

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 26/02/2021 15:53 (SGT)
Date of Accident 25/02/2021 17:15 (SGT)
Exact Location of Accident Boundary Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN5910X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner RINCO BONINGTON (S) PTE LTD
Company Reg No 199201418E
Email Address ireneloh@rincobonington.com
Mobile Phone No (Phone) +65-62718688
Alternative Phone No (Office) +65-62718688

VEHICLE PARTICULARS

Manufacturer Isuzu
Model NMR85UH5A
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 - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Sompo
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTPCVE000272
Cover Note Number -

DRIVER

Name of Driver OR PIAT SOON
NRIC No S7300430F
Date Of Birth 11/01/1973
Occupation Outdoor

Date Of Driving Pass	21/05/1993
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81186322
Alt. Phone Number	-
Email Address	ireneloh@rincobonington.com
Address	BLK 854 YISHUN RING ROAD #09-3505
Address complement	-
Postcode	760854
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	YU ZHONG CHENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008522999
Alt. Police Station Phone No	(Fax) +65-68522239
Police Station Address	32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/2021225/2110.

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	UNKNOWN
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJD7614T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE ENG CHYE
NRIC No	S0109654J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OR PIAT SOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YN5910X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	YU ZHONG CHENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	YN5910X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

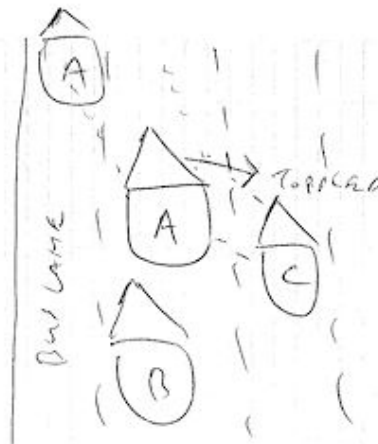


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT.

ADD ON: THE IMPACT CAUSE MY VEHICLE TOPPLED TO THE RIGHT AND HIT ONTO VEHICLE C WHICH WAS TRAVELLING ON THE RIGHT LANE.

Declaration

We declare the following particulars are true in every respect.



