

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 | 21/11/2022 19:52 (SGT) |
| Reported by | Driver |
| Date of Accident | 19/11/2022 07:23 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ANG MO KIO STREET 61 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMN5007X |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | Yes |
| Name Of Registered Owner | SKYWAY MOTOR PTE LTD |
| Company Reg No | 199904194N |
| Email Address | fannie@skyway.com.sg |
| Mobile Phone No | (Phone) +65-87211111 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Noah |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Reporting only |
| Vehicle Category | Private hire |
| Transmission | Auto |
| CC | 1800 |

INSURANCE COMPANY

| | |
|---|---------------------------------------|
| Name of Insurance Company | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D22MFL0006031 |

DRIVER

| | |
|----------------------|--------------------|
| Name of Driver | PAUL KAN KUM LEONG |
| NRIC No | S7243565F |
| Date Of Birth | 08/11/1972 |
| Occupation | Outdoor |

| | |
|--|---------------------------------------|
| Date Of Driving Pass | 27/02/1999 |
| Driving experience | 23 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97465887 |
| Alt. Phone Number | - |
| Email Address | fannie@skyway.com.sg |
| Address | BLOCK 183A RIVERVALE CRESCENT #16-259 |
| Address complement | - |
| Postcode | 541183 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 - Cross Junction |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | Yes |
| Number of vehicles involved in the accident | 2 |
| 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) | 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 | - |

FOREIGN VEHICLE 1

| | |
|-----------------------------------|------------|
| Vehicle Registration Number | JSB5737 |
| Vehicle Category | Motorcycle |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | PUNGGOL N.P.C ,15PUNGGOL CENTRAL |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20221119/2015

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 | JSB5737 |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | - |
| 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 | UNKNOWN |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | JSB5737 |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

IMPORTANT NOTICE

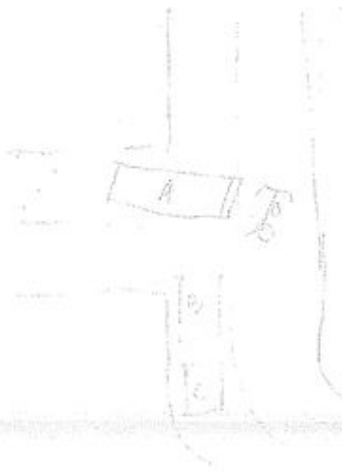
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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/mailed 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

 31/11/22 0932
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police report - T/2002.1119/2015

Lined area for describing the circumstances of the accident.

Declaration

We declare the foregoing particulars are true in every respect.

 SKYWAY MOTOR

Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X
 64 | Cecil Street | #04 | #05 | #06-02 | 10B Building | Singapore 049711
 Office (65) 63476100 Email insure@iil.com.sg
 Fax (65) 62244174 Website www.iil.com.sg

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)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

| | | |
|--|---|-------------------------|
| CERTIFICATE NO.: D22MFL0006031 | | COVER: Third Party Only |
| 1. Index Mark and Registration Number of Vehicle | : SMN5007X | |
| Chassis No | : ZWR800399040 | |
| 2. Name of Policyholder | : SKY AVE CAR RENTAL PTE. LTD. | |
| 3. Effective date of Insurance | : 19 Jul 2022 | |
| 4. Expiry date of Insurance | : 18 Jul 2023 | |
| 5. Persons or Classes of Persons entitled to drive* | <p>Any person who is driving on the Policyholder's order or with his/their permission. The Hirer.</p> <p>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</p> | |
| 6. Limitations as to use* | <p>Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial, or speed-testing. (2) Use for the carriage of goods (other than samples) in connection with any trade or business. (3) Use for any purpose in connection with the Motor Trade</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.</p> | |
| <p>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).</p> <p>Agent/Broker : D000054/SKY AVE CAR RENTAL PTE. LTD. Date of Issue : 13/06/2022 09:49:34 MZ406 - Hire Car (U/G)</p> <p style="text-align: right;">For India International Insurance Pte Ltd</p> <p style="text-align: right;"> Authorized Signatory </p> | | |





