
531 BUKIT BATOK STREET 23  
SINGAPORE 659547  
TEL: 6566 7777  
FAX: 6566 7718  
.....

Signature / Company Stamp















