





## 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	15/02/2023 17:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/02/2023 12:02 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON NORTH AVENUE 2 BLK 151 CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU6153A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG YAN TAI
NRIC No	SXXXX466E
Email Address	wilqjh@yahoo.com
Mobile Phone No	(Phone) +65-81135124
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1499

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MPC0000825_02

#### DRIVER

Name of Driver	NG YAN TAI
NRIC No	SXXXX466E
Date Of Birth	14/05/1954
Occupation	Indoor

Date Of Driving Pass .....	12/07/1976
Driving experience .....	46 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81135124
Alt. Phone Number .....	-
Email Address .....	wilqjh@yahoo.com
Address .....	APT BLK 984D BUANGKOK LINK
Address complement .....	# 01-27
Postcode .....	537984
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 .....	Side Swipe
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) .....	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 THE ATTACHED STATEMENT

#### 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 .....	SKV7749G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-81012637

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -







Describe Circumstance of the Accident


On the above stated date and time, I was driving at this Serangoon North Avenue 2 Blk 151 Carpark. As I turned into the carpark lot driveway suddenly vehicle B came out from the parking lot of my left hand side and hit my front left portion of the vehicle. Also to mention, I've already turned into the Carpark way already and just a few second after entering vehicle B drove out from the parking lot and hit my vehicle.

Declaration

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

 15.2.2023  
Policyholder's Signature / Date & Time

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

 15/2/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

# ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 02 / 2023 (DD/MM/YYYY) TIME: 12 : 02 (HH:MM)

LOCATION: Serangoon North Avenue 2 Blk 151 Carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU 6153A  
 b) INSURANCE COMPANY: India International  
 c) POLICY NUMBER: D20MPC 0000825-02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Mitsubishi Jancer AUTO / MANUAL  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

- a) NAME: Ng Yan Tai (MALE) / FEMALE  
 b) NRIC/FIN/PASSPORT: S0069466E CONTACT: 8113 5124  
 c) ADDRESS: APT BLK 984D Buangkok Link # 01-27  
S537984

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 a) NAME: As Above  
 b) NRIC/FIN/PASSPORT: (MALE) / FEMALE  
 c) ADDRESS: CONTACT:

no. of passengers  
 ( ) including driver  
(1)

\* d) DATE OF BIRTH: 14 / 05 / 1954 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 12/07/1976

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) owner  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS

b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) (NO)

7. a) REPORTED TO POLICE (YES/NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKV 7749 G MODEL:   
 b) DRIVER'S NAME:   
 c) NRIC/FIN/PASSPORT:  CONTACT: 8101 2637

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER:  MODEL:   
 e) DRIVER'S NAME:   
 f) NRIC/FIN/PASSPORT:  CONTACT:

no. of passengers  
 ( ) including driver  
( )

no. of passengers  
 ( ) including driver  
( )

Email = wilqjh@yahoo.com

Fax =

NO



## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CH/  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 19  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MA)

**All Accidents must be reported within 24 hours of the incident regardless of whether it will be**

**CERTIFICATE NO.: D20MPC0000825\_02**

**COVER: Third Party Fire**

- |  |                     |
|--|---------------------|
| 1. Index Mark and Registration Number of Vehicle | : SLU6153A          |
| Chassis No                                       | : JMYSRCY2A8U007668 |
| 2. Name of Policyholder                          | : NG YAN TAI        |
| 3. Effective date of Insurance                   | : 19 Feb 2022       |
| 4. Expiry date of Insurance                      | : 18 Feb 2023       |

**5. Persons or Classes of Persons entitled to drive\***

- (a) The Policyholder.  
The Policyholder may also drive a Motor Car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her partner.
- (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 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\***

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

**The Policy does not cover**

- a) Use for hire or reward.
- b) Use for racing, pace-making, reliability trial, 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 Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 10 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**Hire Purchase Company**


**MAYBANK SINGAPORE LIMITED**

**FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE OF \$2500/- ON ALL CLAIMS WILL BE APPLICABLE.**

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).

Agent/Broker : A000031/Excel Insurance Agency  
Date of Issue : 25/01/2022 20:05:31  
M.X. 1 - PRIVATE CAR(INDIVIDUAL)

For India International Insurance Pte Ltd

  
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Authorised Signatory