SC1N22AH000E / City Auto Pte Ltd ENTRY DATE & TIME: 17/10/2022 17:57 (SGT) SUBMITTED BY: Jason Quak VERSION: 1 (17/10/2022 17:57 (SGT))



# 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 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 17/10/2022 17:57 (SGT) Reported by Date of Accident 15/10/2022 13:10 (SGT) xact Location of Accident Singapore Additional Location Information **ALJUNIED ROAD** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKZ4822B INSURED/POLICYHOLDER Is company? No Name Of Registered Owner JIT KAUR D/O GURDIAL SINGH NRIC No SXXXX397F **Email Address** MAUREEN.KAUR@GMAIL.COM Mobile Phone No (Phone) +65-96722716

# VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Toyota Model Wish Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Manual CC 1800

#### INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5087277704-05

#### DRIVER

Name of Driver JIT KAUR D/O GURDIAL SINGH NRIC No SXXXX397F Date Of Birth 16/08/1956 Occupation Indoor

Date Of Driving Pass 02/07/1999 Driving experience 23 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-96722716 Alt. Phone Number **Email Address** MAUREEN.KAUR@GMAIL.COM Address 244, LORONG CHUAN #05-05 Address complement Postcode 556745 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Dry 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? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 PASSENGER 1 Name PASSENGER Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Bishan Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005529999 Alt. Police Station Phone No (Fax) +65-65561905 Police Station Address 20 Bishan Street 23 Singapore 579757 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT ATTACH POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH TP

Vehicle Registration Number	XD6852M
Vehicle Manufacturer	9 <del>-</del> 5
Vehicle Model	( <del>-</del> )
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GANESAN VELMURUGAN
Work Permit No	GXXXX275T
Contact Number	1 <del>-</del>
Address	p <b>=</b> p
Address complement	970
Postcode	
Insurance Company Name	( <u>2</u> )
Nature Of Damage	6 <u>4</u> 6
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Manufacturer - 'ehicle Model - Vehicle Variant - Vehicle Colour - Vehicle Category Bus Name of Driver LAT KH Contact Number - Address - Address complement -	5B
Vehicle Variant-Vehicle Colour-Vehicle CategoryBusName of DriverLAT KHContact Number-Address-	
Vehicle Colour - Vehicle Category Bus Name of Driver LAT KH Contact Number - Address -	
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Address complement -	
Postcode -	
Insurance Company Name -	
Nature Of Damage -	
Details of property damaged in accident -	
No. Of Passenger (Including Driver)	

# INJURED PERSONS DETAILS

		-	-	40
IN.	U	4F	U	1

Name of injured person	JIT KUASR D/O GURDIAL SINGH
Gender	Male
hone No	#####################################
Address	·-
Address Complement	-
Post Code	-
Approximate Age Years Old	2
Injuries Sustained	2
Injured person in which vehicle?	SKZ4822B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes
INJURED 2	
Name of injured person	SORINTHER KOUR D/O JOTHIRAMBUL
Gender	-
Phone No	-
Address	-
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	<del>-</del>

#### SKETCH PLAN

#### **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 <u>Indihityl and accurate as possible</u>. Any wildul misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the inscress 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.
- 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)

Lunderstand, 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 ancior 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.

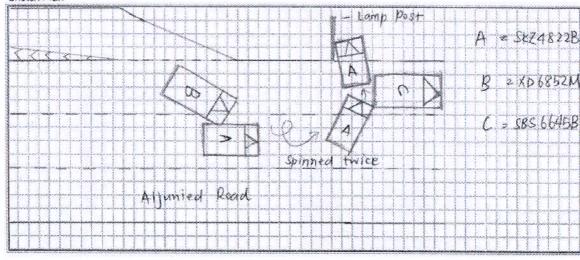
Policyholde's Signature / Date & Time

Oriver's Signature of driver is not the policyholder) / Oate & Time BM 5 Ste May Road \$01-559000) Se Alma Ind Sa Stepapora (15662) Sec 0635 1635 Fee 6535 Teac

CITY AUTO PTELTD

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

## Sketch Plan



1

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1 of 3

Report No. T/20221017/2060

Police Station Of Origin: Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

## REPORT OF A TRAFFIC ACCIDENT

17/10/202	e Report N 22 15:12	/lade:	G/20221015/0127 Station Diary 52			
Informan	t's Partic	ulars				
Name of Informant: JIT KAUR D/O GURDIAL SINGH			Address: 244 LORONG CHUAN #05-05 SINGAPORE 556745			
ID Type / NRIC NO	ID No.: / S21743	97F	Contact No.: Home/Office:	Mobile: 96772716		
Nationalit SINGAPO	y: DRE CITIZ	EN .	Email:			
Sex: Female	Age: 66	Date of Birth: 16/08/1956	Type of Informant:			
Race: Sikh			Language:	Institution / School Name:		
Occupation			Driving Licence Information: Class: 3	Date of Expiry:		

