

## 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 .....              | 20/07/2023 17:38 (SGT)   |
| Reported by .....                     | Actual Driver  |
| Date of Accident .....                | 20/07/2023 13:56 (SGT)   |
| Exact Location of Accident .....      | Near 461b Bukit Batok West Ave. 8, Singapore 652440                    |
| Additional Location Information ..... | BUKIT BATOK WEST AVENUE 8 TURNING RIGHT ONTO BUKIT<br>BATOK WEST AVE 6 |
| Country/State of Loss .....           | Singapore  |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SKR8800E |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | Yes                  |
| Name Of Registered Owner ..... | TRADWORKS            |
| Company Reg No .....           | 53288318K            |
| Email Address .....            | GARYCHUACJ@GMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-88212192 |
| Alternative Phone No .....     | -                    |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Hyundai                   |
| Model .....  | Elantra                   |
| 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 hire              |
| Transmission .....   | Auto                      |
| CC .....   | 1600                      |

#### INSURANCE COMPANY

|   |                                       |
|---|---------------------------------------|
| Name of Insurance Company .....         | India International Insurance Pte Ltd |
| Policy Number / Cover Note Number ..... | D23MPC0005136                         |

#### DRIVER

|                      |               |
|----------------------|---------------|
| Name of Driver ..... | CHUA CHIN JOO |
| NRIC No .....        | S1672131Z     |
| Date Of Birth .....  | 26/07/1964    |

|  |   |
|--|---|
| Occupation .....   | Indoor  |
| Date Of Driving Pass .....   | 04/10/1982  |
| Driving experience .....   | 40 YEARS AND 9 MONTHS                                 |
| Gender .....   | Male  |
| Mobile Number .....  | (Phone) +65-88212192                                  |
| Alt. Phone Number .....  | -   |
| Email Address .....  | GARYCHUACJ@GMAIL.COM                                  |
| Address .....  | APT BLK 192 BUKIT BATOK WEST AVENUE 6 #03-59 S 650192 |
| 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 - Head to Rear |
| Weather Conditions ..... | Clear                    |
| Road Surface .....       | Wet                      |

#### 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? .....  | No |
| Was notice of intended Prosecution given? ..... | No |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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 ..... | SLT1918Z    |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |
| 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 ..... CHUA CHIN JOO  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

**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. 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.
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.

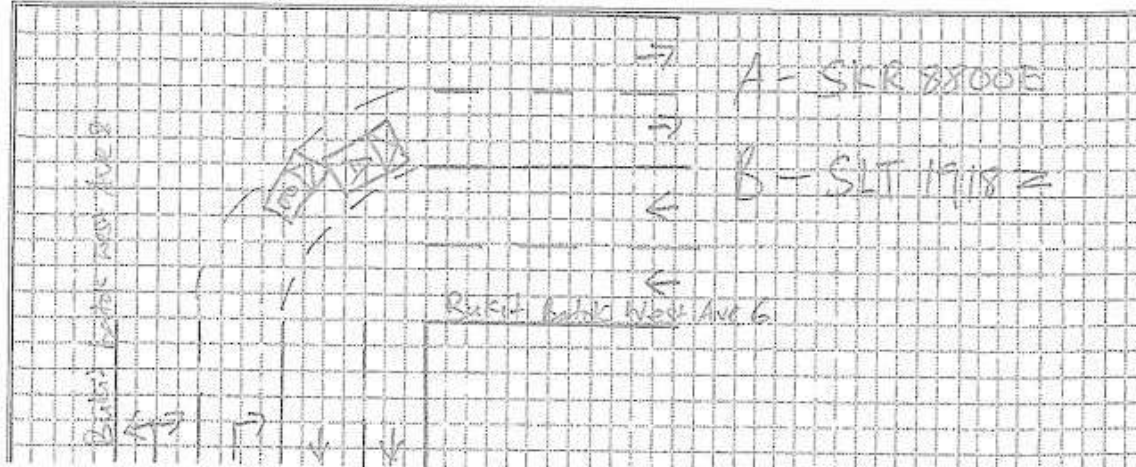


Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



Describe Circumstance of the Accident

On the stated date and time, I was turning Right onto Bukit Batok West Ave 6 then Suddenly, I felt a huge impact from the rear of my vehicle. When I alighted my vehicle, I saw VRN SLT 1718 Z had collided onto the rear of my vehicle.

Declaration

I/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

Witnessed by Reporting Centre Personnel



















INDIA INTERNATIONAL INSURANCE PTE LTD

Co Reg No: 1967037921 (GST Reg No: M2-06700065)

Police Quota No: 122 - Motor Vehicle (MVA)

Office (65) 63476100 Email: insure@ii.com.sg

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, 1986 (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.: D23MPC0005136   |  | COVER: COMPREHENSIVE                      |
|--|--|---|
| 1. Index Mark and Registration Number of Vehicle   | : SKR8880E   |   |
| Chassis No   | : KMHD841CMKU891770  |   |
| 2. Name of Policyholder  | : TRADWORKS  |   |
| 3. Effective date of Insurance   | : 03 Jul 2023  |   |
| 4. Expiry date of Insurance  | : 02 Jul 2024  |   |
| 5. Persons or Classes of Persons entitled to drive*  | Private Hire Use: CHUA CHIN JOO only<br>For Social, Domestic & Leisure purposes only: 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. |   |
| 6. Limitations as to use*  | Use for the carriage of passengers or goods in connection with the Policyholder's business.<br>Use for social, domestic, pleasure purposes and business purposes of the policyholder.<br><b>The Policy does not cover</b><br>(1) Use for racing, pace-making, reliability trial or speed-testing.<br>(2) Use for the carriage of goods (other than samples) in connection with any trade or business.<br>(3) Use for any purposes 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: SGD2,000.00 (For Chua Chin Joo and Employees)<br>Excess Section II: SGD1,500.00 (For Chua Chin Joo and Employees)<br>Excess Section I: SGD2,500.00 (For Non-Employees)<br>Excess Section II: SGD2,000.00 (For Non-Employees)<br>Windscreen Excess: SGD100.00 |  |   |
| Geographical Area:<br>Private Hire Use: within the Republic of Singapore only<br>For social, domestic & leisure purposes only: within the Republic of Singapore and West Malaysia<br>Hire Purchase Company: United Overseas Bank Limited                                       |  |   |
| FOR DRIVERS BELOW 24 YEARS OR ABOVE 69 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF 52500% ON SECTION I & II (SEPARATELY) 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   | : A000041/P & C INSURANCE AGENCY   | For India International Insurance Pte Ltd |
| Date of Issue  | : 03/07/2023 20:16:46  |   |
| MZ406 - Hire Car (Hired Driving)   |  |   |
|  |  | <br>Nalini Vengopal<br>MD & CEO           |