SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/03/2018 15:01
Date Of Accident	24/03/2018 13:20
Exact Location Of Accident	ALONG TAN TYE PL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA7072B
Insured/Policyholder	
Name Of Registered Owner	TAMPINES TRAVEL PTE LTD
Co Reg No	200702456D
Email Address	NGHIANLEE@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-96305336
Vehicle Particulars	
Manufacturer	SCANIA
Model	K124IB4X2
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MTSCBU000140
Cover Note Number	06/03/2018-05/03/2019
Driver	
Name of Driver	LIM AH BAA
NRIC No	S0176534E
Date Of Birth	03/12/1949
Occupation	OUTDOOR
Date Of Driving Pass	25/04/1967
Driving Experience	50 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90077044
Fax Number	
Contact Name has	

NOEMAIL

115 HO CHUNG ROAD Address 07-104

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions **RAINING** WET Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver) 20

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

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 NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD161C

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 7. 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)

Lunderstand, acknowledge, agree and consent that:

- 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)
 - 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
- (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.
- 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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name snholm.

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN	be Pl.	
	(B) A	
A: PA70	j <u></u>	
B; SHO W		A Gro
I was ne	gotiating a bend	at Tarlye Pl Rd
when auddenly	faxi(B) queeze in	the same lane.
Cawing my be	is to side swipe wit	h his vehicle.
No jajury.		400
You had been advised by workshop	that in the event that you wish to claim	Reporting Only Claim OD
whereby the claim must be made	m), there is a <u>Fourteen (14) days clause</u> de within the stipulated timeframe from	Claim TP
the day	of occurance.	Claim OD / TP at other workshop
DECLARATION I/We declare the foregoing particulars a 定义演足。	re true in every respect.	Jar
Policyholder's Signature Date & Time:	Driver's Signature	Reporting Centre Personnel's Signature Name:

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INSURANCE CERT



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 046623. Tol. 6461 6555 | Fax: 6221 3302 | Website, www.sompc.com.sg Co. Reg. No.: 198905493E | GST Reg. No.: M200903196

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No.

: D18MTSC8U000140

1. Registration No.

: PA7072B

2. Insured Name

: TAMPINES TRAVEL PTE LTD

3. Commencement Date : 06 MARCH 2018 00:00

4. Expiry Date

: 05 MARCH 2019 23:59

5. Coverage

: Market value at time of loss - Third Party, Fire & Theft

6. Excess

: \$1000 - Section II

: \$5000 - All Claims (Malaysia)

7. Persons or Classes of Persons entitled to drive*

b) Any person provided he is in the insured's employ and is driving on their 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.

- a) Use only for the carriage of passengers or goods in connection with the Insured's business.
- b) Use only in the Republic of Singapore and Malaysia.

The Policy does not cover

- 1) Use for racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

 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.

IWe 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)

Sompo Insurance Singapore Pte. Ltd.

Date/Time of Issue: 08 FEBRUARY 2018 10:15

*Limitation 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.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use

Insureds are hereby warred that under the Motor Vehicles (Third-Party Risks and Compensation) At (Cap. 188), it shall be unlawful for any person to use a motor vehicle without a valid policy of insured under the Act.
 Insureds are further warred that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Failure to comply with this obtigation is an offence under the Motor Vehicles (Third-Party Risks and Compensation)Act. (Cap. 189)
 The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
 Please note 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 Indirectual, or (b) within the period specified in the Permium Payment Warranty applied to the Policy in dicher instances.
 Insurance coverage under this Policy is subject to the terms and conditions as significated in the Motor Insurance Policy

Intermediary Code & Name: 11S13002 & SSTA INSURANCE AGENCY PTE LTD CI Code: 23GM D3JDBMB4IKRBMKZA

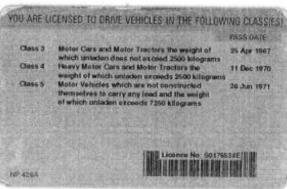
DRIVER DL











This card is not transferable and is the property of the Land Transport
Authority (LTA). It must be surrendered to LTA on request. If found, please
return to LTA, 10 Sin Ming Drive, Singapore \$75701.

Type Description Issue Date

02 TAXI VL 10/06/1985
03 BUS VL 03/07/1992

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