

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	14/09/2020 14:08
Date Of Accident	12/09/2020 09:30
Exact Location Of Accident	PIONEER ROAD LAMP POST NUMBER 212F
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2086D
Insured/Policyholder	
Name Of Registered Owner	PO SAN TRANSPORTATION PTE LTD
Co Reg No	2XXXXXX34N
Email Address	ACCOUNTS@POSAN.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62949622

Vehicle Particulars

Manufacturer	UD TRUCKS
Model	GKB5ELDHNT
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D19MTHCVE001498
Cover Note Number	08/06/2019 TO 07/06/2021

Driver

Name of Driver	KESAVA ROBERT S/O MURUKA
NRIC No	SXXXX620E
Date Of Birth	10/09/1985
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2018
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88914103
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 404 HOUGANG AVE 10 #04-1064 (S) 530404
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	RAINING
Road Surface	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer with attach police report.

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	SMN6170A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POH ENG CHUAN
NRIC/Passport Number	SXXXX929E
Contact Number	93838133
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KESAVA ROBERT S/O MURUKA
Approximate Age	
Injuries Sustain	KHOO TECK PUAT HOSPITAL - 6DAYS MC
Injured person in which vehicle?	XE2086D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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:


14/09/20
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan Pg. 1

SKETCH PLAN

→ Pioneer road

A: XE2086D

B: SMN 6170A

BD | A | D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer with attach police report.

DECLARATION

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

Tel: 6294 9622
Fax: 6294 9655

Policyholder's Signature
Date & Time:

14/09/20

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

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



**SINGAPORE
POLICE FORCE**



T/20200913/2000

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20200913/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2020 00:24		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: KESAVA ROBERT S/O MURUKA			Address: APT BLK 404 HOUGANG AVENUE 10 #04-1064 SINGAPORE 530404		
ID Type / ID No.: NRIC NO / S8529620E			Contact No.: Home/Office: Mobile: 88914103		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 10/09/1985	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PRIME MOVER DRIVER			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: 12/09/2020 09:30	Type of Location: Straight Road
Location: PIONEER ROAD				
Lamp Post Number: 212F				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMN6170A	Car	MERCEDES BENZ		Silver	Slightly Damaged	0
XE2086D	TRAILER				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/20200913/2000

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20200913/2000

CONTINUATION OF REPORT

Driver			
Name	POH ENG CHUAN		ID No. S0145929E
Related Vehicle	SMN6170A (Car)		Contact No. 93838133
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
Driver			
Name	KESAVA ROBERT S/O MURUKA		ID No. S8529620E
Related Vehicle	XE2086D (TRAILER)		Contact No. 88914103
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	12/09/2020	Date Discharge	12/09/2020
No. of Days granted Medical Leave	06	Degree of Injury	NIL

Brief Details.

On 12/12/09 at around 2130hrs, I was driving along Pioneer Road on the left most lane when I stopped by the double yellow line to go to the toilet with my vehicle hazard light still on. After 5 minutes, I went back to my vehicle. Just when I was about to move off, a vehicle crashed onto the rear on my truck. Due to impact, I hit my knee against the steering rack. However, no one was seriously injured so no ambulance nor police was called. Therefore, I exchanged particulars with the driver and left. At around 2138hrs, I went to KTPH to see a doctor and was given 6 days MC for my injury.



**SINGAPORE
POLICE FORCE**



T/20200913/2000

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20200913/2000

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: L / Sgt 3 OH HONG LI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/09/2020 00:24
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	

Driving License Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8529620E



Name
KESAVA ROBERT S/O MURUKA

Race
INDIAN
Date of birth
10-09-1985
Country/Place of birth
SINGAPORE

Sex
M

S8529620E

FOR KFS
ACCIDENT CLAIM
USE ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8529620E
Name
KESAVA ROBERT S/O MURUKA

Birth Date: 10 Sep 1985
Issue Date: 31 Oct 2017



NRIC No S8529620E

5579163



Date of issue
08-03-2016
Address
APT BLK 404 HOUGANG AVENUE 10
#04-1064
SINGAPORE 530404

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors/vehicles \leq 2500 kg
Class 4 Heavy motor cars and motor tractors $>$ 2500 kg

31 Oct 2017
25 Jan 2018

S / No. 9000277667



NP 428A

certificate of insurance Pg. 1



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.** : D19MTHCVE001498
- 1. Registration No.** : XE2086D - Item No. 13
- 2. Insured Name** : PO SAN TRANSPORTATION PTE. LTD.
- 3. Commencement Date** : 08 JUNE 2019 00:00
- 4. Expiry Date** : 07 JUNE 2021 23:59
- 5. Coverage** : Market value at time of loss - Comprehensive
- 6. Excess** : \$2000 - Section I
: \$2000 - Section II
- 7. Persons or Classes of Persons entitled to drive***
- 1) Whilst the vehicle is being used in connection with the Insured's business -
 - b) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
 - 2) Whilst the vehicle is being used for social, domestic or pleasure purposes -
 - 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 Insured's business.
 - 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover
- 1) Use for racing, pacemaking, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
 - 3) Use for the carriage of passengers for hire or reward.
- 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.

Date/Time of Issue : 04 JUNE 2019 15:40

*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

1. 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 vehicle 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 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).
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 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.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.

Intermediary Code & Name : 11A14006 & ACCORD INSURANCE AGENCY CI Code: 29C DPD5ZM4JPX10MZAC

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

