

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	26/09/2022 12:28 (SGT)
Reported by	Driver
Date of Accident	24/09/2022 08:50 (SGT)
Exact Location of Accident	Paya Lebar Rd, Singapore
Additional Location Information	PAYA LEBAR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9160G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHUAN LIM CONSTRUCTION PTE LTD
Company Reg No	1XXXXX684W
Email Address	CHONGLENG.YEE@CHUANLIM.COM
Mobile Phone No	(Phone) +65-65710615
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Fmx370
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	Goods vehicle
Transmission	Auto
CC	10837

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125529432-000051

DRIVER

Name of Driver	NACHIAPPAN BALAMURUGAN
Passport No/FIN	GXXXX164P
Date Of Birth	16/01/1995
Occupation	Outdoor

Date Of Driving Pass	22/09/2021
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-83051823
Alt. Phone Number	-
Email Address	KAIENN.TIU@CHUALIM.COM
Address	20 SENOKO DRIVE
Address complement	-
Postcode	758207
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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

ON 24/9/22 AT ABOUT 8.50AM, I AM DRIVING XD9160G TRAVEL ALONG THE PAYA LEBAR ROAD. SUDDENLY THE CAR SLV1072C VEHICLE 'B' FROM LEFT SIDE DASH INTO OUR VEHICLE LANE.

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	SLV1072C
Vehicle Manufacturer	Byd
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCX3889X
Vehicle Manufacturer	Lexus
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)	2

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.



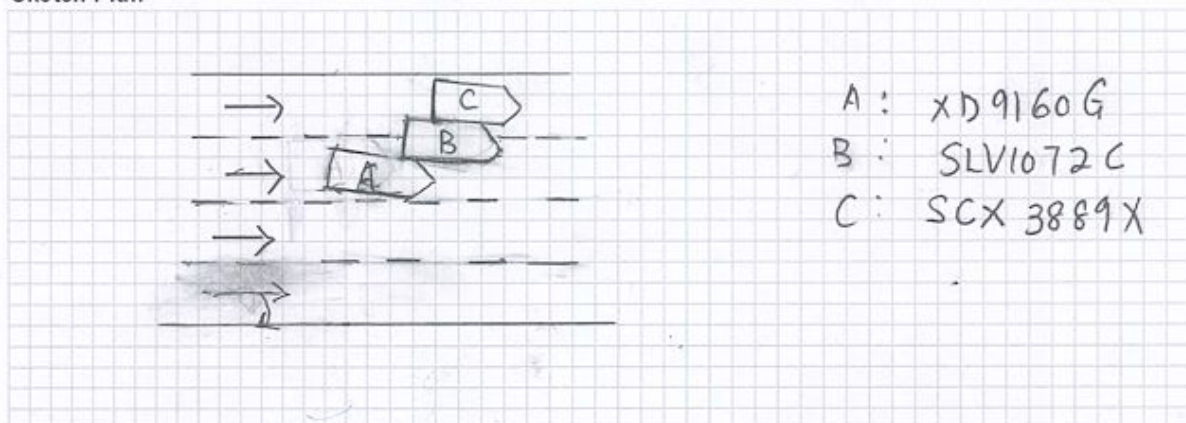
Policyholder's Signature / Date & Time

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

進友成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#07-17 Admiralty Industrial Park
Singapore 757130
Tel: 62 9 2080 (3 lines) Fax: 62 13 3056

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 24/09/22 at about 8.50am I driving XD9160 G
 travel along the Paya Lebar Rd.
 Suddenly the car SLV1072C vehicle 'B' from left side
 dash into our vehicle lane.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

N. Budan

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



進友威汽車服務私人有限公司
 CYS Automobile Services Pte Ltd
 38 Woodlands Industrial Park East 1
 #02-17 Admiralty Industrial Park
 Singapore 757409
 Tel: 6219 2096 (lines) Fax: 6219 2096

