

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 First Submission	08/11/2024 15:24 (SGT)
Reported by	Actual Driver
Date of Accident	07/11/2024 20:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS EUNOS LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG8228Y
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAN BROTHER ELECTRICAL CORPORATION PTE LTD
Company Reg No	1XXXXX137C
Email Address	BEBESBTAN@GMAIL.COM
Mobile Phone No	(Phone) +65-97300230
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	NV200 DX-2 1.6 AUTO
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	Auto
CC	1597
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTPCVE001427

DRIVER

Name of Driver	LIM TECK CHYE
NRIC No	SXXXX771I
Date Of Birth	20/07/1957
Occupation	Outdoor
Driving Pass Date	03/12/1977
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96610910
Alt. Phone Number	-
Email Address	BEBESBTAN@GMAIL.COM
Address	330 UBI AVE 1
Address complement	#06-643
Postcode	400330
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	BEBE TAN
Gender	Female

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

PLS REFER TO THE SKETCH PLAN BY DRIVER

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH8184J
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

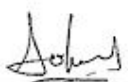
IMPORTANT NOTICE


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. 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


Actual 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		
Date of Accident : <u>7/11/24</u>	Time : <u>8.20 PM</u>	Location : <u>PIE Toward 40 Euros Link</u>
My Vehicle A : <u>GBG 8228Y</u>	Vehicle B : <u>GBH 8148J</u>	Vehicle C : _____
<p>I was waiting at the slip rd for the oncoming vehicle</p> <p>I felt an impact on my rear. I got down to check</p> <p>my vehicle & saw veh B rear ended me.</p> <p>No one is injured.</p>		
<input type="checkbox"/> Claim OD/TP at Ah Lim Motor <input checked="" type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only		
Remarks : Please forward a copy of my efile accident Report to :		
My Workshop : _____		
Workshop Email Address : <u>alfredauross@gmail.com</u>		
<input checked="" type="checkbox"/> Note : Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information		

Declaration

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



 Policyholder's Signature / Date & Time


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


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



























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SP1 C24 B80008 Vehicle Registration No: 9BGS 287
 Name (as shown in NRIC): Lim Teck Chye NRIC/FIN/Passport No: SXXXX 721 I
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): 9661 0910 Mobile No.: _____
 Email Address: _____
 Date of Accident: 07/11/2024 Time of Accident: 20:20
 Place of Accident: PIE towards Ennas Link
 Insurance Company: Somp Insurance

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Third Party vehicle should be GBH 8184J.

[Signature]
 Policyholder / Driver's Signature
 Date: _____

[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

To Whom It May Concern,

I, TAN BROTHER ELECTRICAL CORPORATION PTE LTD, 199609137C, owner of the vehicle GBG8228Y, aware of the accident of the vehicle on 07/11/2024 driven by LIM TECK CHYE, S1253771I hereby authorize the driver to lodge for the report.



TAN BROTHER ELECTRICAL CORPORATION PTE LTD
199609137C



Sompo Insurance Singapore Pte. Ltd.
50 Raffles Place, #03-03
Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | www.sompo.com.sg
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

PRIVATE COMMERCIAL POLICY SCHEDULE

Intermediary Code : 11C81800

Policy No. : D24MTPCVE001427

This Schedule is issued and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE COMMERCIAL VEHICLE Policy wordings, ref. MTC.20

Insured : TAN BROTHERS ELECTRICAL CORPORATION PTE LTD

Address : 193, KITCHENER ROAD
SINGAPORE 208534

Business/Profession : Others

Period of Insurance : 16 JUNE 2024 00:00 TO 15 JUNE 2025 23:59

Persons or Classes of Persons entitled to Drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS		PREMIUM DETAILS	
Vehicle Reg No	: GBG8228Y	Premium	1,041.11
Chassis No	: VM20103672	Less No Claim Discount (20%)	(208.22)
Engine No	: HR16083848D	Add others :	
Vehicle Make & Model	: NISSAN NV200	Add Windscreen	40.00
Cc/Tonnage	: 1 / .7	Add Flood	0.00
Type of Body	: VAN	Total	S\$ 872.89
Year of Manufacture	: 2016	GST	S\$ 78.56
Seating Capacity (including driver)	: 2	Premium (incl. GST)	S\$ 951.45
Estimated value of Vehicle	: Market Value at time of loss		
Hire Purchase Owner	: NIL		
Vehicle Usage	: Company Use		
Coverage	: Comprehensive-ExcelDrive Classic		
Excess	: S\$ 500 - Section I		
Additional Excess	The following terms & conditions shall apply to this policy:		
	Elderly, Young & Inexperienced Drivers Excess (All Claims)		
	It is hereby understood and agreed that an excess of S\$2,000 shall apply for accident, loss or damage if the insured vehicle is driven by a driver who:		
	- is age 70 years old & above at the time of accident or		
	- is below the age of 25 years old at the time of accident or		
	- has less than 2 years of driving experience on Singapore roads		
	If however there is(are) other Excess(es) applicable under different Endorsement(s) of this Policy, this said Excess of S\$2,000 shall be considered as an additional Excess over and above all other Excess(es).		
Endorsements Applicable	Strike Riot Or Civil Commotion ME No.25		
	Special Perils ME No.57		
	Legal Liability of Passengers for Acts of Negligence ME No.72		
	Endorsement H - Total Loss		
	Endorsement I2 - Breakage of Glass in Windscreen or Window (Excess \$100)		
	Endorsement M - Own Damage, Fire and Theft Claims		