

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	13/03/2023 15:57 (SGT)
Reported by	Actual Driver
Date of Accident	10/03/2023 13:00 (SGT)
Exact Location of Accident	Bukit Timah, Singapore
Additional Location Information	SLIP ROAD OF BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4515K
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SBS TRANSIT RAIL PTE. LTD.
Company Reg No	201202781W
Email Address	darrenchia@sbstransit.com.sg
Mobile Phone No	(Phone) +65-97617893
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NJR85AUE6W
Variant	NJR85AUE6W
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MFL0001360-04

DRIVER

Name of Driver	GOVINDARAJ RAVICHANDRAN
Passport No/FIN	G6204511L
Date Of Birth	25/06/1969
Occupation	Outdoor

Date Of Driving Pass	28/02/2019
Driving experience	4 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88183618
Alt. Phone Number	-
Email Address	MYAZIDBJ@SBSTRANSIT.COM.SG
Address	921 JURONG WEST ST.92
Address complement	#07-69
Postcode	640921
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	MONIKANDAN
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 TO MY STATEMENTS.

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	SKP6043Y
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YONG CHONG CHOON
Contact Number	(Phone) +65-92240188
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 Authorised 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 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.

6. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

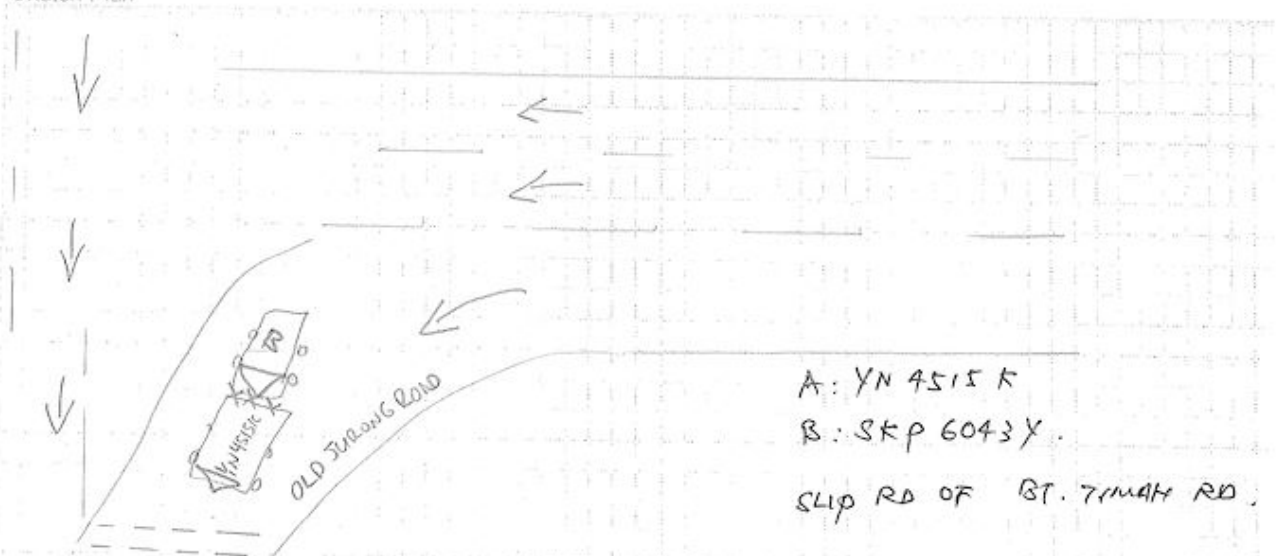
Muhammad Yazid Bin Jamil
Senior Assistant Engineer
DTL Pway & Civil Structures
SBS Transit Rail Pte Ltd

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Page

Describe Circumstances of the Accident

On the 10 of March 2023 at 1300HRS, i was driving at upper Surong road after topping up diesel for my company vehicle at Bukit Batok Bus Depot. While i was waiting at the filter lane looking out for traffic from the main road, a vehicle (SKP 6043Y) hit my company vehicle (YN4515K) from the back. I came out and look out for any damages done for both of the vehicle. I have taken pictures of the damages and have exchanged particulars.

Declaration

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

Muhammad Yazid Bin
Senior Assistant Engineer
DTL Pway & Civil Structure
SBS Transit Rail Pte Ltd



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0070806-X
 64 | Cecil Street | #04 | #05 | #06-02 | 10th Building | Singapore 049711
 Office (65) 63476100 Email insure@iii.com.sg
 Fax (65) 62244174 Website www.iii.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.: D18MFL0001360_04		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: YN4515K	
Chassis No	: 4JJ1353981	
2. Name of Policyholder	: COMFORTDELGRO CORPORATION LTD & ALL ITS SUBSIDIARIES FOR THEIR RESPECTIVE RIGHTS AND INTERESTS	
3. Effective date of Insurance	: 30 Aug 2022	
4. Expiry date of Insurance	: 29 Aug 2023	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with their permission.</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>(1) Use in connection with the Policyholder's business.</p> <p>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</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>	
Excess Section I	: SGD	500.00
Windscreen Excess	: SGD	50.00
Hire Purchase Company	: N.A	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$2500.00 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	: B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD	
Date of Issue	: 30/08/2022 15:39:31	
M.Z. 300C - GOODS CARRYING(Company's use)		
		<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorised Signatory</p>

lctchmy/30/08/2022 15:39:31

30/08/2022 15:46:24

AUTHORIZATION LETTER

Date: 11/03/2023

To Whom It May Concern:

COMFORT DELGRO

I, Muhammad Yazid Bin Jamil, Company Reg No 201202781W

hereby like to authorized Govindaraj, IC 616204511L

to make accident report behalf of company.

Your Sincerely

Muhammad Yazid Bin Jamil
Senior Assistant Engineer
DTL Pway & Civil Structure
SBS Transit Rail Pte Ltd



Signature / Company Stamp











