

# 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 ..... 15/05/2023 09:46 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 12/05/2023 17:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... NEAR CHANGI BUSINESS PARK VISTA  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBE6010G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CH ENGINEERING AND SERVICES PTE LTD  
Company Reg No ..... 2XXXXX164D  
Email Address ..... ADMIN.HQ1@CHENGINEERINGSERVICES.COM  
Mobile Phone No ..... (Phone) +65-90629872  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5  
Variant ..... -  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2953

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D20MCV0000441\_03

### DRIVER

Name of Driver ..... HOSSAIN JAHANGIR  
Passport No/FIN ..... GXXXX719N  
Date Of Birth ..... 30/07/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/06/2022
Driving experience .....	11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83414137
Alt. Phone Number .....	-
Email Address .....	ADMIN.HQ1@CHENGINEERINGSERVICES.COM
Address .....	21 LORONG 30 GEYLANG #02-01
Address complement .....	-
Postcode .....	-
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 - Change/cross lane
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) .....	6
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 .....	SHAKAWAT
Gender .....	Male

#### PASSENGER 2

Name .....	MUNJURUL
Gender .....	Male

#### PASSENGER 3

Name .....	SHORON
Gender .....	Male

#### PASSENGER 4

Name .....	NEZAM
Gender .....	Male

#### PASSENGER 5

Name .....	EASIN
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 THE ATTACHED SKETCH PLAN BY DRIVER.

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 ..... SMZ1193D  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private hire  
Name of Driver ..... GOH KOK KENG  
NRIC No ..... SXXXX632D  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -



SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgment 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)

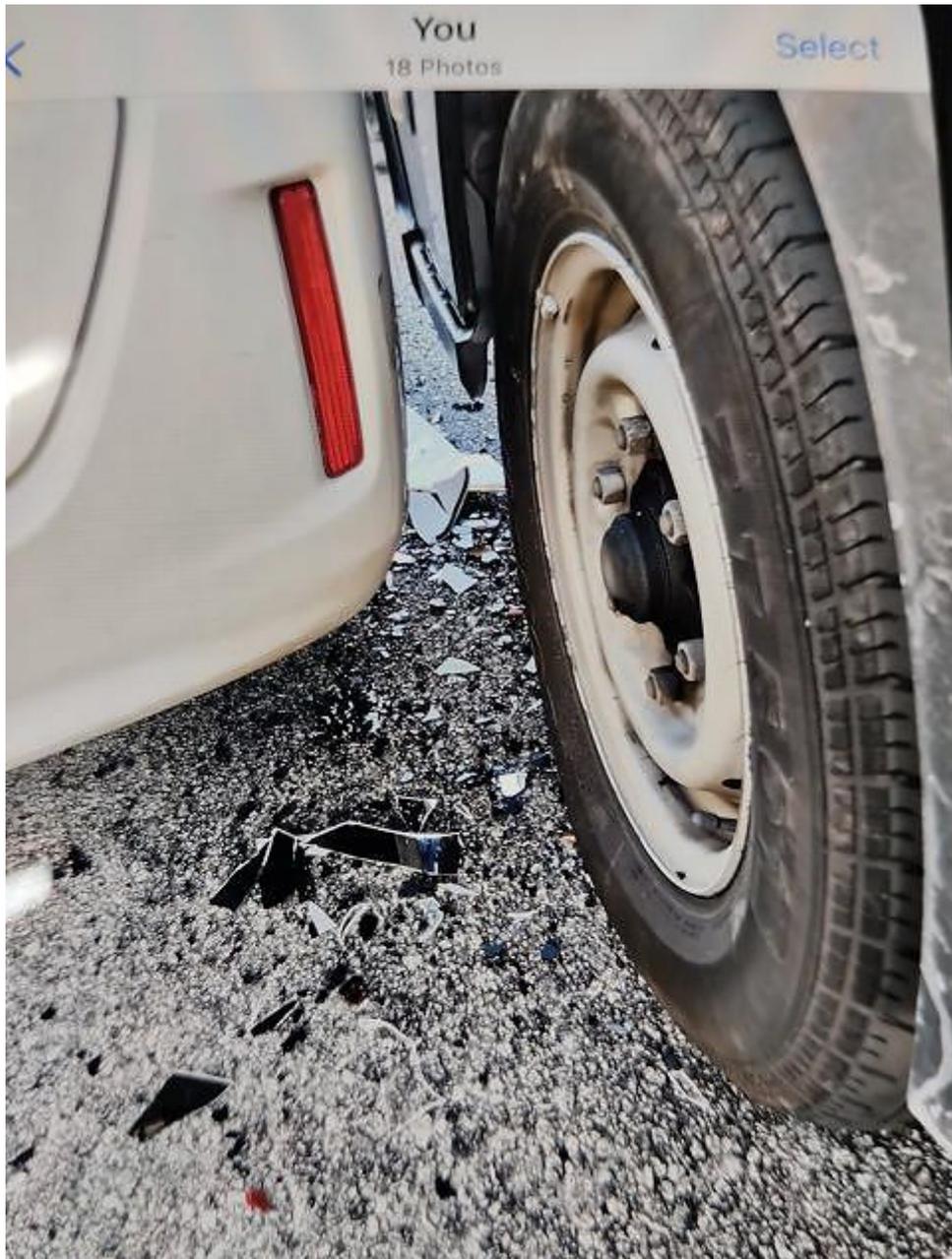
I understand, acknowledge, agree and consent that:

