

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	12/08/2020 10:31
Date Of Accident	11/08/2020 14:15
Exact Location Of Accident	YISHUN CENTRAL TURN LEFT - YISHUN AVE 4 T JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6053M
Insured/Policyholder	
Name Of Registered Owner	CANON MEDICAL SYSTEM
Co Reg No	199504681G
Email Address	CHUINTONG.SG@SG.MEDICAL.CANON
Mobile Phone No	(LOCAL) +65-81288677
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	CITROEN
Model	BERLINGO 1.6
Exact Purpose for which vehicle was being used at time of accident	WORK USED.
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MTPCVE000064
Cover Note Number	02/01/2020 TO 01/01/2021

Driver

Name of Driver	NG CHUIN TONG
NRIC No	S9171327F
Date Of Birth	24/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2012
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-81288677
Fax Number	
Contact Number	
Email Address	CHUINTONG.SG@SG.MEDICAL.CANON

Address	BLK 268C BOON LAY DRIVE #14-556
Postcode	643268
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : TAN WEN LING GENDER: : FEMALE

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?	YES
Remarks/ Reasons:	MEMORY CARD WAS OVERRIDE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR4560A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YANG YAN
NRIC/Passport Number	S7964193F
Contact Number	91473356
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NG CHUIN TONG
Approximate Age	
Injuries Sustain	PAIN IN THE NECK AREA.
Injured person in which vehicle?	GBD6053M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TAN WEN LING
Approximate Age	
Injuries Sustain	PAIN IN THE NECK AREA
Injured person in which vehicle?	GBD6053M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

Vehicle: GRB 6053 M
12/08/2020

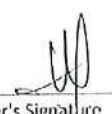
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

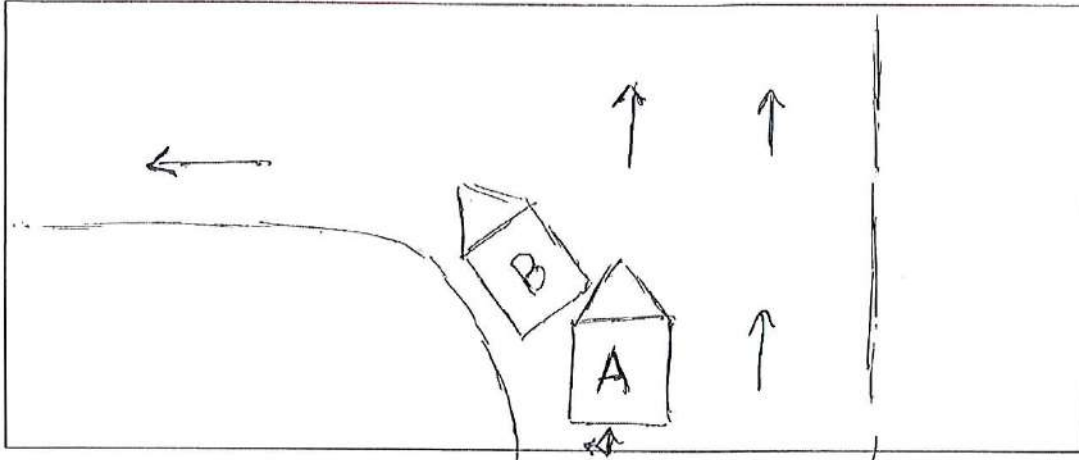

Policyholder's Signature
Date & Time: 12/08/2020


Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/8/2020 17:15


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 12/08/2020

Sketch Plan Pg. 2

Date of accident: 11/8/2020 Time: 14:17 Location: YISHUN CENTRAL turn left to Yish
 My Vehicle A: GBD 6053 M Vehicle B: SMR 4560 A Vehicle C: — Avenue 4
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened along traffic light intersection between GBD 6053 M and SMR 4560 A.

Accident happened along YISHUN CENTRAL turning left to YISHUN AVENUE 4 at traffic light intersection between GBD 6053 M and SMR 4560 A. Rear ended car B.

☒ 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 :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you 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: 12/08/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/8/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

12/08/2020

[AH LIM MOTOR COMPANY]



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623
Tel: 6461 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.** : D20MTPCVE000064
- 1. Registration No.** : GBD6053M
- 2. Insured Name** : CANON MEDICAL SYSTEMS ASIA PTE LTD
- 3. Commencement Date** : 02 JANUARY 2020 00:00
- 4. Expiry Date** : 01 JANUARY 2021 23:59
- 5. Coverage** : Market value at time of loss - Comprehensive
- 6. Excess** : \$750 - 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 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.

Lui J

Date/Time of Issue : 17 DECEMBER 2019 23:21

*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 : 11M05704 & TAM ANTHONY DONALD CI Code: 20D_QDH* P2KDTTEA0

Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9171327F**

Name
NG CHUIN TONG

Birth Date: **24 Jul 1991**
Issue Date: **17 Feb 2012**

002043722D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9171327F**

Name
NG CHUIN TONG

伍俊栋

Race
CHINESE

Date of birth
24-07-1991 Sex
M

Country of birth
MALAYSIA

S9171327F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

	EFFECTIVE DATE
Class 2B Motorcycles ≤ 200 CC	01 Feb 2014
Class 3 Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver, and motor tractors/vehicles ≤ 2500 kg	17 Feb 2012
Class 4 Heavy motor cars and motor tractors ≥ 2500 kg	02 Apr 2015

S9171327F

S / No. 9000218304

Licence No: S9171327F

NP 428A

881152

NRIC No. **S9171327F**

Nationality
MALAYSIAN

Date of issue
30-10-2006

APT BLK 268C BOON LAY DRIVE #14-556
SINGAPORE 643268

NRIC No: **S9171327F** Date: **01/11/2018**

Identification Card Pg. 1

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SINGAPORE 643268

NRIC No: **S9171327F** Date: **01/11/2018**



CANON MEDICAL SYSTEMS ASIA PTE., LTD.

Made For life

13 August 2020

TO WHOM IT MAY CONCERN

This is to confirm that our employee, MR NG CHUIN TONG, holder of NRIC NO S9171327F, to authorized by our Company to drive our Vehicle Registration No GBD 6053M.

For further clarification, please contact his Manager, MR SEAN CHIN, mobile no 9845-8255 or MS ANN TAN, Human Resource Manager, mobile no 97538706.

Yours faithfully
CANON MEDICAL SYSTEMS ASIA PTE LTD

ANN TAN
Human Resource Manager
Business Management Office

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



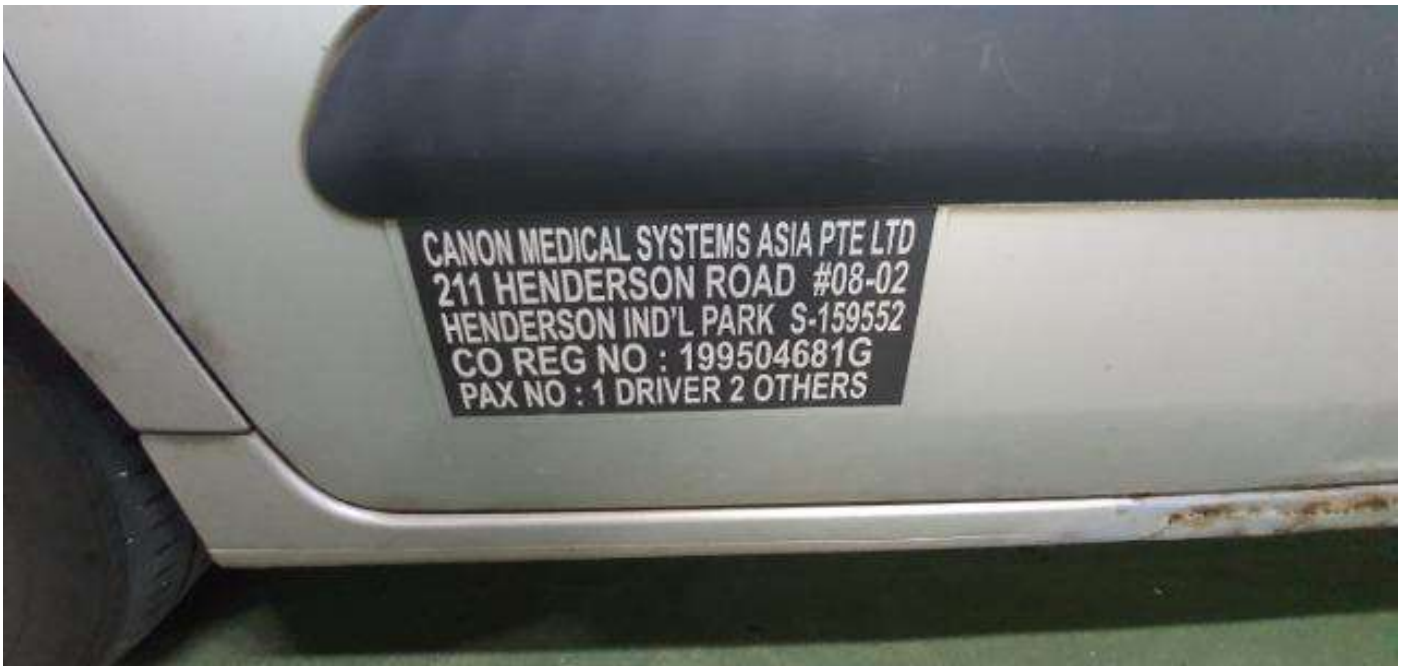
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Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAIS 20068000-01 Vehicle Registration No: GBD 6053 M
Name (as shown in NRIC) : Canon Medical system NRIC/FIN/Passport No : 199504681 G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 211 HENDERSON RD #08-02 HENDERSON IND'L PARK Singapore (159552)
Contact (Tel) : _____ Mobile No.: 81288677
Email Address : _____
Date of Accident : 11/08/2020 Time of Accident : 14.20
Place of Accident : Yishun Central turn left to Yishun Ave 4 at T-Junction
Insurance Company: Sompo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To reattach the sketch plan and upload the policy Holder
authorize letter.