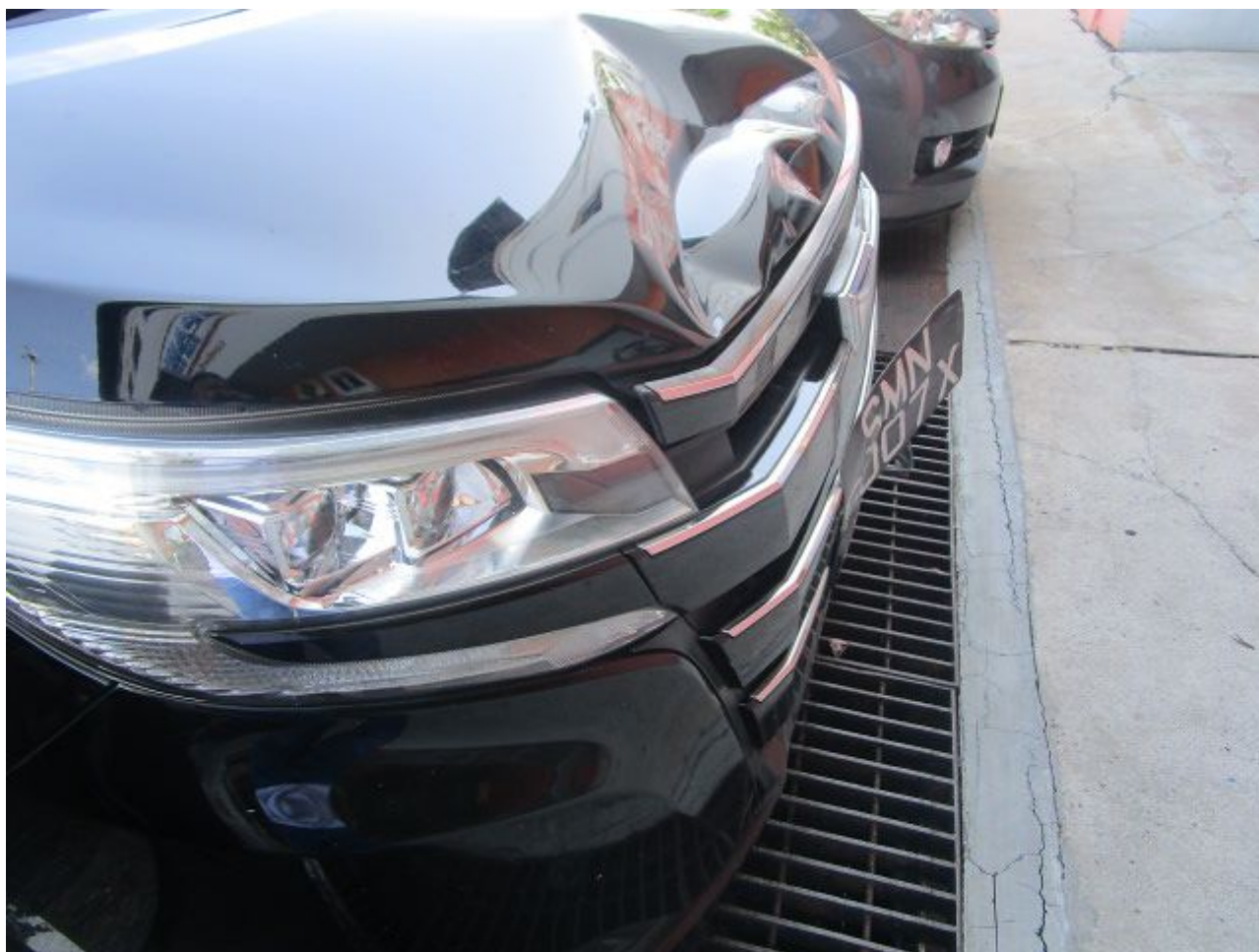




























**SINGAPORE
POLICE FORCE**



T/20221119/2015

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 3
Report No. T/20221119/2015

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 19/11/2022 10:35 | | Vide Report No.: F/20221119/0054 | | Station Diary No.: 35 | |
| Informant's Particulars | | | | | |
| Name of Informant: PAUL KAN KUM LEONG | | | Address: APT BLK 183A RIVERVALE CRESCENT #16-259 SINGAPORE 541183 | | |
| ID Type / ID No.: NRIC NO / S7243565F | | | Contact No.: Home/Office: Mobile: 97465887 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 50 | Date of Birth: 08/11/1972 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: GRAB DRIVER | | | Driving Licence Information: Class: 2B,2A,2,3,4 | | Date of Expiry: |

| | | | | |
|---|------------------------------|------------------------------------|---|---------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 19/11/2022 00:00 | Type of Location: T-Junction |
| Location: ANG MO KIO STREET 61 | | | | |
| Lamp Post Number: 10 | | | | |
| Weather: Raining | | Road Surface: Wet | Road Speed Limit: 50 Km/h | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head On | | | Anyone conveyed by ambulance: Yes | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|--------|----------------------------|-------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| JSB5737 | Motorcycle | | | | Slightly Damaged | 0 |
| SMN5007X | Car | TOYOTA | NOAH HYBRID 1.8X CVT | Black | Slightly Damaged | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20221119/2015

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

2 of 3

Report No. T/20221119/2015

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|--------------------|--|---|
| Name | PAUL KAN KUM LEONG | ID No. | S7243565F |
| Related Vehicle | NIL | Contact No. | 97465887 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 19/11/2022 at around 7.23am, I was on the exit of the service road located at Blk 632 Ang Mo Kio Street 61. I was driving my vehicle (SMN5007X) I was observing the traffic before I entered the main road. I checked my left and observed that there were no vehicles. I checked my right and observed that there were two vehicles incoming in my direction. I observed that they had switched on their indicators, which indicates that they were turning into the service road. Both vehicles had already slowed down which prompted me to enter the main road. As I was entering the main road, I heard a horn.

Afterwhich, I immediately stopped my vehicle. I felt an impact on the front of my vehicle. I exited my vehicle and checked on the rider. I contacted for the ambulance. I was not able to exchange particulars with the rider as he seems to be injured and I did not wish to worsen it. One of the passer-bys came by and assisted me to attend to the rider. Afterwhich, I moved my vehicle to the side of the road to prevent further traffic. Paramedics and Traffic Police arrived on scene. The paramedics assessed the rider and brought him into the ambulance. The traffic police officers interviewed me regarding the incident. They advised me to come to the nearest NPC to lodge a traffic accident report. I have in car footage of the incident.



**SINGAPORE
POLICE FORCE**



T/20221119/2015

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

3 of 3

Report No. T/20221119/2015

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:
F /
SGT 2 MUHAMMAD YUSRI BIN
JOHARI

Yusri

Signature Of Informant:

[Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
19/11/2022 10:35

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD ISMAIL BIN AMZAH
Contact No.: 65476185

Classification Of Case:

NP168

