

## 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	12/11/2018 15:15
Date Of Accident	12/11/2018 07:00
Exact Location Of Accident	ALONG SENGKANG WEST RD TWDS TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5230P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KYK CONSTRUCTION PTE LTD
Co Reg No	201329270R
Email Address	KEN@KYK.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPCVE003087
Cover Note Number	

### Driver

Name of Driver	CHAN YOUNG KEAN
NRIC No	S8187964H
Date Of Birth	29/11/1981
Occupation	INDOOR
Date Of Driving Pass	03/12/2003
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98760327
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 408B FERNSVALE ROAD #14-24
Postcode	792408
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

ON 12/11/2018 AT 0700HRS, I WAS DRIVING MY VEHICLE A ALONG SENGKANG WEST ROAD TOWARDS TPE. THE TRAFFIC LIGHT TURNED RED. I STOP MY CAR. SUDDENLY, VEHICLE B HIT ONTO MY REAR PORTION.

#### 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	SLP8456P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
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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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.

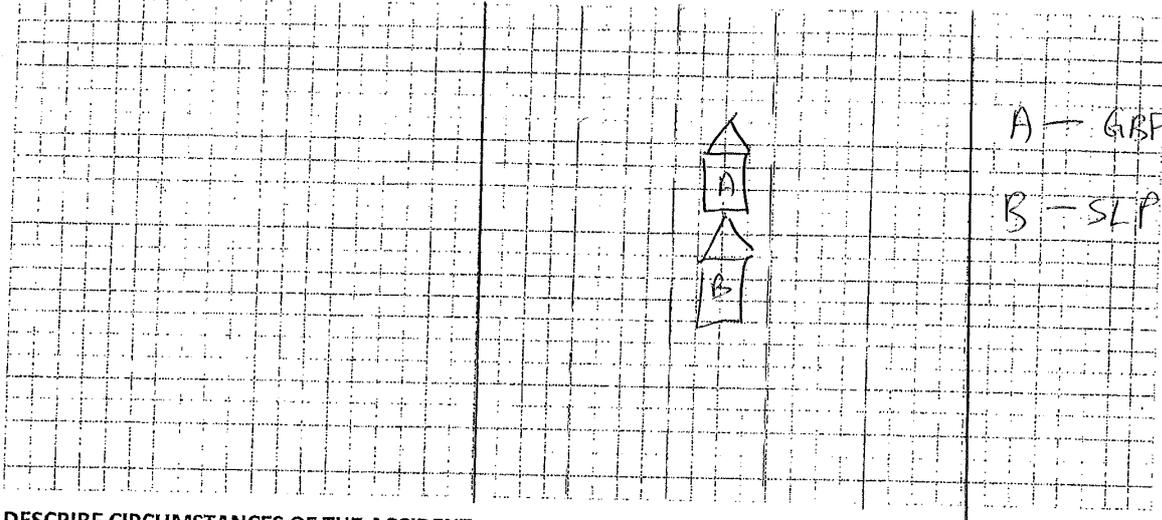
Policyholder's Signature  
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 12/11/2018 at 0700Hrs, I was driving my vehicle A along sengkang west Road towards TPE, The traffic light turn red. I stop my car, suddenly vehicle B hit on my rear portion.

DECLARATION

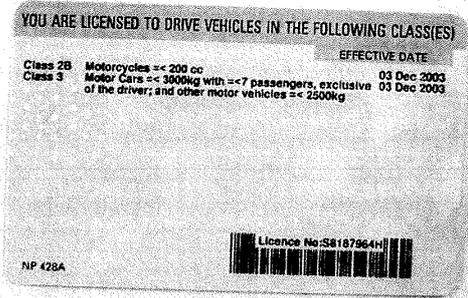
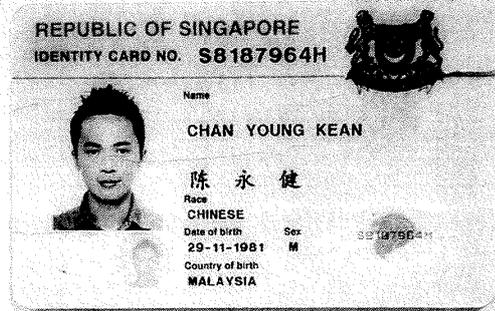
I/We declare the foregoing particulars are true in every respect.

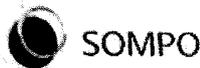
Policyholder's Signature  
Date & Time:



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

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





Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623  
Tel: 6401 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg  
Co. Reg. No. 1989854906 | GST Reg. No. M200983196

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. : D17MTPCVE003087
- 1. Registration No. : GBF5230P
- 2. Insured Name : KYK CONSTRUCTION PTE LTD
- 3. Commencement Date : 30 NOVEMBER 2017 00:00
- 4. Expiry Date : 29 NOVEMBER 2018 23:59
- 5. Coverage : Market value at time of loss - Comprehensive
- 6. Excess : \$100 - (Windscreen)  
\$600 - Section I

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.

**ExcelDrive Workshops & Accident Reporting**  
 It is the Insured's responsibility that the Policyholder shall, together with the Motor Vehicle, report any accident to the Accident Reporting Center and report the accident within 24 hours of the accident or as soon as practicable thereafter.  
 All repairs to the insured vehicle carried out at ExcelDrive Workshops.  
 For more information on the Company's Accident Reporting Centers, please contact our Emergency Helpline at 6401 6555 or visit our website at www.sompo.com.sg/ExcelDrive Workshops and Accident Reporting Centers.

This Certificate is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act, 1960 (Chapter 189) and section 95 of the Road Transport Act, 1987 (Malaysia).

30 NOVEMBER 2017 09:24

(Chapter 189 and section 95 of the Road Transport Act, 1987 (Malaysia), are

Chapter 189, it shall be unlawful for any person to use  
 in any currency, they must surrender the  
 approved a Statutory Declaration to that  
 and Compensation Act (Cap. 189)  
 of the Vehicle.  
 the date where the Policy is to be  
 instances.

Accident Photo



Accident Photo



Accident Photo



Accident Photo

