



# 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              | 23/03/2023 12:56 (SGT)              |
| Reported by                     | Both Policyholder and Actual Driver |
| Date of Accident                | 22/03/2023 07:45 (SGT)              |
| Exact Location of Accident      | CTE, Singapore                      |
| Additional Location Information | EXIT ANG MO KIO AVENUE 1            |
| Country/State of Loss           | Singapore                           |

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMH2829S

### INSURED/POLICYHOLDER

|                          |                      |
|--------------------------|----------------------|
| Is company?              | No                   |
| Name Of Registered Owner | SECK MUN HO          |
| NRIC No                  | SXXXX515F            |
| Email Address            | mhseck@gmail.com     |
| Mobile Phone No          | (Phone) +65-96506585 |
| Alternative Phone No     | -                    |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Hyundai                   |
| Model  | Avante                    |
| 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   | 1591                      |

### INSURANCE COMPANY

|                                   |                                       |
|-----------------------------------|---------------------------------------|
| Name of Insurance Company         | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number | D22MPC000592                          |

### DRIVER

|                |             |
|----------------|-------------|
| Name of Driver | SECK MUN HO |
| NRIC No        | SXXXX515F   |
| Date Of Birth  | 28/11/1968  |
| Occupation     | Indoor      |

|  |                      |
|--|----------------------|
| Date Of Driving Pass .....   | 22/02/1989           |
| Driving experience .....   | 34 YEARS AND 1 MONTH |
| Gender .....   | Female               |
| Mobile Number .....  | (Phone) +65-96506585 |
| Alt. Phone Number .....  | -                    |
| Email Address .....  | mhseck@gmail.com     |
| Address .....  | 22 RAMBUTAN ROAD     |
| Address complement .....   | -                    |
| Postcode .....   | 1542                 |
| 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 .....   | 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? .....  | 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

PLEASE REFER TO POLICE REPORT T/20230322/2037

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 ..... | WITH OWNER |

**DETAILS OF OTHER VEHICLE PROPERTY 1**

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | CB5252K |
| 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) .....     | -                  |

### INJURED PERSONS DETAILS

INJURED 1

|   |                      |
|---|----------------------|
| Name of injured person .....                              | SECK MUN HO          |
| Gender .....  | Female               |
| Phone No .....  | (Phone) +65-96506585 |
| Address .....   | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....   | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | SLIGHT INJURY        |
| Injured person in which vehicle? .....                    | SMH2829S             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

**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 Police for investigation.
6. The 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.
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

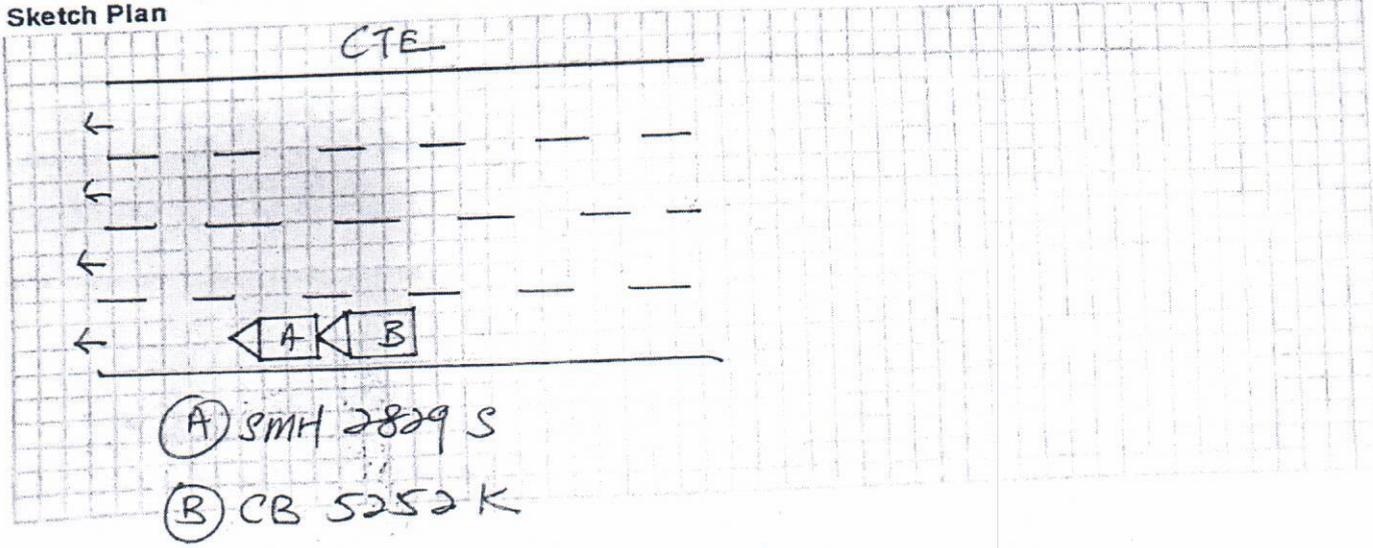
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