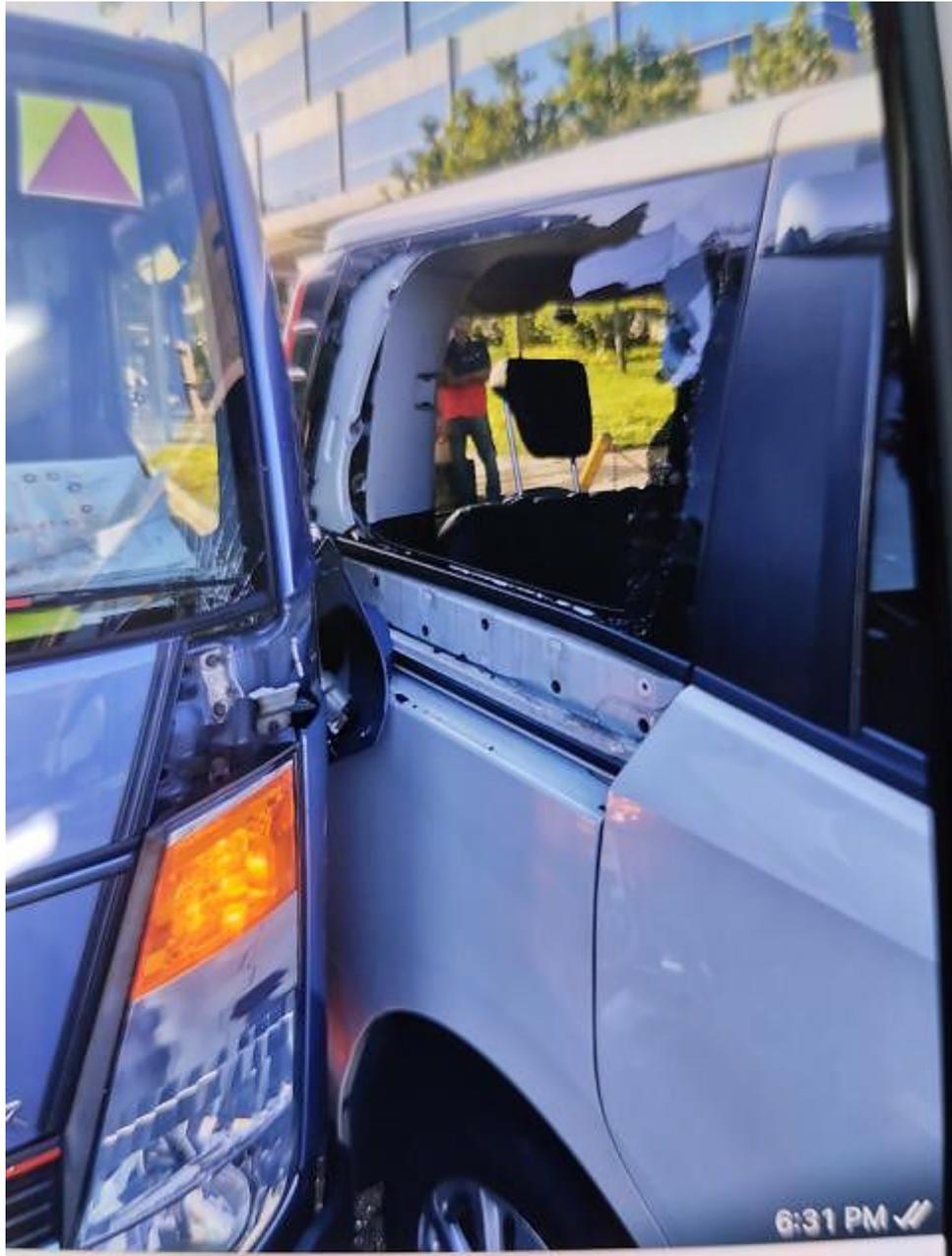
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

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

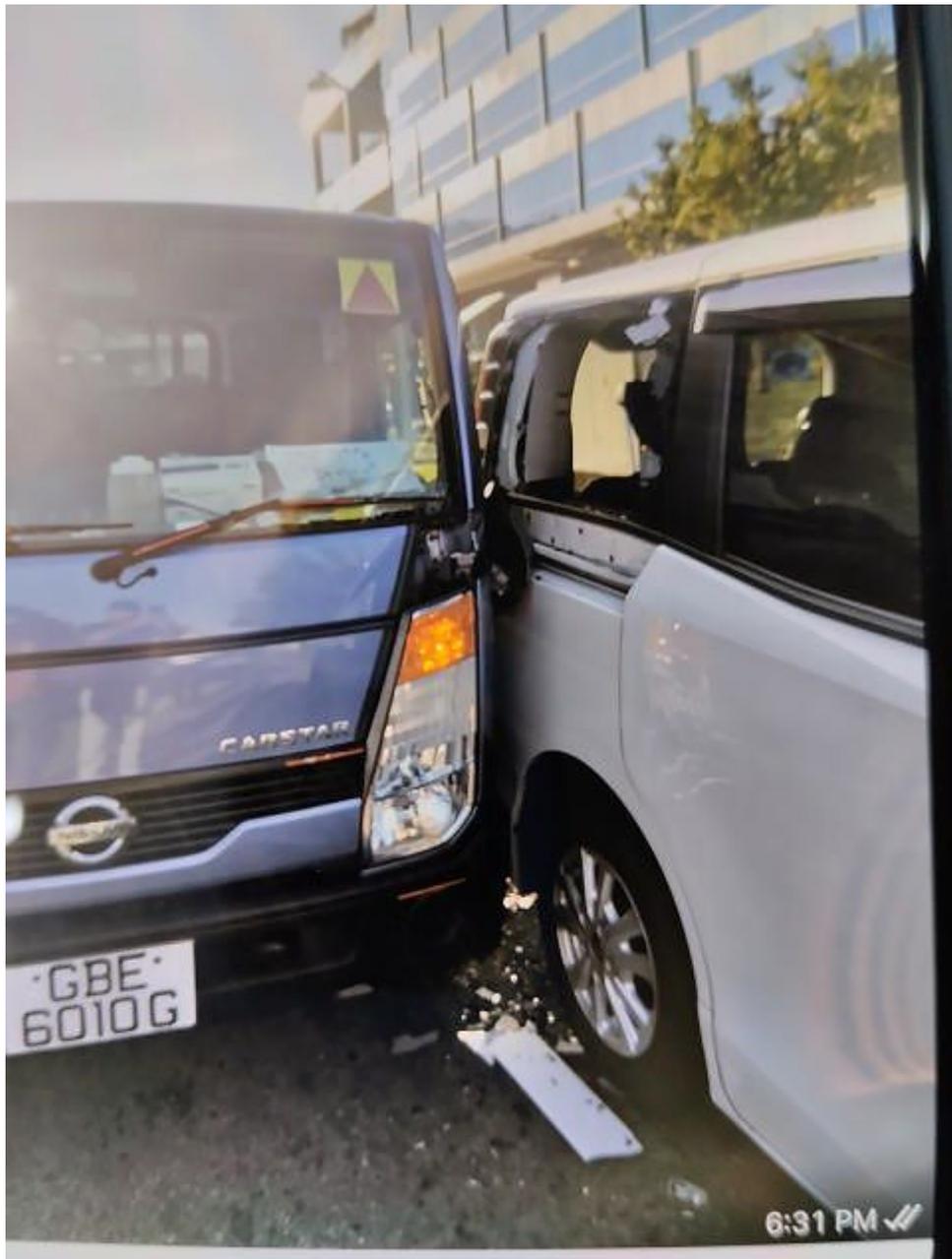
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

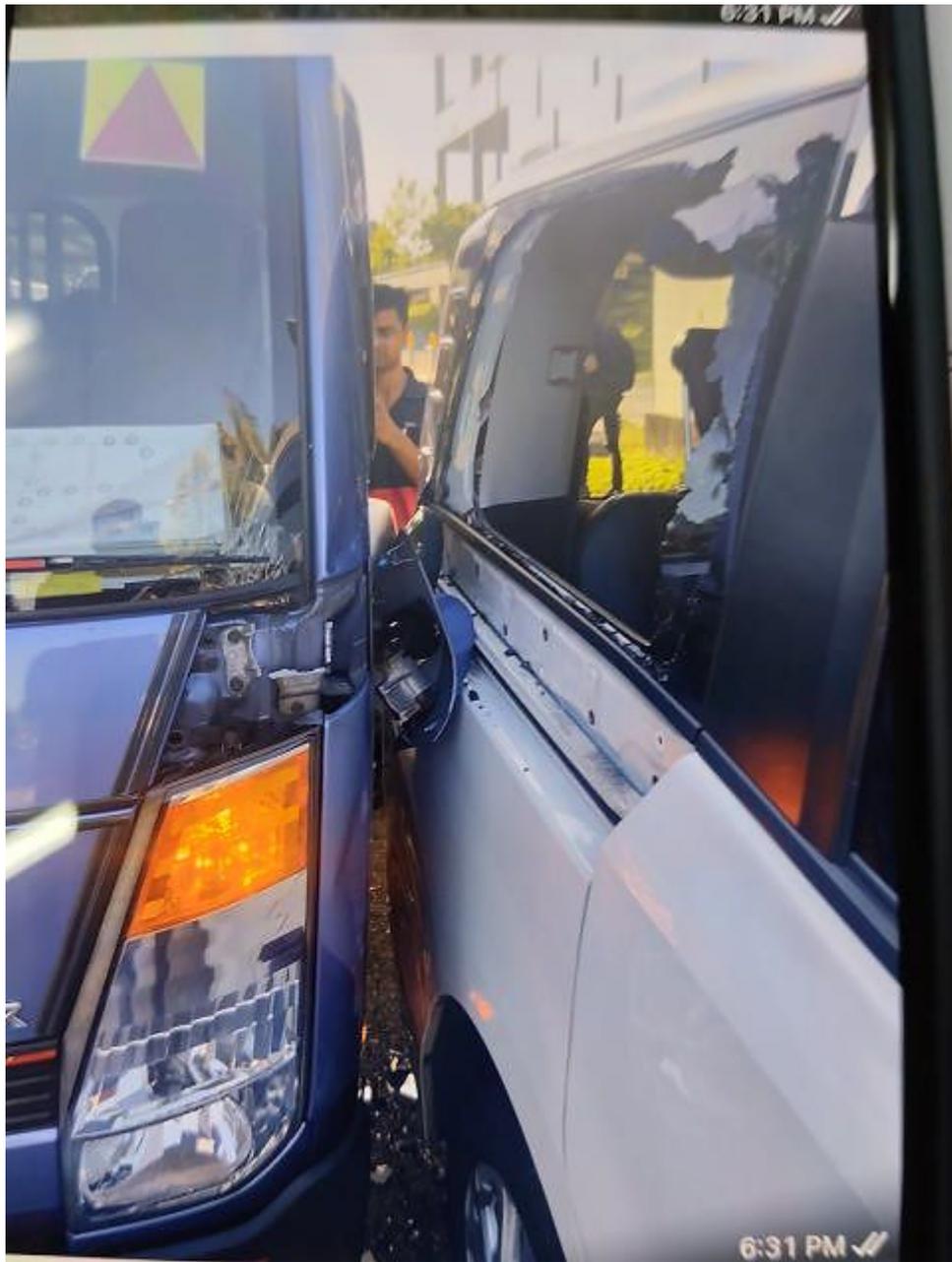


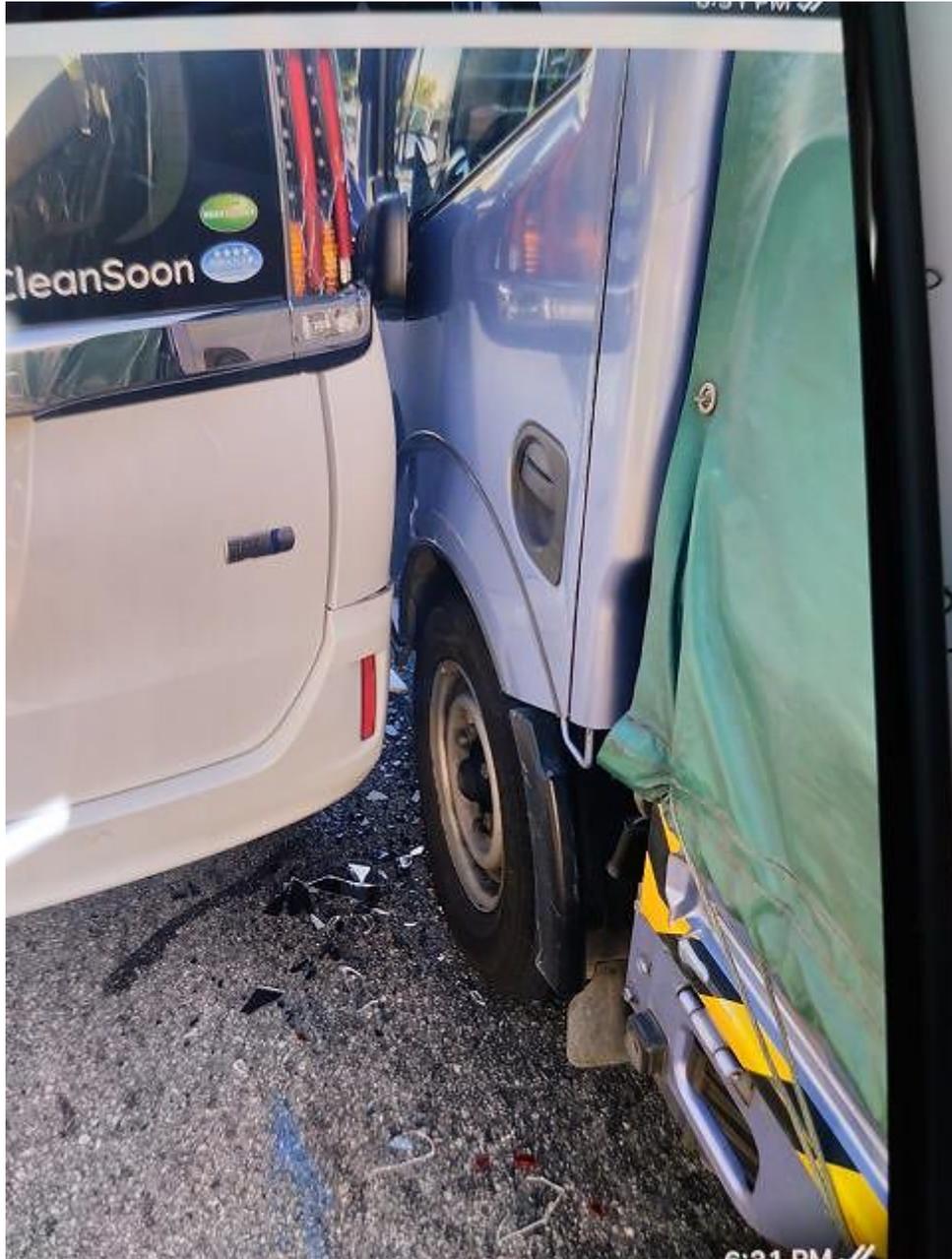






























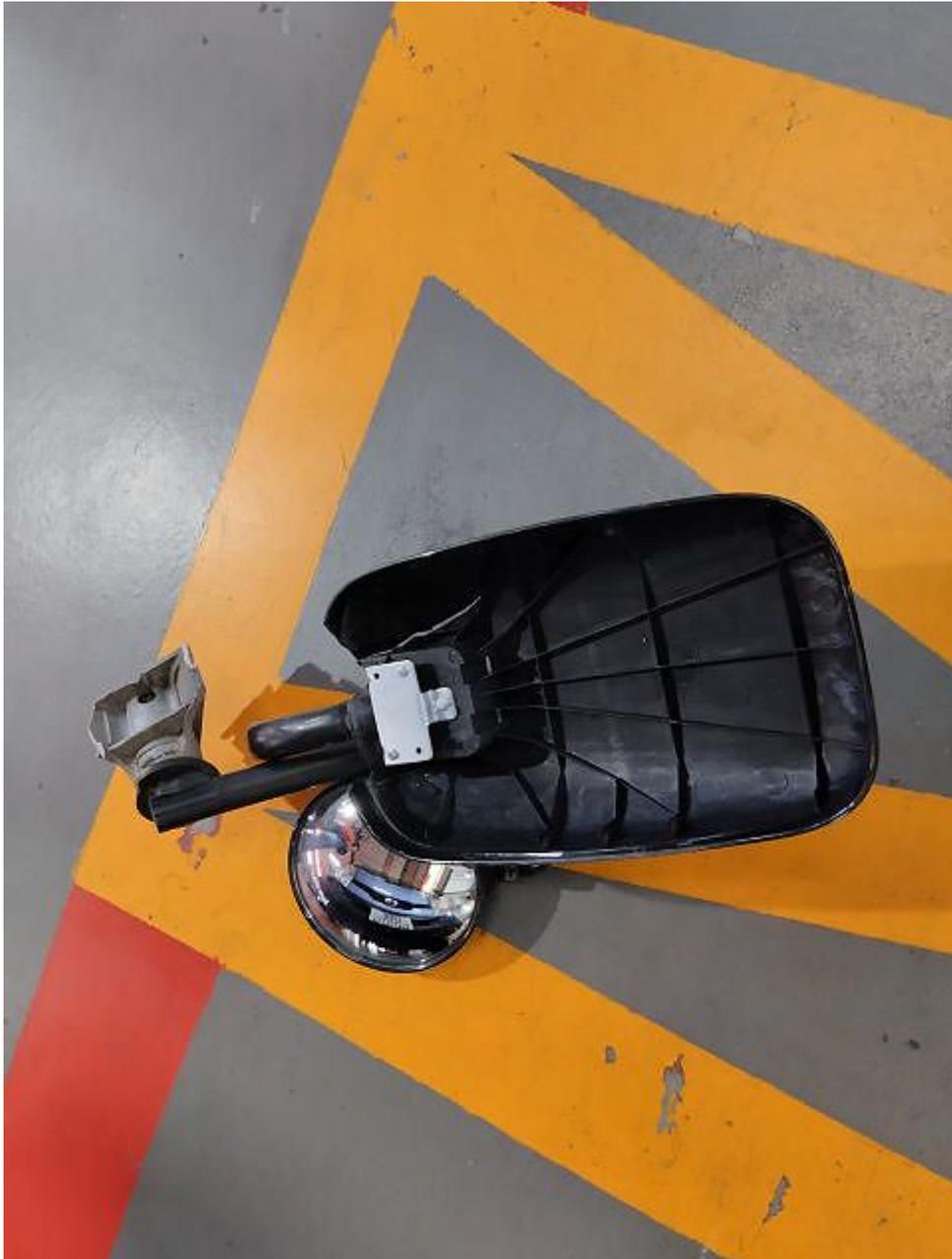














INDIA INTERNATIONAL INSURANCE PTE LTD

Ce. Reg. No. 190703792L | GST Reg. No. M2-0072006-7  
 04 | Coral Street | 005 | 005 | 006-02 | IOB Building | Singapore 049911  
 Office (65) 63476100 Email insur@ii.com.sg  
 Fax (65) 62255371 Website www.ii.com.sg

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1969 (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.: D20MCV0000441_03		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBE6010G	
Chassis No	: JN1SC2F24Z0858063	
2. Name of Policyholder	: CH ENGINEERING AND SERVICES PTE. LTD.	
3. Effective date of Insurance	: 26 Jan 2023	
4. Expiry date of Insurance	: 25 Jan 2024	
5. Persons or Classes of Persons entitled to drive <sup>a</sup>	<p>Any person who is driving on the Policyholder's order or with their 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.</p>	
6. Limitations as to use <sup>a</sup>	<p>a) Use in connection with the Policyholder's business.            b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.            c) Use for social, domestic and pleasure purposes.  <b>The Policy does not cover</b>            a) Use for hire or reward.            b) Use for racing, pace-making, reliability trial or speed-testing.            c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p><sup>a</sup>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 Sect I	: SGD600.00	
Windscreen Excess	: SGD100.00	
Hire Purchase Company	: Think One 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 S\$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	: A000077/HM PTE LTD	For India International Insurance Pte Ltd
Date of Issue	: 14/12/2022 08:55:28	
M.Z. 300C - GOODS CARRYING(ORGANIZATION)		
		 Authorized Signatory