



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 Submission 11/01/2021 17:11 (SGT)
Date of Accident 09/01/2021 12:45 (SGT)
Exact Location of Accident Near 407 Jurong West Street 42, Block 407, Singapore 640407
Additional Location Information HONG KAH FLYOVER (PIE TOWARDS CHANGI)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD3879S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ROTOMATIK (S) PTE LTD
Company Reg No 199707140H
Email Address siewhong@rotomatik.com
Mobile Phone No (Phone) +65-96321485
Alternative Phone No (Office) +65-68968878

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Sompo
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MTPCVE001023
Cover Note Number -

DRIVER

Name of Driver MUKIT ANWARUL KABIR
Work Permit No G2066846L
Date Of Birth 22/09/1993
Occupation Outdoor



Date Of Driving Pass	20/02/2020
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91315453
Alt. Phone Number	-
Email Address	MKMUKIT@GMAIL.COM
Address	46 BOON TECK ROAD
Address complement	#07-01
Postcode	329610
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Property
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Moulmein Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002508999
Alt. Police Station Phone No	(Fax) +65-63554312
Police Station Address	Blk 101 Jalan Rajah #01-01 Singapore 321101
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE POLICE REPORT FOR ACCIDENT DETAILS.


ATTACHMENT(S)


Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN

IMPORTANT NOTICE

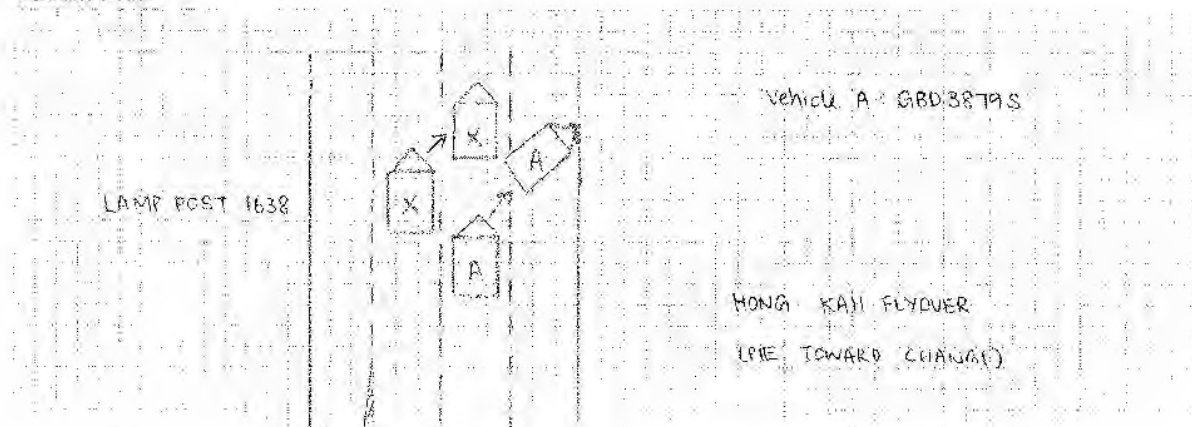
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand,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


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan






Describe Circumstances of the Accident

Please refer to the police report no. T/20210109/2017.

Declaration

We declare the foregoing particulars are true in every respect.