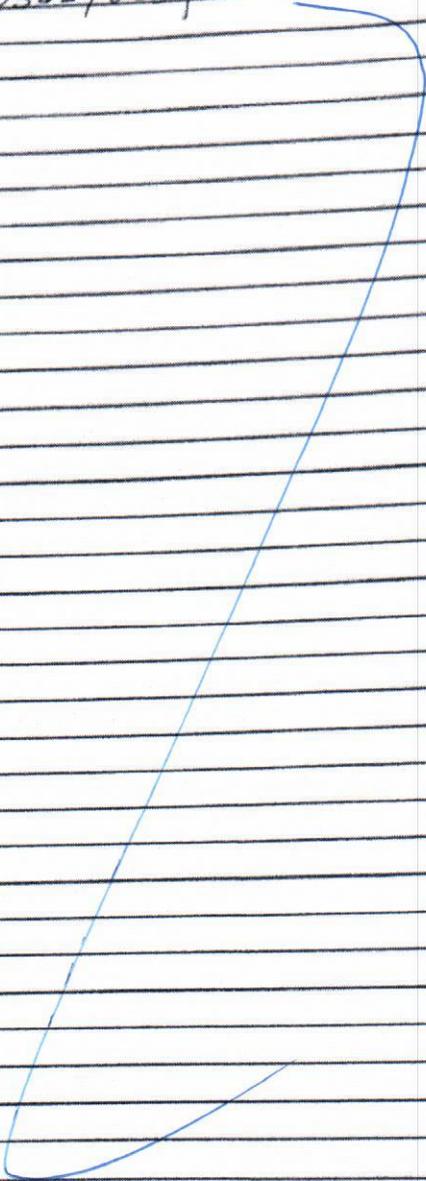
  
23/03/2023  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

As police report: T/20230322/2037



**Declaration**

We declare the foregoing particulars are true in every respect.

*[Handwritten signature]*

Policyholder's Signature / Date & Time

*[Handwritten signature]*

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

*[Handwritten signature]*  
23/03/2023  
Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20230322/2037

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

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Report No. T/20230322/2037

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                          |                  |
|--|------------|------------------------------|--|--------------------------|------------------|
| Date/Time Report Made:<br>22/03/2023 12:24 |            | Vide Report No.:             |  | Station Diary No.:<br>10 |                  |
| <b>Informant's Particulars</b>             |            |                              |  |                          |                  |
| Name of Informant:<br>SECK MUN HO          |            |                              | Address:<br>APT BLK 311 HOUGANG AVENUE 5 #03-187 SINGAPORE<br>530311 |                          |                  |
| ID Type / ID No.:<br>NRIC NO / S6849515F   |            |                              | Contact No.:   |                          | Mobile: 96506585 |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>mhseck@gmail.com   |                          |                  |
| Sex:<br>Female                             | Age:<br>54 | Date of Birth:<br>28/11/1968 | Type of Informant:<br>Driver   |                          |                  |
| Race:<br>Chinese                           |            |                              | Language:  |                          |                  |
| Occupation:<br>ADMIN MANAGER               |            |                              | Driving Licence Information:<br>Class: 3                             |                          | Date of Expiry:  |

