

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	22/05/2018 15:03
Date Of Accident	18/05/2018 17:00
Exact Location Of Accident	CTE TO KALLANG TO PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB3722X
Insured/Policyholder	
Name Of Registered Owner	IKARI SERVICES PTE LTD
Co Reg No	0
Email Address	HOCKCHUAN.SNG@IKARI.SG
Mobile Phone No	(LOCAL) +65-98159381
Alternative Phone No	OFFICE-98159381

Vehicle Particulars

Manufacturer	SUZUKI
Model	CARRY
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MTPCVE000241
Cover Note Number	

Driver

Name of Driver	SNG HOCK CHUAN
NRIC No	S1682824F
Date Of Birth	25/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	21/11/1989
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-98159381
Fax Number	
Contact Number	
EMail Address	HOCKCHUAN.SNG@IKARI.SG

Address -
 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

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) 1

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 SKETCH PLAN

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 GBC854M
 Vehicle Make/Model/Colour -
 Details Of Properties GOH SIEW ENG DADID
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver -
 NRIC/Passport Number S7411404Z
 Contact Number 94554944
 Address -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 No. Of Passenger (Including Driver) -

SKETCH PLAN

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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. 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.
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:

SAS

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

X 22/5/15

Reporting Centre Personnel's Signature
(Name:
NIC/Fill No.:

Address	BLK 31 EUNOS CRESCENT #12-206
Postcode	400031
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	RAINING
Road Surface	WET

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)	1

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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBB3722X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to attend to the forms provided.
- This form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may void insurance cover in its entirety.
- The issue 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 to the Dispute Resolution Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the signature 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 interested.
- Consent under the Personal Data Protection Act (PDPA)
 - I understand, acknowledge, agree and consent that
 - My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 Insurer's lawyers/law firms, the Monetary Authority of Singapore and any relevant government agencies/authorities (such as the police), for the purposes of
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating this accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiry by me;
 - administering my claims (including the making of correspondence, statements, notices, 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 or the external cover of travel and/or mail packages); and/or
 - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - all insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - my Personal Information may/can be received by any of the Insurers and/or GIA to their third party service providers or agents including their lawyers/law firms, which may be situated outside of Singapore, for one or more of the above Purposes;
 - my Personal Information will also be retained and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - the information so collected under (b) above may be shared /disclosed
 - to all Insurers and/or any other third parties that use it in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - for complying with requirements under any regulations, laws or court orders.

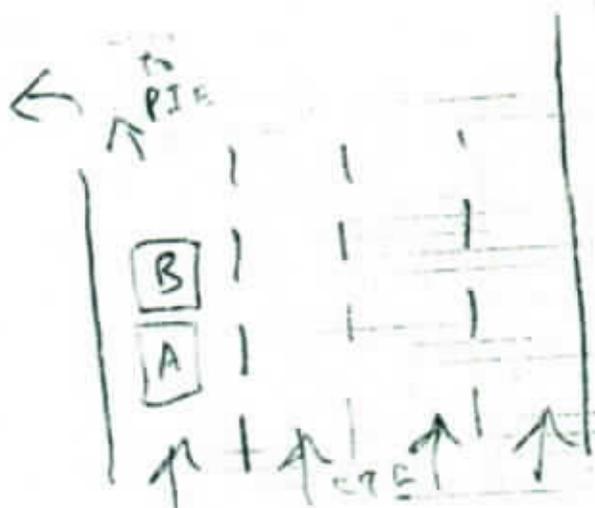
Policyholder's Signature
Date & Time


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


Reporting Centre/Insurer's Signature
Name
NIC/ID No

Sketch Plan #2

SKETCH PLAN



A - GBC 857M
B - GBB 3722X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was travel along CTE Toward East
of OTE. Front vehicle Jan Brake and while
B stop and vehicle could not on time to stop
and hit on Vehicle G. Bro Ken Bumper Vehicle A
damaged front Bumper slight dent

DECLARATION

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

Inspector's Signature
Date & Time

Witness's Signature
(If there is not the police officer's)
Date & Time

Reporting Constable Member's Signature
Name
Applicable No.