Policyholder / Driver's Signature
Date:

[Signature]



Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: 13/08/2020

SKETCH PLAN

Vehicle: GBD 6053 M
12/08/2020

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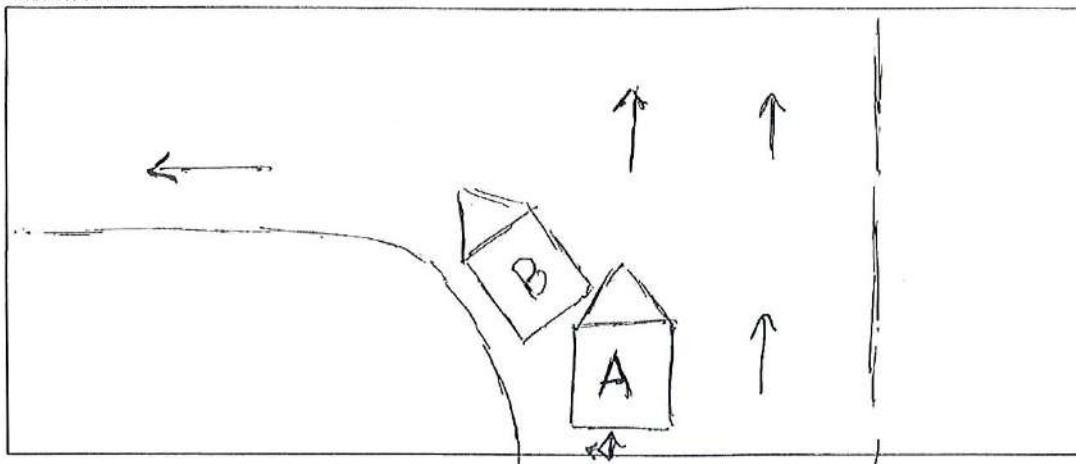
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Policyholder's Signature
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(If driver is not the policyholder)
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Accident happened along YISHUN CENTRAL turning left to
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☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

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Email address :

& myself :

Email address :

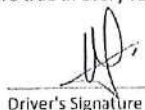
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DECLARATION

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

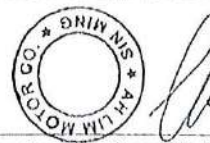

 Policyholder's Signature

Date & Time: 12/08/2020


 Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/8/2020
17:15


 Reporting Centre Personnel's Signature

Name: 12/08/2020

NRIC/FIN No.:

[AH LIM MOTOR COMPANY]