|  |                    |  |                                    |                                     |
|--|--------------------|--|------------------------------------|-------------------------------------|
| <b>General Information of the Accident</b>                   |                    |  |                                    |                                     |
| Type of Accident:<br>Non-Injury                              | Drink Drive:<br>No | Date/Time of Accident:<br>22/03/2023 07:45 | Type of Location:<br>Straight Road |                                     |
| Location:<br>CENTRAL EXPRESSWAY                              |                    |  |                                    |                                     |
| Weather:<br>Clear  |                    | Road Surface:<br>Dry                       |                                    |                                     |
| Traffic Flow:<br>Dual Carriage Way                           |                    | Traffic Control:<br>Not Controlled         |                                    | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                    |  |                                    | Anyone conveyed by ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |      |         |                                    |        |                     |                 |
|------------------------------------|------|---------|------------------------------------|--------|---------------------|-----------------|
| Vehicle No.                        | Type | Make    | Model                              | Color  | Condition           | No of Passenger |
| CB5252K                            | Van  | TOYOTA  | REGIUS<br>ACE DX<br>4DRS AUTO      | Silver | Slightly<br>Damaged | 1               |
| SMH2829S                           | Car  | HYUNDAI | CN7<br>AVANTE 1.6<br>DOHC CVT<br>S | Grey   | Slightly<br>Damaged | 0               |



**SINGAPORE  
POLICE FORCE**

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



T/20230322/2037

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Report No. T/20230322/2037

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |  |               |            |             |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                        | Insurance No  | Effective  | Expiry Date |
| SMH2829S                     | INDIA INTERNATIONAL INSURANCE<br>PTE LTD | D22MPC0005592 | 03/06/2022 | 02/06/2023  |

**Brief Details.**

On 22/03/2023 at about 0745hrs, I was driving on CTE expressway exiting towards Ang Mo Kio Avenue 1.

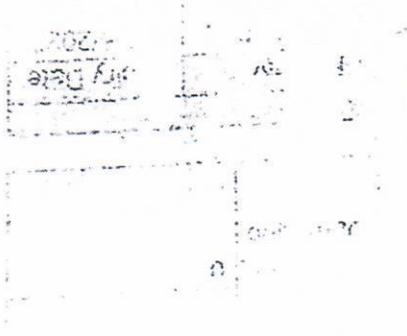
The car in front of mine had e-brake, which caused me to brake hard as well. I did not collide with the front vehicle, however, a van had collided with my rear instead. I then got down from my vehicle to speak to the van driver.

Van driver did not want to provide his particulars but told me to take picture of his van and plate number (CB5252K) instead. Afterwards, he told me to go off first as the driver had no injuries and did not need police assistance. Afterwards, I went back to my office first. I then left my car at Blk 348 Ang Mo Kio to be towed to the workshop.

I only got the driver's wife details (Name: Mdm Huang Hp: 84684139)

I then went to lodge a traffic accident report and will proceed to see the doctor.

I wish to state that I have an in-car camera that was recording at the time of the incident.





**SINGAPORE  
POLICE FORCE**



T/20230322/2037

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Report No. T/20230322/2037

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

**CONTINUATION OF REPORT**

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Te

Signature of Officer Recording The Report:

F /

SGT 2 Muhamad Ezuandy Bin  
Nazli

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/03/2023 12:24

Officer In Charge Of Case:

TP / GIA /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

NP168

36  
Te

3

Date of Accident : 22/3/2023 Accident Time: 07.45 (24-HR-Format)  
 Accident Place : CTE exit Ang Mo Kio Ave 1  
 Vehicle No. (Car Plate No.) : SMH 2829 S Make/Model: Hyundai Avante  
 Insurance Company : India Policy No: D22MPC0005592  
 Owner or Company Name /IC No. : Seck Mun Ho S6849515 F  
 Owner or Company Contact No. : - Owner's Hp 9650 6585 Company Tel  
 DRIVER'S Name / IC No. : As above  
 DRIVER'S Date Of Birth : 28/11/1968 DRIVER'S License Pass Date 22/Feb/1989  
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: -  
 DRIVER'S Address : 22, Rambutan Road (1542)  
 DRIVER'S Contact No./ Alt No. : 1) 9650 6585 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : mhseck@gmail.com  
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
 Number of Passengers (Including Driver): 1

Was there any video Captured by car camera: YES NO  
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose  
 Any Injury (If YES, Pls state): yes.