Accident Photo



Accident Photo

NISSAN

GBC 854M

ARWIN

ARWIN VAN PTE LTD

6493 7077

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo







Sompo Insurance Singapore Pte. Ltd.
 35 Malacca Place, #05-01/02 Singapore Land Tower, Singapore 049523
 Tel: 6461 6555 | Fax: 6221 2022 | Website: www.sompo.com.sg
 Co. Reg. No.: 198900400E | GST Reg. No.: M200903198

Certificate of Insurance

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 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. : D18MTPCVED00241
1. Registration No. : GBB372ZX
2. Insured Name : IKARI SERVICES FTE LTD
3. Commencement Date : 12 FEBRUARY 2018 00:00
4. Expiry Date : 11 FEBRUARY 2019 23:59
5. Coverage : Market value at time of loss - Third Party, Fire & Theft
6. Excess : \$500 - Section II
7. Persons or Classes of Persons entitled to drive*
 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.
8. Limitations as to use*
 1) Use in connection with the Insured's business.
 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business.
 3) Use for social, domestic or pleasure purposes.
 The Policy does not cover:
 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
 2) Use whilst towing a trailer except the towing of any one disabled mechanically propelled vehicle.
9. 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.

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)

Sompo Insurance Singapore Pte. Ltd.

Date/Time of Issue : 05 JANUARY 2018 15:44

*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.

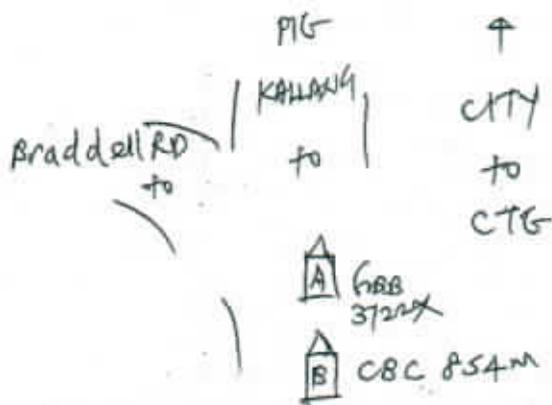
IMPORTANT NOTICE

- 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 or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- Insureds are further warned 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 obligation 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 individual, or (b) 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 stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11J01804 & J & N INSURANCE AGENCIES PTE LTD CI Code: 20D DRWDP504BIYDWFA

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	<p>IKARI 1976 SINCE 1976 98159387</p> <p>SNG HOCK CHUAN Service Team Leader</p> <p>M: (65) 8198 8249 E: hockshuan.ang@ikari.sg</p> <p> </p> <p>IKARI SERVICES PTE LTD 825 Aljunied Road, #03-07, Aljunied Industrial Complex, Singapore 389836 T: (65) 6743 1813 F: (65) 6741 3267 W: http://www.ikari.sg</p>	
<p>From CTG towards Kallang PIG the Front car stop and I also stop suddenly behind car left on my car Rear.</p>		
<p>SNY 04/06/18</p>		

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

22/5/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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ACCIDENT STATEMENT

Date Of Report	21/05/2018 14:47
Date Of Accident	18/05/2018 16:30
Exact Location Of Accident	CTE TOWARDS EXIT OF PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC854M
Insured/Policyholder	
Name Of Registered Owner	JIA MEI TRADING (S) PTE LTD
Co Reg No	-
Email Address	CRYSTAL@JIAMEI.COM
Mobile Phone No	(LOCAL) +65-94554944
Alternative Phone No	OFFICE-94554944

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z/18/VC00/101526
Cover Note Number	

Driver

Name of Driver	GOH SIEW ENG DAVID (WU XIURONG DAVID)
NRIC No	S7411404J
Date Of Birth	11/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	04/07/1998
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94554944
Fax Number	
Contact Number	OTHERS-94554944
Email Address	CRYSTAL@JIAMEI.COM