

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 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 Report	05/11/2018 18:21
Date Of Accident	03/11/2018 16:30
Exact Location Of Accident	BKE FLYOVER TWDS KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY3622X
Insured/Policyholder	
Name Of Registered Owner	LINK MASTER TRADING
Co Reg No	52864773C
Email Address	DARYL.JNHARDWARE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81123133
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	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	D18MTPCVE003599
Cover Note Number	06/10/2018 TO 05/10/2019

Driver

Name of Driver	TAN CHYE NGUAN
NRIC No	S1829511C
Date Of Birth	01/08/1967
Occupation	OUTDOOR
Date Of Driving Pass	09/04/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81123133
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 111 GANGSA RD #11-75
Postcode	670111
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 - MAJOR/MINOR RD
Weather Conditions	DRIZZLE
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN & POLICE REPORT NO. T/20181105/2131 DD. 05/11/2018

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	SKE6394S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAINUDIN BIN SEPAN
NRIC/Passport Number	S1735123J
Contact Number	96432352
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN CHYE NGUAN

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? GY3622X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

Sompo Ins.

Vehicle

Gy 3622X

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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:

(Signature)

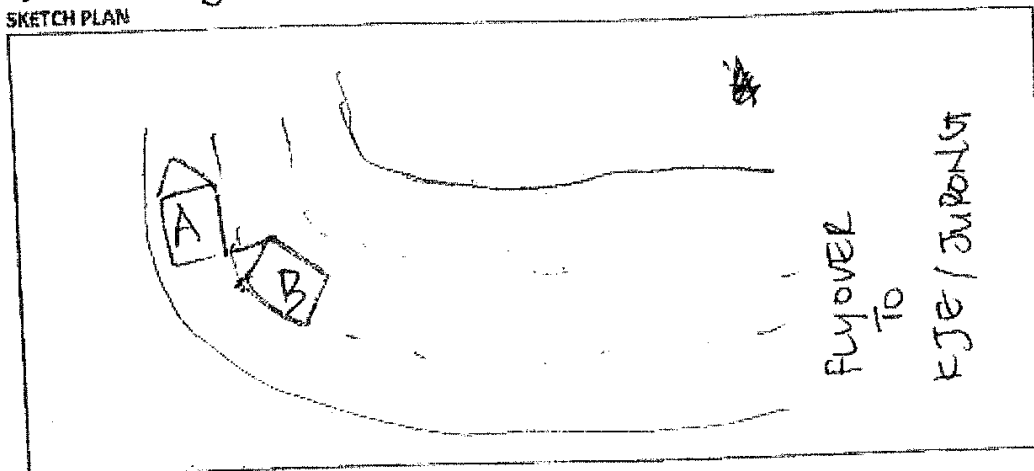
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: *Hol*
NRIC/FIN No.: *5/11/18*

Sketch Plan Pg. 2

Date of accident: 03/11/2018 Time: 4:30 PM Location: BKE Flyover towards KJE
 My Vehicle A: Gy 3622X Vehicle B: SKE 6394S Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT BKE

I WAS DRIVING ALONG KJE FLYOVER TO KJE
 ON THE EXTREME LEFT LANE.
 SUDDENLY CAR SKE6394S, HIT INTO MY REAR
 FROM NOWHERE, AFTER THAT, CAR NUMBER SKE6394S
 TOLD ME HE SKIDDED WHILE DRIVING ON THE ROAD
 MY REAR AND RIGHT SIDE DAMAGED

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Thiam Heng Huat
 Email address: thiamhenghuat@gmail.com
 & myself
 Email address: hantee-toon@yahoo.com.sg

Note: Please take note that your insurer have 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:

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

Reporting Centre Person's Signature
 Name: Han
 NRIC/FIN No.: 411/2018

Stamp: AH LIM MOTOR CO. LTD.



8:50 AM



0.58K/s



StarHub 3G



95%

< D18MTPCVE003599-COI-2-10-2...:

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. : D18MTPCVE003599
1. Registration No. : GY3622X
2. Insured Name : LINK MASTER TRADING
3. Commencement Date : 06 OCTOBER 2018 00:00
4. Expiry Date : 05 OCTOBER 2019 23:59
5. Coverage : Third Party
6. Excess : NIL

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 drawing 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 Vehicle 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 : 01 OCTOBER 2018 10:17

*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 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 or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.†
2. 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 Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declare effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act
3. 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
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date when Issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.†
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11H03304 & HAN TEE TOON (MR.) CI Code: 20D _JDOMH2JRMMLQPAJ

