

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 Authorised 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 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.

ACCIDENT STATEMENT

Date Of Report	10/05/2018 13:47
Date Of Accident	09/05/2018 10:30
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA1537H
Insured/Policyholder	
Name Of Registered Owner	BEDOK TRANSPORT PTE LTD
Co Reg No	200311654W
Email Address	WORKSHOP@BEDOKTRANSPORT.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62843032

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D17MTPCVE002177
Cover Note Number	D17MTPCVE002177

Driver

Name of Driver	LU SHITAO
Passport No/FIN	G7917602N
Date Of Birth	07/10/1975
Occupation	OUTDOOR
Date Of Driving Pass	24/01/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86549870
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	30 & 32 DEFU LANE 9
Postcode	539270
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

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE DESCRIPTION.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE154D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PANEER SELVAM S/O PERIANASAMY
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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)**

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.
- (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.



Policyholder's Signature
Date & Time:



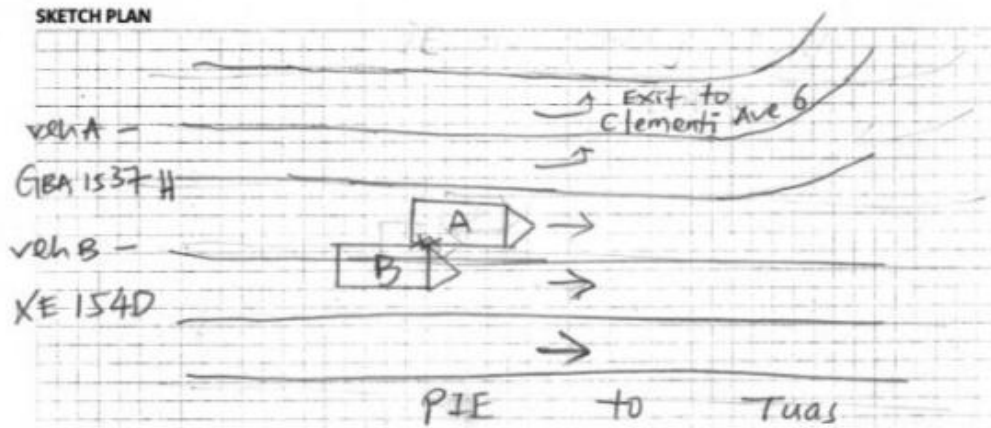
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/5/2018 @ 10:30 a.m., my Veh A (GBA 1537H) was travelling on PTE towards Tuas on the left most straight going lane (3rd lane on the 5 lanes road) just before Clementi Ave 6 exit. Suddenly, I heard a bang on my right and saw that a rubbish truck (XE 154D) had collided into my side (rear right). We stop and exchange detail and move away. No one was hurt.

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 & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

© ARSAC Sketch Plan Form_V3

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

JHAT6BY30300K30

U.W : 1600 KG

M.L.W : 3500 KG

TYRE : (F) 195 / 75 R 15

SIZE : (R) 155 / 12 R 15

PASSENGER CAPACITY : 1 DRIVER OTHERS

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



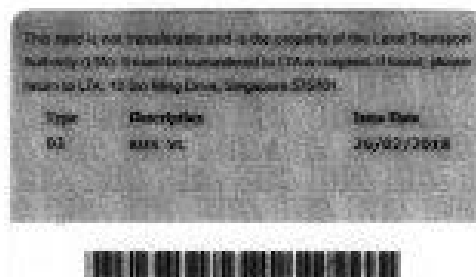
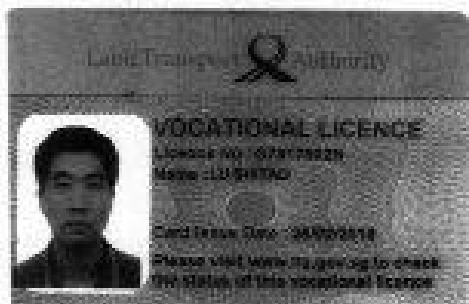
Accident Photo



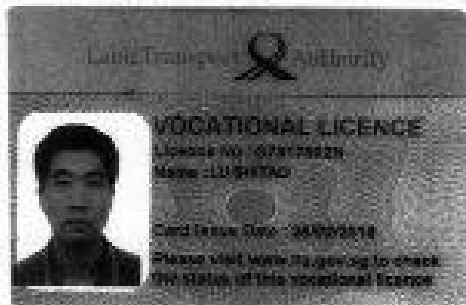
Accident Photo



Identification Card



Driving License



Seng Guan Insurance Singapore
 12, Guilford Road, #04-01 Singapore 248937 (Singapore Branch)
 Tel: 6545 7044 / 7445 1221 / 7445 1222 Fax: 6544 0000 www.sengguan.com.sg
 Tel: 603 953 1000 Email: sg@sgg.com.sg sg@sgg.com.sg

Certificate of Insurance
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER183)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES,1980
ROAD TRANSPORT ACT,1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES,1939 (MALAYSIA)

2. Permission of Licensee of Persons entitled to drive:
If fully permitted while driving on the grounds of 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 conviction or suspension or that whilst so driving the Motor Vehicle
and provided further that the Motor Vehicle is registered under the Road Traffic Act and its regulations and
the Road Traffic Act has not been cancelled at the time of the accident loss or damage

1) Use in connection with the insured's business.

The policy states the cover:
1) Use for hire or reward or racing, performance, reliability trial or speed-testing
2) Use whilst driving a trailer except the towing of any one classed mechanically propelled vehicle

Visit www.irs.gov/efile for list of e-filed Reporting Centers.

(We HEREBY CERTIFY that the policy is which this Certificate relates to is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 364) and Part IV of the Road Transport Act 1967 (Malaysia).)

Source: <http://www.singapore-petrol.com>

Stalling

ContentTime: 00:00:00 - 00:00:00 - 00:00:00

Translation considered responsible for variation in ability to detect and comprehend the above examples. See 100% (100/100) correct.

[illegible]

- [illegible]

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