

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 18/01/2021 16:59 (SGT)
Date of Accident 17/01/2021 18:00 (SGT)
Exact Location of Accident Tampines, Singapore
Additional Location Information TAMPINES ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG3152P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AMICO TECHNOLOGY INTERNATIONAL PTE LTD
Company Reg No 200705389H
Email Address ACCOUNTS2@AMICOTECH.COM
Mobile Phone No (Phone) +65-83743182
Alternative Phone No +65-83743182

VEHICLE PARTICULARS

Manufacturer Kia
Model K2500 6MT
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 D20MTPCVE001750
Cover Note Number 19/07/2020 - 18/07/2021

DRIVER

Name of Driver SAW YIN HEONG
Passport No/FIN F7672308R
Date Of Birth 16/01/1978
Occupation Outdoor

Date Of Driving Pass	18/04/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83743182
Alt. Phone Number	-
Email Address	ACCOUNTS2@AMICOTECH.COM
Address	BLK 741 #07-66 TAMPINES ST. 72
Address complement	-
Postcode	520741
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

ATTACHMENT(S)

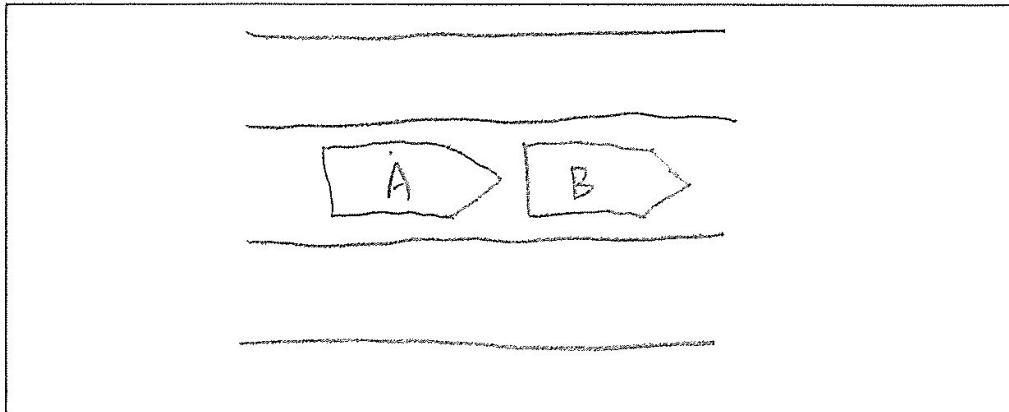
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR4262X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN



Vehicle B Suddenly Brake I Cannot Stop
In Time hit onto vehicle B Rear Bumper

☐ 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.

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

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

APPENDIX 4: GSE-03

SKETCH PLANIMPORTANT 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. 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:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/1/2021




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 6461 6555 | Fax 6221 3302 | www.sompo.com.sg
 Co Reg No 196905490E | GST Reg No M200503196

PRIVATE COMMERCIAL POLICY SCHEDULE

Intermediary Code : 11C81800

Policy No. : D20MTPCVE001750

This Schedule is issued and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE COMMERCIAL VEHICLE Policy wordings, ref. MTC.19

Insured : AMICO TECHNOLOGY INTERNATIONAL PTE. LTD.

Address : 18 TAMPINES INDUSTRIAL CRESCENT
 #07-09
 SINGAPORE 528605

Business/Profession : MANUFACTURE OF SIGN AND ADVERTISING DISPLAYS

Period of Insurance : 19 JULY 2020 00:00 TO 18 JULY 2021 23:59

Persons or Classes of Persons entitled to Drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS		PREMIUM DETAILS	
Vehicle Reg No	: GBG3152P	Premium	1,748.00
Chassis No	: KNCSJX76LH7166308	Less No Claim Discount (20%)	(349.60)
Engine No	: D4CBH237579	Add others :	
Vehicle Make & Model	: KIA K2500	Add Windscreen	40.00
Cc/Tonnage	: NIL / 1.48	Add Flood	0.00
Type of Body	: LORRY	Total	S\$ 1,438.40
Year of Manufacture	: 2017	GST	S\$ 100.69
Seating Capacity (including driver)	: 3	Premium (incl. GST)	S\$ 1,539.09
Estimated value of Vehicle	: Market Value at time of loss		
Hire Purchase Owner	: NIL		

Vehicle Usage : Company Use

Coverage : Comprehensive-EDC (PRIV COMM VEH)

Excess : S\$ 500 - Section I

Additional Excess : The following terms & conditions shall apply to this policy:

Elderly, Young & Inexperienced Drivers Excess (OD Claims)

It is hereby understood and agreed that an excess of S\$2,000 shall apply for accident, loss or damage if the insured vehicle is driven by a driver who:

- is age 65 years old & above at the time of accident or
- is below the age of 25 years old at the time of accident or
- has less than 2 years of driving experience on Singapore roads

If however there is(are) other Excess(es) applicable under different Endorsement(s) of this Policy, this said Excess of S\$2,000 shall be considered as an additional Excess over and above all other Excess(es).

Endorsements Applicable

- Strike Riot Or Civil Commotion ME No.25
- Special Perils ME No.57
- Legal Liability of Passengers for Acts of Negligence ME No.72
- Endorsement H - Total Loss
- Endorsement I2 - Breakage of Glass in Windscreen or Window (Excess \$100)
- Endorsement M - Own Damage, Fire and Theft Claims

Additional Covers/conditions

Own damage repair: Insured is required to use the Company's panel of workshops for their own damage claims.

1. Breakage of Glass in Windscreen or Window Endorsement (Endt I2) - \$1,000.00
2. Flood - Defined

Named Drivers : NIL

Date of Issue : 14 JUNE 2020
 Intermediary Name : CHIA WEE BOON ROY
 Producer Code & Name : CWB81803 & CHIA WEE BOON ROY
 User Code : IMESTAN/CWB81803
 Old Policy No : D19MTPCVE001819

Signed on this 14th day of June 2020
 for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.

CI Code :
 Authorised Signatory
 200D
 Page 1 of 1