Driver's Particulars Pg. 2

REPUBLIC OF SINGAPORE DRIVING LICENCE

NRIC No: S1829511C

TAN CHYE NGUAN

Birth Date: 01 Aug 1967
Issue Date: 25 Mar 2003

000325688C

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1829511C

Name: TAN CHYE NGUAN

陳財源

Race: CHINESE
Date of Birth: 01-08-1967
Country of Birth: SINGAPORE

Sex: M

S1829511C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Apr 1985
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	16 Mar 1990

NP 428A

Licence No: S1829511C

2983441

NRIC No: S1829511C

Blood Group: O+ Date of Issue: 02-10-1997

APT BLK 111 GANGSA ROAD #11-75
SINGAPORE 670111
NRIC No: S1829511C Date: 07-09-2000 No: 3731961



**SINGAPORE
POLICE FORCE**



T/20181105/2131

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

1 of 4

Report No. T/20181105/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2018 17:29	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars				
Name of Informant: TAN CHYE NGUAN			Address: APT BLK 111 GANGSA ROAD #11-75 SINGAPORE 670111	
ID Type / ID No.: NRIC NO / S1829511C			Contact No.: Home/Office: Mobile: 81123133	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 01/08/1967	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: AIRCON TECHNICIAN			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/11/2018 16:30	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY KRANJI EXPRESSWAY Along BKE towards KJE near to lamppost 282S8F				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY3622X	Lorry				Slightly Damaged	0
SKE6394S	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20181105/2131

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

2 of 4

Report No. T/20181105/2131

CONTINUATION OF REPORT

Driver			
Name	TAN CHYE NGUAN		ID No. S1829511C
Related Vehicle	GY3622X (Lorry)		Contact No. 81123133
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	04/11/2018	Date Discharge	04/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	JAINUDIN BIN SEPAN		ID No. S1735123J
Related Vehicle	SKE6394S (Car)		Contact No. 96432352
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/11/2018, at about 1630hrs, I was driving my lorry (GY3622X) along BKE and was turning into the filter lane to KJE. While I was inside the bend, there was an impact coming from my right rear area and also my front driver door area. Immediately, I stopped my vehicle along the side and alighted from my vehicle to make a check. I discovered there was another vehicle (SKE6394S) had skidded and collided onto my rear right vehicle portion and my front right driver door portion. The vehicle also skidded until the position was facing against the flow of traffic. In addition, the other vehicle's front bumper was stuck onto the bottom right portion and I managed to take it out. I also noticed my rear signal light was damage and the rear portion of my vehicle have dent mark. There were also scratch marks and dent mark on the front right driver door area.

I checked with the driver who informed he was not injured and told me to report it to my insurance. We exchange both of our particulars and took photo of the scene before I left the accident location.

At that point of time, I felt slight pain on my back but I drove off first as the traffic started to congest. Shortly later, I received a call from one caller who identified himself as traffic police, asked for my vehicle number and advised me to lodge a traffic police report regarding this matter. On 04/11/2018, I went to seek medical treatment and was given 3 days of outpatient leave. I wish to state that my vehicle does not have any in-built camera.



**SINGAPORE
POLICE FORCE**



T/20181105/2131

Police Station Of Origin:

Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207

Tel No: 1800-2549999

3 of 4

Report No. T/20181105/2131

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181105/2131

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207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

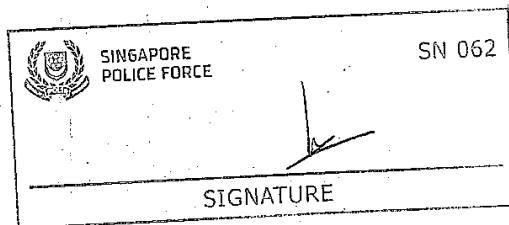
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Report No. T/20181105/2131

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Staff Sgt LIM RONG HOE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/11/2018 17:29

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP168

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Sompo Insurance Singapore Pte. Ltd.

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, 1967 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)**

Cert No./Policy No. : D18MTPCVE003599
1. Registration No. : GY3622X
2. Insured Name : LINK MASTER TRADING
3. Commencement Date : 06 OCTOBER 2018 00:00
4. Expiry Date : 05 OCTOBER 2019 23:59
5. Coverage : Third Party
6. Excess : NIL

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.

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3. 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.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date when issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.

Intermediary Code & Name : 11H03004 & HAN TEE TOON (MR.) CI Code: 200 _JDOMHG/RMML0PAJ

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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