

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 16/03/2023 16:41 (SGT)
Reported by Driver
Date of Accident 15/03/2023 08:15 (SGT)
Exact Location of Accident Bukit Timah, Singapore
Additional Location Information BUKIT TIMAH ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ9149E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KARRON TOH (ZHUO JIARONG)
NRIC No SXXXX817B
Email Address toh.karron@gmail.com
Mobile Phone No (Phone) +65-97660083
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1496

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D22MPC0006550

DRIVER

Name of Driver LEOW LYE SENG
NRIC No SXXXX719Z
Date Of Birth 30/06/1960
Occupation Outdoor

Date Of Driving Pass	06/08/1980
Driving experience	42 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87972827
Alt. Phone Number	-
Email Address	toh.karron@gmail.com
Address	BLK 286B COMPASSVALE CRESCENT #14-89
Address complement	-
Postcode	542286
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	5
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	KARRON TOH (ZHUO JIARONG)
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Teck Ghee Neighbourhood Police Post
Police Station Address	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACHED POLICE REPORT NO : T/20230315/2061.

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	VIDEO WITH OWNER/WORKSHOP.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB8480A
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBB8388U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMS5091A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SBK969Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 LEOW LYE SENG
Gender Male
Phone No (Phone) +65-87972827
Address BLK286B COMPASSVALE CRESCENT #14-89
Address Complement -
Post Code 542286
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMZ9149E
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person KARRON TOH
Gender Female
Phone No (Phone) +65-97660083
Address BLK 536 ANG MO KIO AVE 10 #07-2561
Address Complement -
Post Code 560536
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMZ9149E
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

16/3/23 4pm

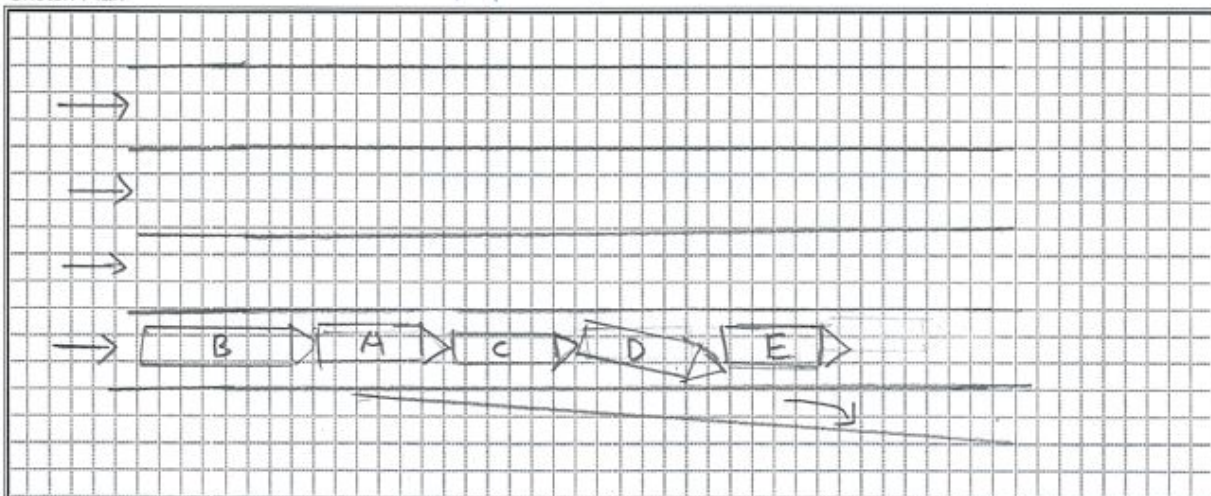
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

16/3/23 4pm

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



Sketch Plan



vJun2022

A = SMZ 9149E
B = XB 84 80A

C = SBB 8388U
D = SMS 5091A

E = SBK 969 Z

Describe Circumstance of the Accident

As per police report NO. T/2023 0315 /2061

Declaration

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

[Signature]

