

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 08/12/2022 15:21 (SGT)
Reported by Driver
Date of Accident 07/12/2022 09:55 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOWARDS TUAS (AFTER TOH GUAN EXIT 30)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9341B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SUNNYBAY TRANSPORT PTE. LTD.
Company Reg No 2XXXXX358R
Email Address INFO@SUNNYBAY.SG
Mobile Phone No (Phone) +65-91617777
Alternative Phone No (Home) +65-69722769

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 Auto
CC 2754

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5116595955-02

DRIVER

Name of Driver NOORDIN BIN AHMAD
NRIC No SXXXX674C
Date Of Birth 17/04/1963
Occupation Outdoor

Date Of Driving Pass	22/10/1998
Driving experience	24 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96667122
Alt. Phone Number	-
Email Address	INFO@SUNNYBAY.SG
Address	856 JURONG WEST STREET 81
Address complement	07-536
Postcode	640856
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN5600T
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN HO YUN
NRIC No	SXXXX927E

Contact Number	(Phone) +65-96938754
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	NOORDIN BIN AHMAD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 DAYS MC
Injured person in which vehicle?	PC9341B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

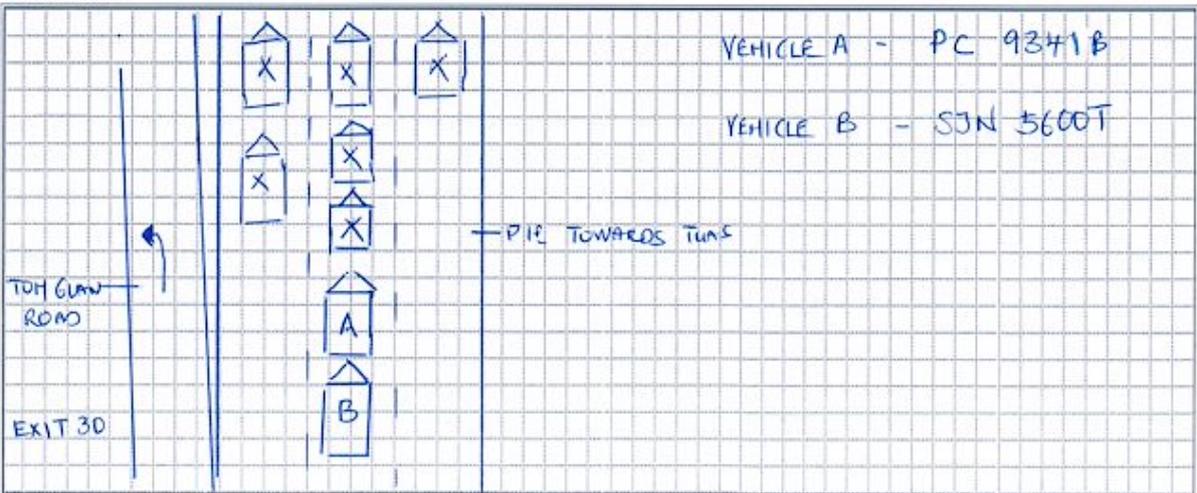
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.






Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

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Describe Circumstance of the Accident

ON 07/DEC/2022 @ 0955 HRS , I WAS TRAVELLING ALONG
 PIE TOWARDS THAS . JUST AFTER TOH GUAN ROAD EXIT (EXIT 30),
 THE VEHICLES INFRONT SUDDENLY SLOWED DOWN TO A
 STOP AND I FOLLOWED SUIT . ALL OF A SUDDEN , I
 FELT A HUGE IMPACT FROM THE REAR - I REALISED
 A CAR (VEHICLE B) HAD HIT THE REAR OF MY
 BUS (VEHICLE A) . I FELT PAIN IN MY NECK AND BACIC .
 I WILL BE SEEING THE DOCTOR LATER .

Declaration

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







Policyholder's Signature / Date & Time

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

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



















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 : 5116595955-02-000010

Cover : Comprehensive

- | | |
|--|------------------------------|
| 1. Index mark and Registration Number of Vehicle | : PC9341B |
| Chassis Number | : GDH2232002429 |
| 2. Name of Policyholder | : SUNNYBAY TRANSPORT PTE LTD |
| 3. Effective Date of Insurance | : 06 Mar 2022 |
| 4. Expiry Date of Insurance | : 05 Mar 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 the carriage of passengers in connection with the Policyholder's business. | |
| (b) Limited to carry 13 passengers | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 (b) Use whilst drawing a trailer except the towing (Other than for reward) 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.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: ABWIN PTE 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 : ABWIN PTE LTD (00000614234)

Date of Issue : 15 Feb 2022 23:48 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive