

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

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ4822B
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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
Alternative Phone No	-

VEHICLE PARTICULARS

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)	2
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?	No
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD6852M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	GANESAN VELMURUGAN
Work Permit No	GXXXX275T
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBS6645B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LAT KHONG WAI
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JIT KUASR D/O GURDIAL SINGH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
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?	-

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.

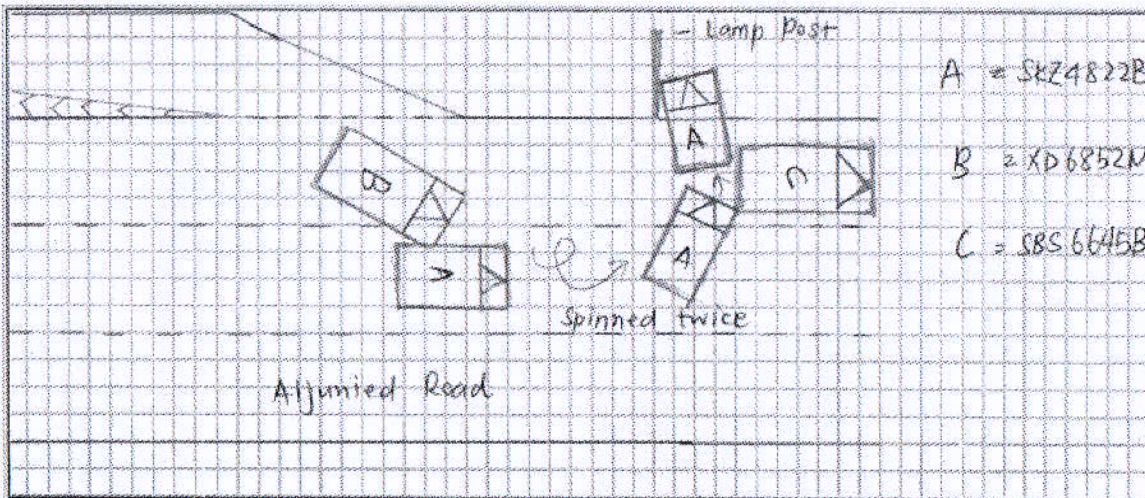
Policyholder's Signature / Date & Time

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

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

CITY AUTO PTE LTD
816 5 Geylang Road
Tel: 65450163 Geylang Ind Est
Singapore 409663
Tel: 06537 1233 Fax: 6545 7868

Sketch Plan

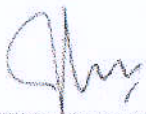


Describe Circumstance of the Accident

Refer to police report T/20221017/2060

Declaration

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



Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
 Blk 8 Sin Ming Road
 #01-58/60/62 Sin Ming Ind Est
 Singapore 575643
 Tel: 6453 1235 Fax: 6453 7944
 (Claims Section)

Date
 Time
 Name
 (Print)



SINGAPORE POLICE FORCE



T/20221017/2060

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

1 of 3

Report No. T/20221017/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2022 15:12		Vide Report No.: G/20221015/0127		Station Diary No.: 52	
Informant's Particulars					
Name of Informant: JIT KAUR D/O GURDIAL SINGH			Address: 244 LORONG CHUAN #05-05 SINGAPORE 556745		
ID Type / ID No.: NRIC NO / S2174397F			Contact No.: Home/Office: Mobile: 96772716		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 66	Date of Birth: 16/08/1956	Type of Informant: Driver		
Race: Sikh			Language:		Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/10/2022 01:10	Type of Location: Straight Road
Location: ALJUNIED ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
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 Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20221017/2060

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

2 of 3

Report No. T/20221017/2060

CONTINUATION OF REPORT

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

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JIT KAUR D/O GURDIAL SINGH		ID No. S2174397F
Related Vehicle	SKZ4822B (Car)		Contact No. 96772716
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	15/10/2022		Date Discharge 16/10/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

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.



**SINGAPORE
POLICE FORCE**



T/20221017/2060

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

3 of 3

Report No. T/20221017/2060

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:

E /

SGT 2 ELENA LEE SHAN YI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SR STAFF SGT TAN JUN YAN

Contact No.: 65476311

Signature Of Informant:

Date/Time:

17/10/2022 15:12

Classification Of Case:

NP168

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: 5087277704-05

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SK24822B**
Chassis Number : JTDGG20WS0J003531
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.

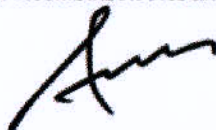
This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$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 RIKHRAJ
NAMED DRIVER (2)	: N/A
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 (D0000601661)
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

Owner ID Type:
Singapore NRIC

NRIC/Passport/Company Cert No.:
S2174397F

Registered Address
**244 LORONG CHUAN #05-05 SINGAPORE
556745**

Mailing Address:
-

Birth Date
16 Aug 1956

Registration Details

Previous Vehicle No.:
-

Effective Date of Ownership:
26 Jan 2016

Original Registration Date:
26 Jan 2016

Registration Date:
26 Jan 2016

No. of Transfers:
0

IU Label No.:
1126472412

Vehicle Specifications

Engine No.:
2ZR1696838

Chassis No.:
JTDGG20W50J003531