Policyholder's Signature / Date & Time
16/3/23 4pm

[Signature]

Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time 16/3/23 4pm



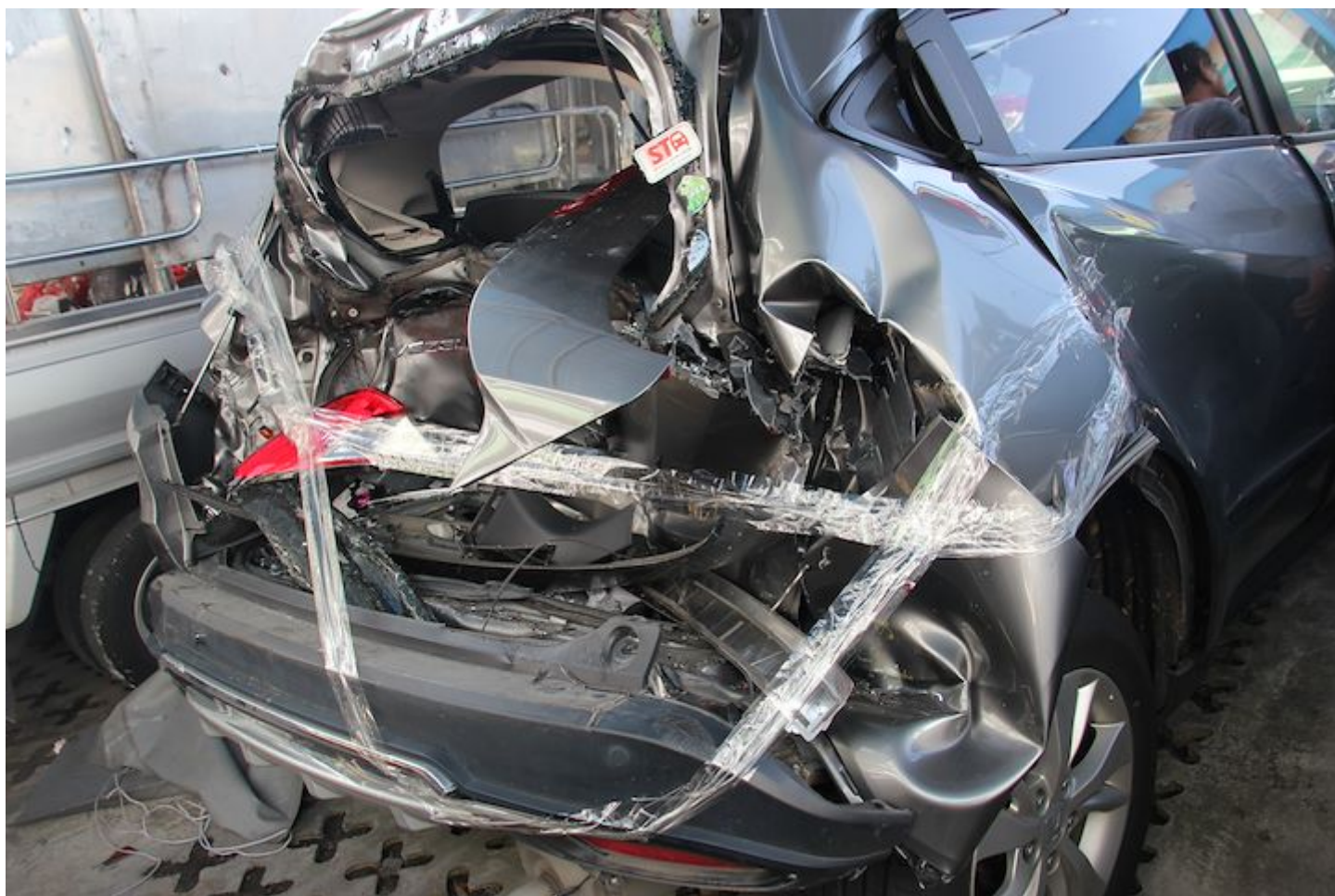
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















