

## 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	30/11/2018 10:43
Date Of Accident	29/11/2018 18:10
Exact Location Of Accident	AT JUNCTION OF UBI AVENUE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3702Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAE SERVICES PTE ;TD
Co Reg No	199401820R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91981899
Alternative Phone No	Office-91981899

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	D18MTPCVE000207
Cover Note Number	30/01/2018 - 29/01/2019

### Driver

Name of Driver	YEOH GEAN LENG
Passport No/FIN	F8330662U
Date Of Birth	22/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	25/08/2004
Driving Experience	14 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91981899
Fax Number	
Contact Number	
EMail Address	LONG29198@GMAIL.COM
Address	19 KAKI BUKIT CRESCENT
Postcode	S416250
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	Name: : KOH JIT CHUA Gender: : Male

#### 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

PLEASE REFER TO REPORT ATTACHED.

#### 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	GBG7208L
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NA
NRIC/Passport Number	

Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
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.



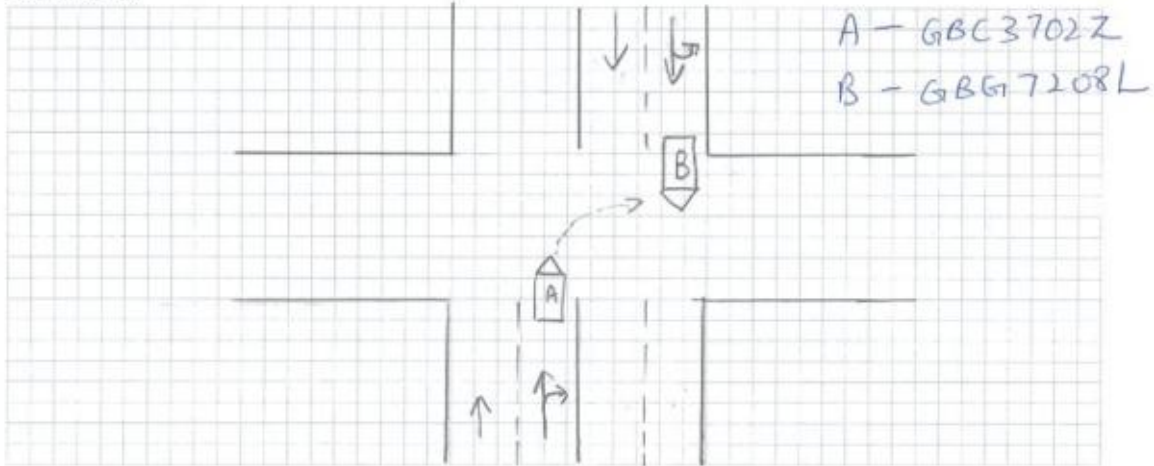
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time I was travelling at  
 ubi Ave 3. Green light was in my favour. I proceed  
 to turn right, suddenly vehicle B travelled from another  
 direction and hit on my LH side portion.

Insurance Co.	Sompb	
Vehicle No.	GBC3702Z	Date of Accident: 29/11/2018
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim		

## DECLARATION

I/We declare that 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.:

**S PASS**  
Employment of Foreign Manpower Act (Chapter 51A)  
Republic of Singapore

Employer:  
**TECHNOLOGIES AIR-CONDITIONING & ENGINEERING PTE LTD**

Sector: **PROCESS**

Name:  
**YEON GEAN LENG**

Occupation:  
**REFRIGERATION AND AIR-CONDITIONING PLANT INSTALLER**

S Pass No:  
**S 23691938**

Date of Application:  
**07-12-2017**

Date of Issue:  
**19-12-2017**

Date of Expiry:  
**17-02-2021**

**L8526705**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **F8330662U**

Name:  
**YEON GEAN LENG**

Birth Date: **22 May 1973**

Issue Date: **31 Jul 2014**

Valid Till: **24 Aug 2019**

**002330286E**

**VISIT PASS**  
Immigration Regulations

Name:  
**YEON GEAN LENG**

**91981899**

Date of Birth: **22-05-1973** Sex: **M** Nationality: **MALAYSIAN**

FR: **F8330662U** Date of Issue: **19-12-2017** Date of Expiry: **17-02-2021**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

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

**EFFECTIVE DATE**

Class 2B: Motorcycles <= 200 cc. **25 Aug 2004**

Class 3: Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 3500kg. **25 Aug 2004**

**NP 428A**

License No: **F8330662U**





Sompo Insurance Singapore Pte. Ltd.  
50 Raffles Place, 405-01/06 Singapore Land Tower, Singapore 048023  
Tel: 6401 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg  
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

## 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. : D18MTPCVE000207
1. Registration No. : GBC3702Z
2. Insured Name : TAE SERVICES PTE LTD
3. Commencement Date : 30 JANUARY 2018 00:00
4. Expiry Date : 29 JANUARY 2019 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$500 - 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.
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.
- It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.  
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](http://www.sompo.com.sg) for list of ExcelDrive Workshops and 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.

*Stella*

Date/Time of Issue : 04 JANUARY 2018 10:27

\*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 : 11A06904 & ACCENT INSURANCE AGENCIES PTE LTD CI Code: 20D DJHDLPM44\_IDM6FA

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