 
Policyholder's Signature / Date & Time

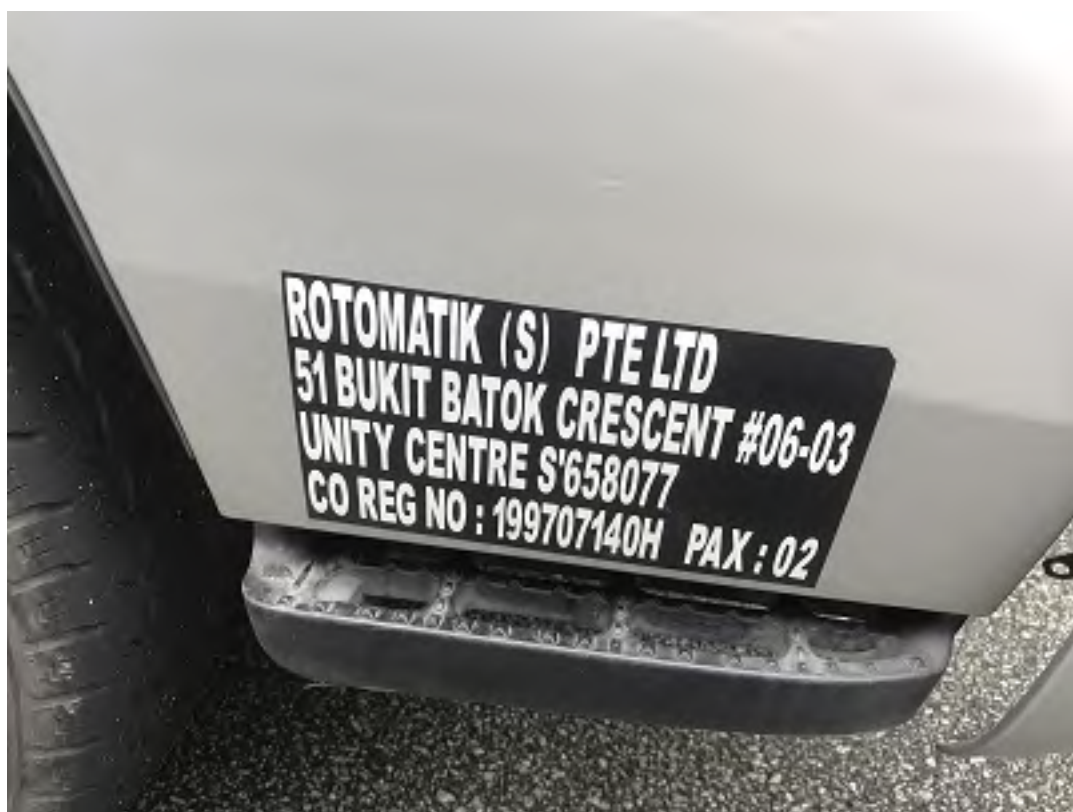

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel













**SINGAPORE
POLICE FORCE**



T/20210109/2077

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

1 of 4

Report No. T/20210109/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/01/2021 15:53	Vide Report No.: J/20210109/0106	Station Diary No.: 10
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Informant's Particulars				
Name of Informant: MUKIT ANWARUL KABIR			Address:	
ID Type / ID No.: FIN NO / G2066846L			Contact No.: Home/Office: Mobile: 91315453	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 27	Date of Birth: 22/09/1993	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Mechanical engineering technician (general)			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/01/2021 12:45	Type of Location: Expressway
Location: PAN-ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD3879S	Lorry	TOYOTA	DYNA 150 5MT	Silver	Slightly Damaged	0
SHD3333D	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1



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T/20210109/2077

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
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Tel No: 1800-25089999

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Report No. T/20210109/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUKIT ANWARUL KABIR	ID No.	G2066846L
Related Vehicle	GBD3879S (Lorry)	Contact No.	91315453
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	SUKH JIT SINGH S/O BACHINT SINGH	ID No.	S7123077E
Related Vehicle	SHD3333D (Car)	Contact No.	NIL
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 9/1/2021 at about 1245hrs, I was travelling along PIE towards Changi Airport driving my Silver Toyota Lorry bearing VRN no: GBD3879S. I was driving at a speed of around 70km per hour on the second lane from the right. At that point of time, the nearest car in front of me was about 5 to 6 car length ahead of me. While travelling straight, one motor car from the third lane abruptly cut into my lane and the length between me and the motor car in front was around 1.5 car length. I then quickly jammed on my brakes and due to the rain, my lorry skidded to the right and my vehicle collided into the center guard railing and subsequently came to a stop. Right after my vehicle came to a stop, I felt another impact that hit onto the right side of my lorry. I looked out of my window and discovered one Blue Hyundai Taxi bearing VRN: SHD3333D had collided into me.

After the accident, straight away a EMAS lorry came to assist us and called for LTA. While waiting for LTA, I exited my vehicle and proceeded to check on my vehicle damage. My vehicle suffered some dents and scratches to the front bumper and front left headlight that was caused when I collided with the guard railing. The damages caused by the taxi was some dents and scratches to the right side of my lorry rear fender and the side panel. For the taxi, he had a damaged right head light and dents to the right side of his front bumper and some part of it was dislodged.

Subsequently, LTA came to assist us and shortly after shifted us to the near by heavy vehicle carpark to meet up with the Traffic Police.

I wish to add that I have a in car camera installed in my vehicle and it was in recording mode



**SINGAPORE
POLICE FORCE**



T/20210109/2077

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101 Jalan Rajah #01-01 SINGAPORE
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Report No. T/20210109/2077

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210109/2077

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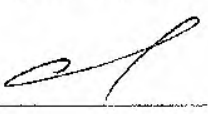



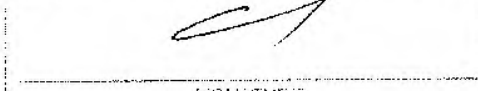
Report No. T/20210109/2077

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 / Sgt 1 CHEN DEHUA 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2021 15:53
Officer In Charge Of Case: TP / GIT / Sgt 2 DAVID YAP Contact No.: 96192349 	Classification Of Case: 
Authentication Stamp NP168 	



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/02
Singapore 048624
Tel: 6461 6555 | Fax: 6461 6502 | www.sompo.com.sg
Co. Reg. No.: 198905465E | GST Reg. No.: M20050329

Certificate of Insurance

**ROAD TRAFFIC ACT (CHAPTER 278) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

- Cert No./Policy No.** : D20MTPCVE001023
1. Registration No. : GBD3879S
2. Insured Name : ROTOMATIK (S) PTE LTD
3. Commencement Date : 11 APRIL 2020 00.00
4. Expiry Date : 10 APRIL 2021 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*
 a) Any person who is driving on the Insured's order or with their permission.
 b) 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) 5461 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 : 07 APRIL 2020 14:57

**Limitation rendered inoperative by section 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 55 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 vehicle 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 : 11E078C4 & ENSURE PTE LTD CI Code: 2CD_J0DHZC4NNYTBQFA