SA1J248D0001 / ASM Automotive Services Pte Ltd ENTRY DATE & TIME: 13/08/2024 14:00 (SGT) SUBMITTED BY: Nicole Ng VERSION: 1 (13/08/2024 14:00 (SGT))

# **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 witholding 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 13/08/2024 14:00 (SGT) Reported by **Actual Driver** Date of Accident 07/08/2024 11:50 (SGT) Exact Location of Accident 1 Genting Link, Singapore 349518 Additional Location Information At the loading bay Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Mitsubishi

Vehicle Registration Number YN3754T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner CARGOTEC PTE. LTD. Company Reg No 200209480M Email Address chan@cargotecsg.com Mobile Phone No (Phone) +65-65431623 Alternative Phone No (Office) +65-65431623

## VEHICLE PARTICULARS

Manufacturer

Model Fk61fmj1rdea 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 No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 7545 Vehicle Fuel First Regisration Date Chassis no FK61FMA00223

Effective Date/Time of Ownership

# INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D24MTHCVE000469

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	Lee Boon Heng \$1208824H 03/04/1956 Outdoor 02/12/1978 4 Valid 45 YEARS AND 8 MONTHS Male (Phone) +65-98571083 - chan@cargotecsg.com Apt Blk 132 Edgedale Plains - 820132 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Parked Vehicle Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
Refer to attached sketch plan.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	GBH8747K -

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

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- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The same and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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

Policyholner's Signature

Driver's Signatus (It driver is not the policyholder)

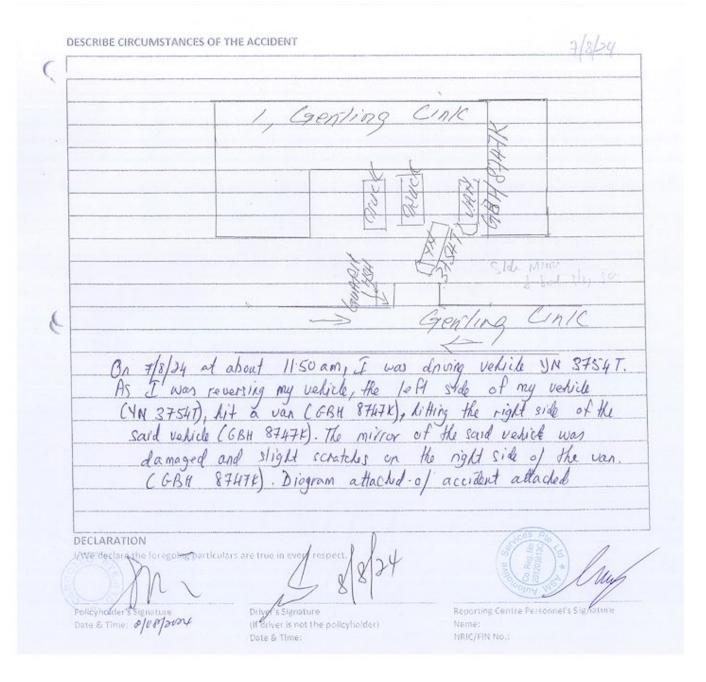
Date & Time:

Reporting Centre Personnel's Significa-

Name:

NRIC/FIN No.:

SKETCH PLAN













Sompo Insurance Singapore Pte. Ltd.

50 Patities Place, #33-03 Singapore Land Tower, Singapore 648623 Tet: 6461 6555 | www.sompo.com.ag Co. Reg. No.: 1980054966 | GST Reg. No.: M200003195 

# Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) ROAD TRANSPORT ACT 1987 (MALAYSIA) ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No.

: D24MTHCVE000469

Registration No.

: YN3754T - Item No. 3 : CARGOTEC PTE. LTD.

2. insured Name

3. Gommencement Date : 01 APRIL 2024 00:00

4. Expiry Date

: 31 MARCH 2026 23:59

5. Coverage

: Third Party

6. Excess

: \$600 - Section II

- 7. Persons or Classes of Persons entitled to drive\*
  - 1) Whilst the vehicle is being used in connection with the Insured's business -
  - b) Any person provided he is in the insured's employ and is driving on their order or with their permission.

 Whilst the vehicle is being used for social, domestic or pleasure purposes b) Any person who is driving on the insured'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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under

the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- Limitations as to use\*
  - 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers within the vehicle's legal seeting capacity (other than for hire or reward) in connection with the Insured's business.
- Use for social, domestic or pleasure purposes.
   The Policy does not cover

- 1) Use for racing, pacemaking, reliability trial or speed-testing.
- Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vahicle.
- Use for the carriage of passengers for hire or reward.
   Hiegal or fraudulent activity.
- ExcelDrive Workshops & Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline: (65) 6461 6555

Visit www.sompo.com.sg for list of Accident Reporting Centers.

INVe HEREBY CERTIFY that the policy to which this certificate relates is based in accordance with the provisions of the Motor Vehicles (Teird-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Read Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.

Lui Do

Date/Time of Issue: 22 MARCH 2024 12:07

"Limitation rendered inoparative by section 8 of the Motor Vehicles(Third-Party Risks and Compensation) Act (Chapter 189 and section 95 of the Read Transport Act, 1967(Malaysia), are not to be included under these headings.

## IMPORTANT NOTICE

- Insurads are hereby warned that under the Motor Velicides (Third-Party Risks and Compensation) Act (Cop. 188), it shall be unlawfel for any person to use
  a case or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
   Insurads are further warned that on the sale of a motor vehicle or if for any reason the insurance is terminated during its correctly, they must currender the
  Certificate of insurance and the Policy to the insurance company it the Certificate of insurance has been lost or destroyed a Statutory Declaration to that
  offect must be made. Pattern to comply with the obligation is an office under the Motor Vehicles (Third-Party Ribbs and Compensation)Act (Cap. 189).
   The Policy will cause to be valid once the motor vehicle has been soid to another person. It is not transfersable to a new owner of the Vehicle.
   Pleason not that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be
  issued to an individual; or (5) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
   Insurance coverage under this Policy is subject to the terms and conditions as sitguisted in the Mater Insurance Policy

Intermediary Name / Code: SIN SEET INSURANCE AGENCY PTE LTD: / 11S84500 CI Code: 29C D2D5H54PIRTLVZA8