**Other Party Driver's Particular (if any)**

|                               |                              |
|-------------------------------|------------------------------|
| Vehicle. No: <u>CB 5252 K</u> | Vehicle. No: _____           |
| Vehicle Make \Model: _____    | Vehicle Make \Model: _____   |
| Name Driver: _____            | Name Driver: _____           |
| IC No. Driver/Contact: _____  | IC No. Driver/Contact: _____ |

\* NEW - Passenger's name & gender:

## 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.**

|  |                             |   |     |        |                                  |     |          |                   |     |        |
|--|-----------------------------|---|-----|--------|----------------------------------|-----|----------|-------------------|-----|--------|
| <b>CERTIFICATE NO.: D22MPC0005592</b>  | <b>COVER: COMPREHENSIVE</b> |   |     |        |                                  |     |          |                   |     |        |
| <p>1. <b>Index Mark and Registration Number of Vehicle</b> : SMH2829S<br/> <b>Chassis No</b> : KMHLN41ETNU202026</p> <p>2. <b>Name of Policyholder</b> : SECK MUN HO</p> <p>3. <b>Effective date of Insurance</b> : 03 Jun 2022</p> <p>4. <b>Expiry date of Insurance</b> : 02 Jun 2023</p> <p>5. <b>Persons or Classes of Persons entitled to drive*</b></p> <p>(a) The Policyholder<br/>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.</p> <p>(b) Any other person who is driving on the Policyholder's order or with his/her permission.<br/>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> <p>6. <b>Limitations as to use*</b></p> <p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p> <p><b>The Policy does not cover</b></p> <p>a) Use for hire or reward.<br/>b) Use for racing, pace-making, reliability trial, speed-testing.<br/>c) Use for the carriage of goods other than samples in connection with any trade or business.<br/>d) Use for any purpose in connection with the Motor Trade.</p> <p><small>*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.</small></p> |                             |   |     |        |                                  |     |          |                   |     |        |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Insured &amp; Name Drivers Excess Section I</td> <td style="width: 10%;">SGD</td> <td style="width: 60%;">600.00</td> </tr> <tr> <td>Unnamed drivers Excess Section I</td> <td>SGD</td> <td>1,100.00</td> </tr> <tr> <td>Windscreen Excess</td> <td>SGD</td> <td>100.00</td> </tr> </table> <p>Hire Purchase Company : Maybank</p> <p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 69 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.</p>  |                             | Insured & Name Drivers Excess Section I | SGD | 600.00 | Unnamed drivers Excess Section I | SGD | 1,100.00 | Windscreen Excess | SGD | 100.00 |
| Insured & Name Drivers Excess Section I  | SGD                         | 600.00                                  |     |        |                                  |     |          |                   |     |        |
| Unnamed drivers Excess Section I   | SGD                         | 1,100.00                                |     |        |                                  |     |          |                   |     |        |
| Windscreen Excess  | SGD                         | 100.00                                  |     |        |                                  |     |          |                   |     |        |
| <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 : A000029/DQ INSURE<br/>Date of Issue : 30/05/2022 13:30:02<br/>MX1-Private Car (Insured Driving)</p>  |                             |   |     |        |                                  |     |          |                   |     |        |
| <p><i>For India International Insurance Pte Ltd</i></p> <br><hr style="width: 20%; margin-left: auto; margin-right: 0;"/> <p>Authorised Signatory</p>   |                             |   |     |        |                                  |     |          |                   |     |        |