Type of	Injury Attended by Police	Drink Drive:	Date/Time of Accident:	Type of Location Straight Road
Accident:	III AAN ALEET DIE Strometering von Antonie 🕷 – 1900 VIII A. Antonie A.	No	15/10/2022 01:10	
Location:			\ \	
ALJUNIED R	OAD			
Weather:		Road Surface:		Road Speed Limit:
		Road Surface: Dry		Road Speed Limit:
Clear				Road Speed Limit:
Clear Traffic Flow:		Dry		
Clear Traffic Flow: One Way	sion:	Dry Traffic Control:	orking	Traffic Volume:
Weather: Clear Traffic Flow: One Way Type of Collis Between Mov	sion: ving Vehicles - Head To R	Dry Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Light

Details of V	ehicle Involved					100
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS6645B	Bus/Coach/Mi nibus				Slightly Damaged	0
SKZ4822B	Car	TOYOTA	WISH 1.8 CVT	Red	Seriously Damaged	1
XD6852M	Lorry				Slightly Damaged	0

Details of V	ehicle Insurance	
Vehicle No.	Insurance Company	Insurance No Effective Expiry Date





2 of 3

Report No. T/20221017/2060

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

# CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ4822B	NTUC Income Insurance Co-Operative	5087277704-05	26/01/2022	25/01/2023
	Limited			

<b>Details of Perso</b>	n Involved		1			
Any Pedestrian In	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Peo	lestriar	Cross	ing: NA
Driver					la i j	
Name	JIT KAUR D/O GURDIA	L SINGH		ID No	•	S2174397F
Related Vehicle	SKZ4822B (Car)			Contact No.		96772716
Hospital/Clinic	RAFFLES HOSPITAL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	Date Treatment 15/10/2022			narge	16/10	)/2022
No. of Days gran	ted Medical Leave C	)5	Degree of	Injury	Sligh	

## **Brief Details.**

On 15 September 2022 at about 1308hrs, I was driving my car (SKZ4822B) with a passenger on Aljunied Rd towards Macpherson Rd on the second lane of a three-lane road. Suddenly, I felt an impact on the left rear car door. My car then spun twice, and I applied full force brake before coming to a stop at the kerb brushing near a lamppost. I realized that a lorry (XD6852M) had filtered out from the slip road, cut into my lane and collided onto my car. After I alighted from my car, I was in a state of shock and dizziness. I also realized that a SBS bus (SBS6645B) was also involved in the accident. Traffic Police was at scene and provided me with a case card reference G/20221015/0127.

Shortly after, the ambulance came and conveyed me to Raffles Hospital. I was warded for 1 day and was discharged on the 16 October. I am given an MC of 5 days from 15 to 19 October 2022. I am lodging this report for record and insurance claim purposes.





3 of 3

Report No. T/20221017/2060

Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999

# CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:	Signature Of Informant:	
SGT 2 ELENA LEE SHAN YI	Chu,	
Signature Of Interpreter: Not applicable	Date/Time: 17/10/2022 15:12	
Officer In Charge Of Case: TP / GIT / SR STAFF SGT TAN JUN YAN Contact No.: 65476311	Classification Of Case:	)
NP168		



# **Certificate of Insurance**

SKZ4822B

Cover : drivo CLASSIC

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: 5087277704-05

1. Index mark and Registration Number of Vehicle

Chassis Number : ITDGG20W50003531
2. Name of Policyholder : JIT KAUR D/O GURDIAL SINGH

3. Effective Date of Insurance : 26 Jan 2022 4. Expiry Date of Insurance : 25 Jan 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.

#### This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# 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)
 \$\$600

 EXCESS (SECTION 2)
 \$N/A

 WINDSCREEN EXCESS
 \$\$100

 ADDITIONAL EXCESS
 \$N/A

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO
INSURE WITH COE : YES
NCD PROTECTION : YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER : NO
TRANSPORT ALLOWANCE : NO
EXCESS WAIVER : NO

PRIMARY DRIVER : JIT KAUR D/O GURDIAL SINGH

NAMED DRIVER (1) : MAUREENDER KAUR D/O KULDEEP SINGH RIKHRAU

NAMED DRIVER (2)

HIRE PURCHASE COMPANY ; DBS BANK 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

: TELESALES-DIRECT MARKETING (00000601661)

Date of Issue

: 12 Jan 2022 10:13 hrs

For INCOME INSURANCE LIMITED

Chief Executive



# **Vehicle Registration Details**

Vehicle No. SKZ4822B	Make/ Model TOYOTA/WISH 1.8 CVT	Vehicle Scheme -
Current Propellant Petrol	Chassis No. JTDGG20W50J003531	Vehicle Type  Passenger Station  Wagon/Jeep/Land  Rover

Owner's Details

Owner Name:

JIT KAUR D/O GURDIAL SINGH

NRIC/Passport/Company Cert No.:

S2174397F

Mailing Address:

•

Owner ID Type:

Singapore NRIC

Registered Address

244 LORONG CHUAN #05-05 SINGAPORE

556745

Birth Date

16 Aug 1956

**Registration Details** 

Previous Vehicle No.:

E:

Effective Date of Ownership:

26 Jan 2016

Original Registration Date:

26 Jan 2016

No. of Transfers:

0

Registration Date:

26 Jan 2016

IU Label No.:

1126472412

**Vehicle Specifications** 

Engine No.:

2ZR1696838

Chassis No.:

JTDGG20W50J003531