

# 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 ..... 10/05/2023 17:11 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 10/05/2023 10:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNA5143S

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ACTX LEASING  
Company Reg No ..... 5XXXX919C  
Email Address ..... ACTX.AC@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97485239  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Elantra  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D22MFL0008460

### DRIVER

Name of Driver ..... SNG HWEE MENG, GEOFFERY  
NRIC No ..... SXXXX336B  
Date Of Birth ..... 13/10/1965  
Occupation ..... Outdoor

Date Of Driving Pass .....	06/11/1987
Driving experience .....	35 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87229988
Alt. Phone Number .....	-
Email Address .....	ACTX.AC@GMAIL.COM
Address .....	528 CHOA CHU KANG STREET 51
Address complement .....	#14-347
Postcode .....	680528
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	GRAB PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT.

#### 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 .....	QX1215M
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) .....	-

**SKETCH PLAN**

**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 Traffic Police Department 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

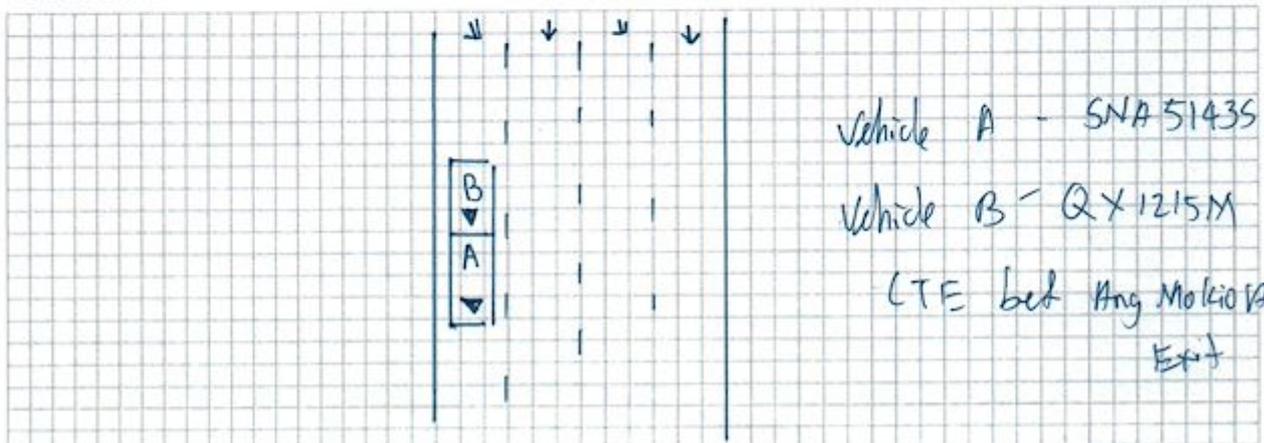
*[Handwritten Signature]*

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



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

**Sketch Plan**



**Describe Circumstances of the Accident**

Refer police Report  
7/20230510/2045

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

  
Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



T/20230510/2045

1 of 3

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20230510/2045

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/05/2023 12:36	Vide Report No.: F/20230510/0058	Station Diary No.: 47
--	-------------------------------------	--------------------------

**Informant's Particulars**

Name of Informant: SNG HWEE MENG, GEOFFREY			Address: APT BLK 528 CHOA CHU KANG STREET 51 #14-347 SINGAPORE 680528		
ID Type / ID No.: NRIC NO / S1729336B			Contact No.: Home/Office:                      Mobile: 87229988		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 13/10/1965	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3,4                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/05/2023 10:10	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
QX1215M	Car				Slightly Damaged	3
SNA5143S	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230510/2045

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20230510/2045

CONTINUATION OF REPORT

Signature of Officer Recording The Report: E / SGT 2 ONG WEI SHENG BRIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/05/2023 12:36
Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20230510/2045

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3

Report No. T/20230510/2045

## CONTINUATION OF REPORT

Driver			
Name	SNG HWEE MENG, GEOFFREY		ID No. S1729336B
Related Vehicle	SNA5143S (Car)		Contact No. 87229988
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10/05/2023 at about 1010hrs, I was driving along CTE towards AYE on the extreme right lane. As it was slow moving, I was in a stationary position waiting to move off. As I was about to move off, I felt a slight impact on my rear of the vehicle. Subsequently, we alight from our vehicles and traffic police came to scene. All parties are not injured.

I am lodging this report as informed by the traffic police for their investigations.





## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X  
64 | Cecil Street | #04 | #05 | #06-02 | JOB Building | Singapore 049711  
Office (65) 63476100 Email insure@iil.com.sg  
Fax (65) 62244174 Website www.iil.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.

<b>CERTIFICATE NO.:</b> D22MFL0008460		<b>COVER:</b> Comprehensive
<b>1. Index Mark and Registration Number of Vehicle</b>	:	SNA5143S
<b>Chassis No</b>	:	KMHD841CMJU550387
<b>2. Name of Policyholder</b>	:	ACTX LEASING
<b>3. Effective date of Insurance</b>	:	29 Sep 2022
<b>4. Expiry date of Insurance</b>	:	28 Sep 2023
<b>5. Persons or Classes of Persons entitled to drive*</b>		
Any person who is driving on the Policyholder's order or with his/their permission. The Hirer.		
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		
<b>6. Limitations as to use*</b>		
Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business. Use for social, domestic, pleasure purposes and business purposes of the Policyholder or of any person to whom the vehicle is hired		
<b>The Policy does not cover</b>		
(1) Use for hire or reward (other than when the vehicle is hired for the carriage of passengers under Z10/Z11 for hire and reward).		
(2) Use for racing, pace-making, reliability trial, or speed-testing.		
(3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.		
(4) 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.		
Excess Section I WITHIN SINGAPORE	:	SGD 1,500.00
Excess Section I OUTSIDE SINGAPORE	:	SGD 3,000.00
Excess Section II WITHIN SINGAPORE	:	SGD 1,500.00
Excess Section II OUTSIDE SINGAPORE	:	SGD 3,000.00
Windscreen Excess	:	SGD 100.00
<b>Hire Purchase Company</b>	:	<b>Thiam Heng Auto Pte. Ltd.</b>
SUNROOF EXCESS: \$200.00		
FOR DRIVERS BELOW 22 YEARS OLD OR ABOVE 75 YEARS OLD &/OR WITH LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF \$1,500.00 ON SECTION I & II (SEPARATELY) WILL BE APPLICABLE.		
PRIVATE HIRE SERVICE (USE FOR HIRE & REWARD) - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE ONLY.		
FOR SOCIAL, DOMESTIC & LEISURE PURPOSES ONLY - GEOGRAPHICAL AREA: WITHIN THE REPUBLIC OF SINGAPORE AND WEST MALAYSIA.		
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	:	F000002/GENRIVER FINANCIAL PTE. LTD.
Date of Issue	:	23/09/2022 11:27:26
MZ406 - Hire Car (G/R)		
		For India International Insurance Pte Ltd
		Authorised Signatory