**SINGAPORE
POLICE FORCE**



T/20230315/2061

Police Station Of Origin:
Teck Ghee NPP
21 Ang Mo Kio Street 31 SINGAPORE
60321
Tel No: 1800-4599999

1 of 3

Report No. T/20230315/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2023 15:24		Vide Report No.:		Station / Day: 19
Informant's Particulars				
Name of Informant: LEOW LYE SENG		Address: APT BLK 286B COMPASSVALE CRESCENT #14-89 SINGAPORE 542286		
ID Type / ID No.: NRIC NO / S1457719Z		Contact No.: Home/Office: Mobile: 87972827		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 62	Date of Birth: 30/06/1960	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: DRIVER		Driving Licence Information: Class: 3,4A,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/03/2023 08:15	Type of Collision: Bumper
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBB8388U	Car				Seriously Damaged	0
SBK969Z	Car				Seriously Damaged	0
SMS5091A	Car				Seriously Damaged	0
SMZ9149E	Car				Seriously Damaged	0
XB8480A	Lorry				Slightly Damaged	0



T/20230315/2061

2 of 3

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20230315/2061

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEOW LYE SENG	ID No.	S1457719Z
Related Vehicle	SMZ9149E (Car)	Contact No.	87972627
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4A,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Passenger			
Name	KARRON TOH	ID No.	S7112817B
Related Vehicle	SMZ9149E (Car)	Contact No.	97660083
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 15/03/2023 at about 0818hrs, I was driving along Bukit Timah Road towards Little India MRT. I was stop at the junction when it was red light. Suddenly, one lorry/truck (XB8480A) collided into my vehicle from the rear, I then collided into the vehicle (SBB8388U) Infront of me. The impact of the collision was big which cause 2 more vehicle (SMS5091A & SBK969Z) Infront of (SBB8388U) into collision.

I was conveyed to Tan Tock Seng Hospital with the passenger on my vehicle. Traffic police was on scene.

I was given 1 day MC (Ref: 1253569564) and the passenger on my vehicle was given 3 days MC (Ref: 1390367983).



**SINGAPORE
POLICE FORCE**



T/20230315/2061

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

3 of 3

Report No. T/20230315/2061

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 2 TOH KAI LE MELVIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476232

Signature Of Informant:

Date/Time:
15/03/2023 15:24

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS 31233G0001 Vehicle Registration No: SMZ9149E

Name (as shown in NRIC): Karron Toh (Zhao JiaRong) NRIC/FIN/Passport No: _____

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: Blk 536 Ang Mo Kio Ave 10 #07-2561 Singapore (56536)

Contact (Tel): _____ Mobile No.: 97660083

Email Address: toh.karron@gmail.com

Date of Accident: 15/03/2023 Time of Accident: 08:15

Place of Accident: Bukit Timah Road

Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Attached vehicle damage photos.

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:





INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 1987037924 | GST Reg. No. M2-007899-X
 64 Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
 Office (65) 63476100 Email: insure@iit.com.sg
 Fax (65) 62244174 Website: www.iit.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.: D22MPC0006550		COVER: COMPREHENSIVE
1. Index Mark and Registration Number of Vehicle	: SMZ9149E	
Chassis No	: RU11317543	
2. Name of Policyholder	: KARRON TOH (ZHUO JIARONG)	
3. Effective date of Insurance	: 25 Jul 2022	
4. Expiry date of Insurance	: 24 Jul 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 employer 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 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*		
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 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		
Insured & Named Drivers Excess Sect 1 : SGD750.00 Unnamed Drivers Excess Sect 1 : SGD1,250.00 Windscreen Excess : SGD100.00 Hire Purchase Company : Hui Hua Credit Pte Ltd		
FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I 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	: A000054/YUNG LUNG TRADING ENTERPRISE	For India International Insurance Pte Ltd
Date of Issue	: 06/07/2022 16:19:43	
M.X. 1 - PRIVATE CAR(INDIVIDUAL)		
		 Authorised Signatory