Witnessed by Reporting Centre
Personnel















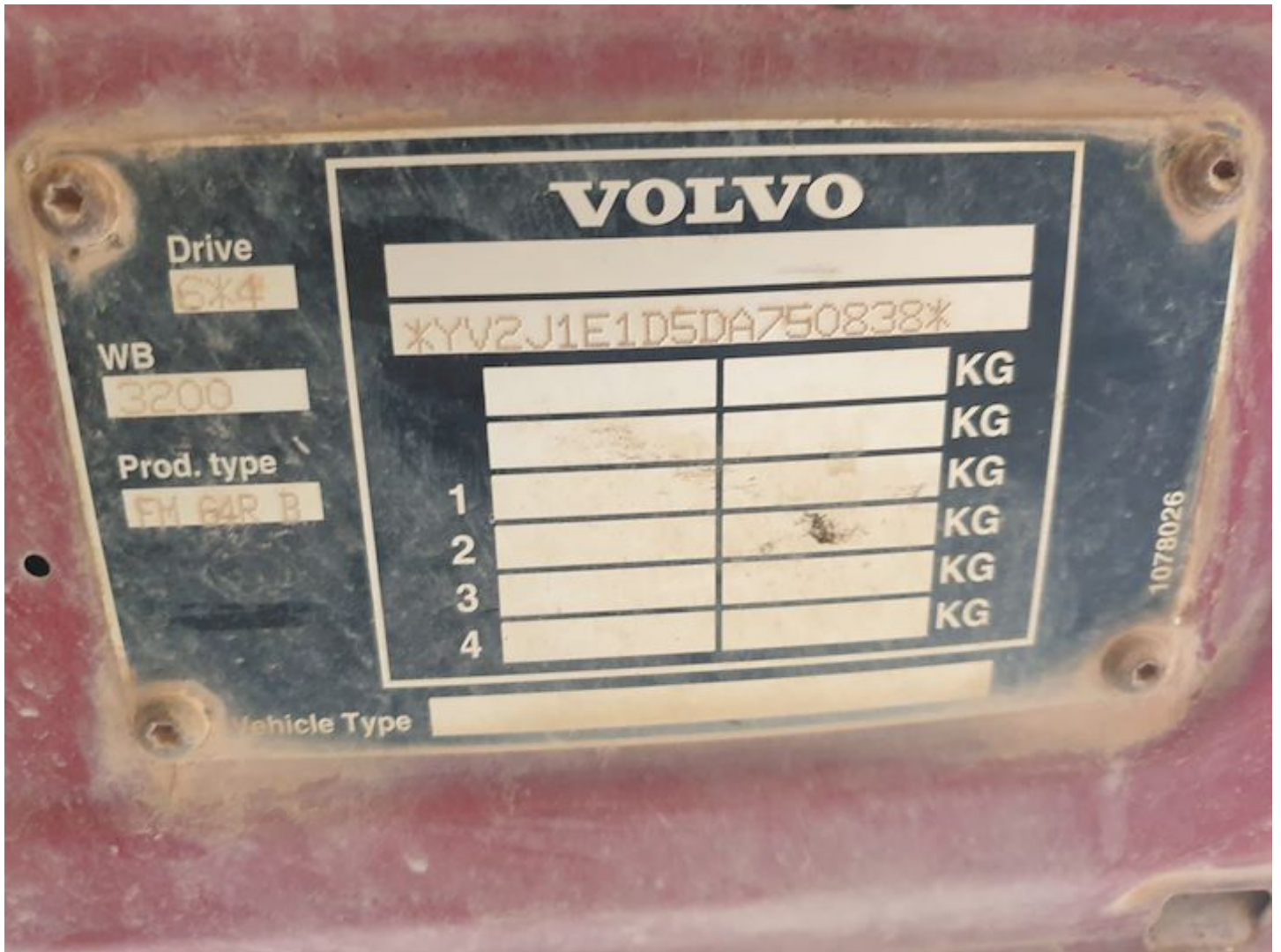














Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport /Company Cert No.: 199600684W

Owner ID Type: Company

Owner Name: CHUAN LIM CONSTRUCTION PTE LTD

Registered Address: 20 SENOKO DRIVE SINGAPORE 758207

Mailing Address: -

Birth Date: -

Vehicle Particulars

Vehicle No.: XD9160G

Previous Vehicle No.: -

Effective Date of Ownership: 17 Jun 2014

Original Regn Date: 17 Jun 2014

Registration Date: 17 Jun 2014

Year of Manufacture: 2013

Vehicle Type: Goods (Open) Tipper/Dumper Truck

Vehicle Scheme: -

Vehicle Attachment 1: No Attachment

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: VOLVO

Vehicle Model: FMX370 64R DAY CAB

Primary Colour: White

Secondary Colour: -

Passenger Capacity: 1

Chassis No.: YV2J1E1D5DA750838

Engine No.: D11300012

Engine Capacity /Power Rating: 10837 cc / -

Maximum Power Output: -

Propellant: Diesel



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 : 5125529432-000051

Cover : Third Party

1. Index mark and Registration Number of Vehicle : **XD9160G**
 Chassis Number : YV2J1E1D5DA750838
2. Name of Policyholder : CHUAN LIM CONSTRUCTION PTE LTD
3. Effective Date of Insurance : 01 Jun 2022
4. Expiry Date of Insurance : 31 May 2023
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)	: S\$1,000
INSURE WITH COE	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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 : AVA INSURANCE BROKERS PTE LTD (00000690850)
 Date of Issue : 18 Jan 2022 16:56 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive