

## 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 ..... 09/02/2023 16:03 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 09/02/2023 10:31 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JALAN EUNOS  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG2077E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... HYDRO POWER TECH PTE LTD  
Company Reg No ..... 321C  
Email Address .....  
Mobile Phone No .....  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... HIACE 3.0 M  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

#### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5091784525-05

#### DRIVER

Name of Driver ..... THANGAVEL KARTHIKEYAN  
Work Permit No .....  
Date Of Birth .....  
Occupation ..... Outdoor

|  |                       |
|--|-----------------------|
| Date Of Driving Pass .....   | 05/03/2020            |
| Driving experience .....   | 2 YEARS AND 11 MONTHS |
| Gender .....   | Male                  |
| Mobile Number .....  | [REDACTED]            |
| Alt. Phone Number .....  | -                     |
| Email Address .....  | [REDACTED]            |
| Address .....  | [REDACTED]            |
| Address complement .....   | -                     |
| Postcode .....   | -                     |
| 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) .....   | 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 .....   | M.SENTHIKUMAR |
| Gender ..... | Male          |

#### 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

REFER WITH ATTACHED.

#### 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 ..... | FILE SIZE TOO LARGE, UNABLE TO UPLOAD |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SHD6278K |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |

|   |              |
|---|--------------|
| Vehicle Variant .....                         | -            |
| Vehicle Colour .....                          | -            |
| Vehicle Category .....                        | Taxi         |
| Name of Driver .....                          | LIM TIEN LYE |
| Contact Number .....                          | [REDACTED]   |
| Address .....                                 | -            |
| Address complement .....                      | -            |
| Postcode .....                                | -            |
| Insurance Company Name .....                  | -            |
| Nature Of Damage .....                        | -            |
| Details of property damaged in accident ..... | -            |
| No. Of Passenger (Including Driver) .....     | 1            |

**SKETCH PLAN****IMPORTANT NOTICE**

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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.



Policyholder's Signature / Date & Time

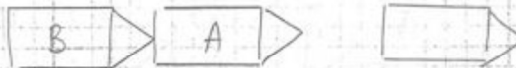
G. Karthikeyan. 9/27/2023  
Driver's Signature (If driver is not the policyholder) / Date & Time  
10:32 AM

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Vehicle A  
GBG2077E

Vehicle B  
SHD6278K



Jalan Eunos

I was driving along Jalan Eunos, and my vehicle stopped waiting traffic light, Vehicle B  
hitteed onto my rear.

We declare the foregoing particulars are true in every respect.



G. Karthikeyan 9/2/2023  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel











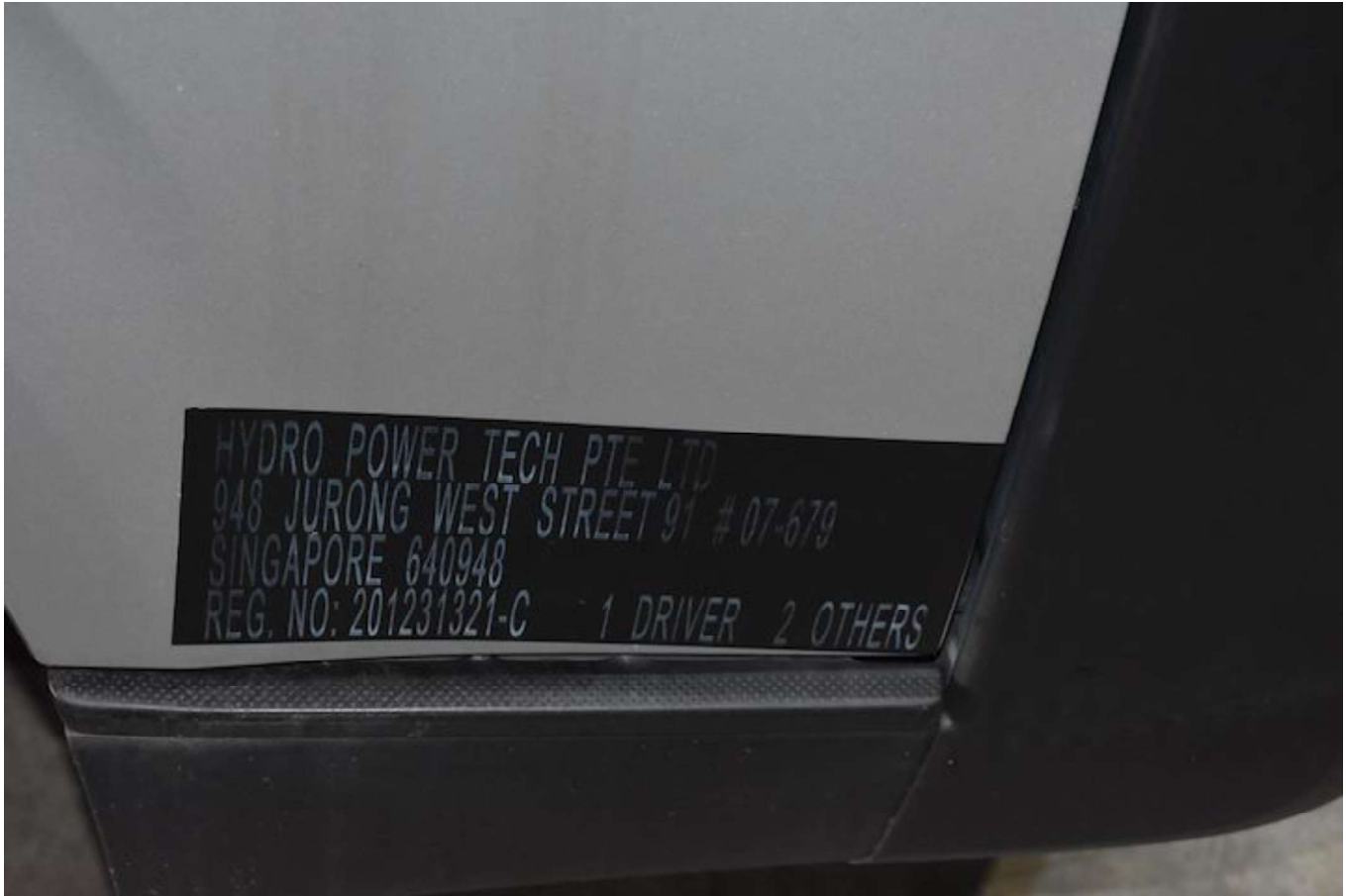


























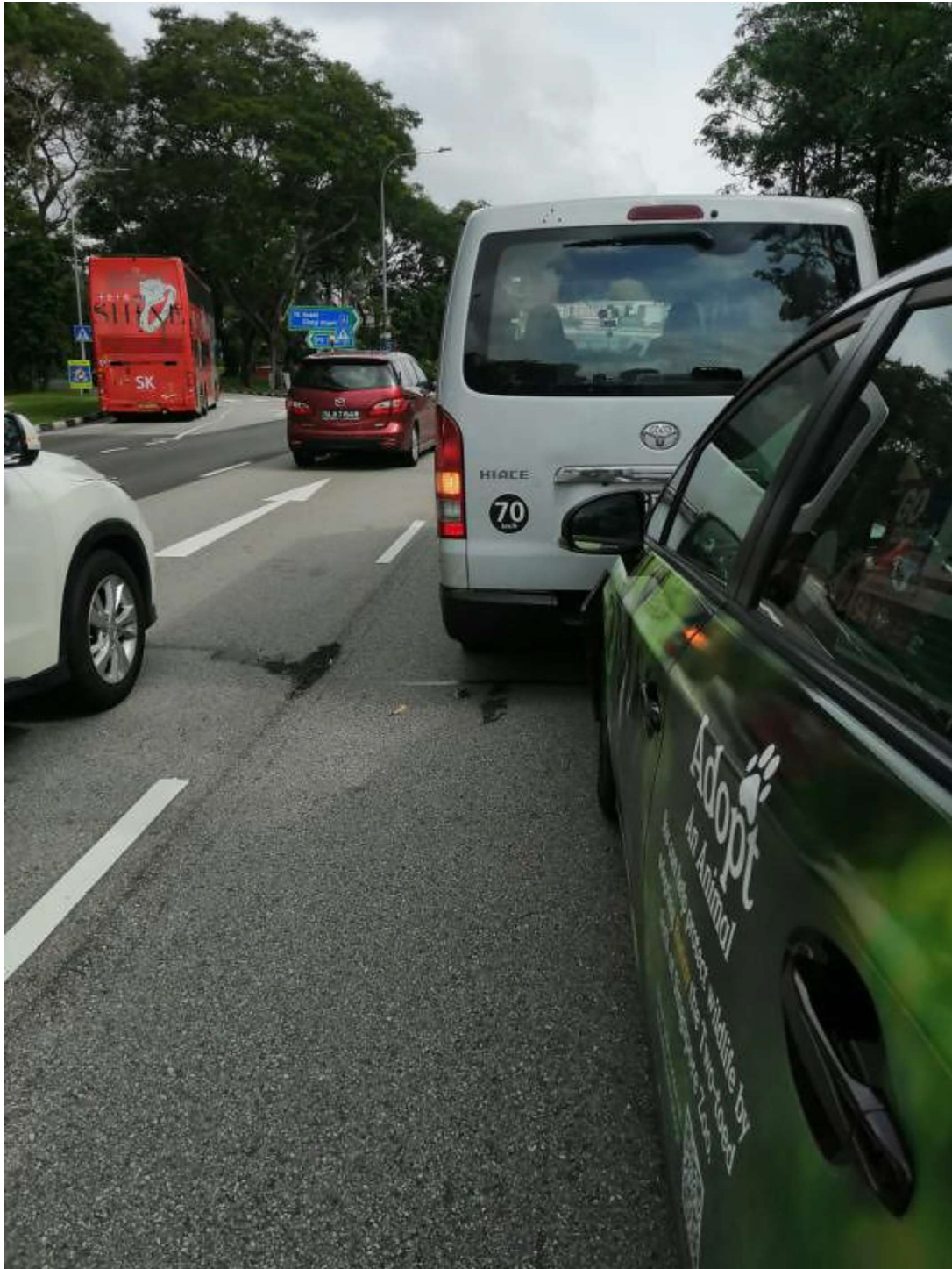
















### Certificate of Insurance

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 : 5091784525-05 Cover : Comprehensive

1. Index mark and Registration Number of Vehicle : **GBG2077E**  
 Chassis Number : KDH2015024874  
 2. Name of Policyholder : HYDRO POWER TECH PTE LTD  
 3. Effective Date of Insurance : 23 Jun 2022  
 4. Expiry Date of Insurance : 22 Jun 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)    | : S\$600   |
| EXCESS (SECTION 2)    | : N/A  |
| WINDSCREEN EXCESS     | : S\$100   |
| INSURE WITH COE       | : YES  |
| HIRE PURCHASE COMPANY | : DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 : 21 Jun 2022 10:39 hrs

Reprint : 21 Jun 2022 10:40 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive