





## 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	22/05/2023 17:38 (SGT)
Reported by	Actual Driver
Date of Accident	20/05/2023 14:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI (BEFORE CTE/SLE EXIT)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK1129A
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RIDPEST PTE LTD
Company Reg No	1XXXXX076N
Email Address	dan@ridpest.com.sg
Mobile Phone No	(Phone) +65-97377190
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MCV0006763_03

#### DRIVER

Name of Driver	HO SIEW ONN
NRIC No	SXXXX074G
Date Of Birth	05/12/1958
Occupation	Outdoor

Date Of Driving Pass .....	13/10/1979
Driving experience .....	43 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96489346
Alt. Phone Number .....	-
Email Address .....	dan@ridpest.com.sg
Address .....	BLK 406 TAMPINES STREET 41 #10-03
Address complement .....	-
Postcode .....	520406
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 .....	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 .....	3
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH AND ATTACHMENT

#### 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 .....	PC7283Z
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 ..... GBF8909X  
 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 ..... HO SIEW ONN  
 Gender ..... Male  
 Phone No ..... (Phone) +65-96489346  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... BODY PAIN  
 Injured person in which vehicle? ..... GBK1129A  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No



## SKETCH PLAN

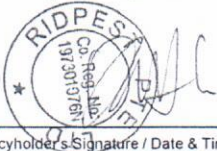
### IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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/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

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

### Sketch Plan

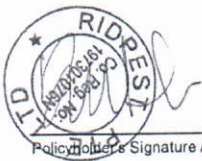
A = GIBK1129A  
B = PC42883Z  
C = GBF8909X  
PTE towards Changi  
(Before CTE / SLE Exit)

Describe Circumstance of the Accident

Refer to Attached

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

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

*[Signature]* 20/05/2023

On 20.05.2023 at about 14:45 hours along PIE towards Changi (Before CTE/SLE Exit), I was travelling straight on lane 2 at the above mentioned location and when the front vehicle (C) slowed down and stopped, hence I also followed suit.

Suddenly, I heard a loud bang from behind and the great impact forced my vehicle (A) to propel forward and hit onto the front vehicle (C). When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), thus causing damages onto the front and rear portion of my vehicle (A).

Vehicle (A): GBK 1129A

Vehicle (B): PC 7283Z

Vehicle (C): GBF 8909X



*an* 22/05/2023



65

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 20/05/2023 Time: 14:45 (hh:mm) 24 hr format		
Location PIE towards Changi (Before CTE/SLE Exit)		
Vehicle Number GBK1129A		
Insured Name Ridpest Private Limited		
NRIC /FIN 197301076N	Contact Number 9737 7190	
Make Nissan	Model NV200 1.5MT	
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No,Pls select: ( / ) Third Party ( ) Reporting		
Insurance Company India International		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number D19MCV0006763_03		
Name of Driver Ho Siew Onn ( ) Same as Insured		
NRIC /FIN S1308074G Contact Number 9648 9346		
Date of Birth 05/12/1958		
Driving Pass Date 13/10/1979		
Occupation ( ) Indoor ( / ) Outdoor		
Gender ( / ) Male ( ) Female		
Email Address dan@ridpest.com.sg ( ) NO EMAIL		
Address of Driver BLK 406 Tampines Street 41 #10-03		
Singapore 520406		
Was driver an employee of the Insured's Company? ( / ) Yes ( ) No		
If No, Relationship of the Driver with the Insured		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( / ) Clear ( ) Raining ( ) Others		
Road Surface ( / ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No		
Was anybody injured in the accident? ( / ) Yes ( ) No		
If yes, injured detail Driver - Body Pain		
Was there any video captured by Car Camera? ( ) Yes ( / ) No		
Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact		
Veh B PC7283Z		
Veh C GBF8909X		
Veh D		
Veh E		
Veh F		


Driver Only



## 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.: D19MCV0006763_03</b>	<b>COVER: Comprehensive</b>
<p>1. Index Mark and Registration Number of Vehicle : <b>GBK1129A</b></p> <p>Chassis No : <b>VSKYBAM20Z0180009</b></p> <p>2. Name of Policyholder : <b>RIDPEST PTE LTD</b></p> <p>3. Effective date of Insurance : <b>28 Dec 2022</b></p> <p>4. Expiry date of Insurance : <b>27 Dec 2023</b></p> <p>5. Persons or Classes of Persons entitled to drive*</p> <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> <p>6. Limitations as to use*</p> <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.</p> <p><b>The Policy does not cover</b></p> <p>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>*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>Excess Sect I : SGD600.00 Windscreen Excess: SGD100.00</p> <p>Hire Purchase Company : <b>DAIMLER FINANCIAL SERVICES AFRICA &amp; ASIA PACIFIC LTD</b></p> <p><b>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.</b></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 : A000041/P &amp; C INSURANCE AGENCY Date of Issue : 27/12/2022 17:21:21 M.Z. 300C - GOODS CARRYING(ORGANIZATION)</p> <p style="text-align: right;">For India International Insurance Pte Ltd</p> <div style="text-align: right;">   <b>Nalini Venugopal</b>  <b>MD &amp; CEO</b> </div>	