Policyholder's Signature / Date & Time

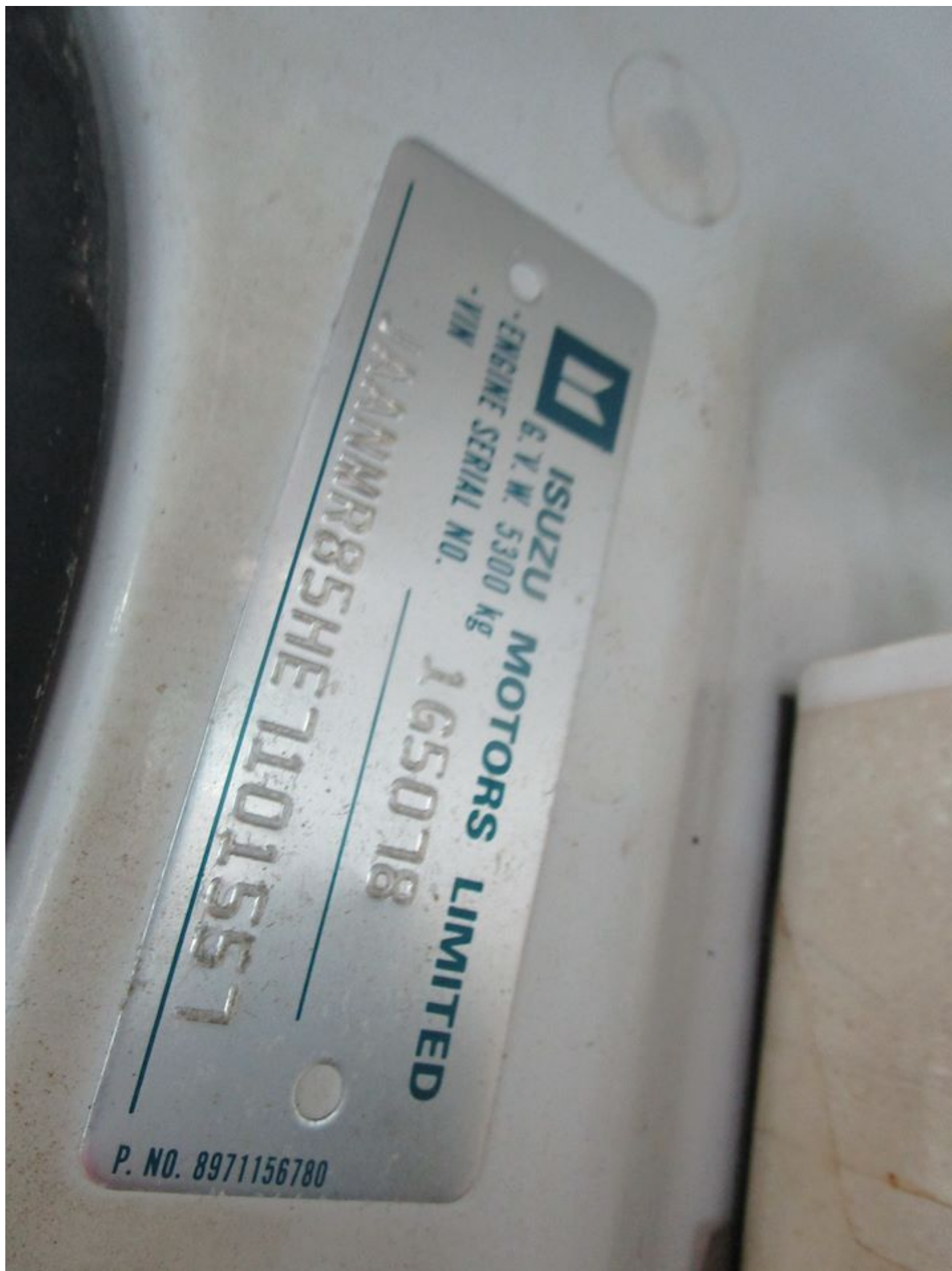
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel













**SINGAPORE
POLICE FORCE**



T/20210225/2110

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20210225/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2021 20:15	Vide Report No.: F/20210225/0121	Station Diary No.: 61
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Informant's Particulars			
Name of Informant: OR PIAT SOON		Address: APT BLK 854 YISHUN RING ROAD #09-3505 SINGAPORE 760854	
ID Type / ID No.: NRIC NO / S7300430F		Contact No.: Home/Office: Mobile: 81186322	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 11/01/1973	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: DELIVERYMAN		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/02/2021 17:15	Type of Location: Straight Road
Location: BOUNDARY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YN5910X	Lorry				Slightly Damaged	1



SINGAPORE
POLICE FORCE



T/20210225/2110

2 of 3

Report No. T/20210225/2110

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

CONTINUATION OF REPORT

Brief Details.

On 25/2/2021 at about 5.15pm, I was driving along Boundary road towards Upper Paya Lebar Road at the 2nd lane. Suddenly, my vehicle had toppled towards the right. I made a check on the rear and discovered that the vehicle rear was damaged. My lorry was hit by someone but I did not witness the collision. Traffic police had attend to me and I was informed that my case in-charge is IO Jeff from Traffic police.



**SINGAPORE
POLICE FORCE**



T/20210225/2110

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20210225/2110

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 WARREN TAN YU GE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/02/2021 20:15

Officer In Charge Of Case:
TP / GIT /
Staff Sgt ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

Classification Of Case:

Authentication Stamp
NP168



SOMPO
INSURANCE

50 Raffles Place, #05-03
Singapore Land Tower, Singapore 048623
Tel: 6448555 | Fax: 6221333 | www.sompo.com.sg
Co Reg No: 19975406 | GST Reg No: M25097996

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (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. : DZ1MTPCVE000272
1. Registration No. : YNS910X
2. Insured Name : RINCO BONINGTON (S) PTE LTD
3. Commencement Date : 11 FEBRUARY 2021 00:00
4. Expiry Date : 10 FEBRUARY 2022 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 : 18 JANUARY 2021 11:16

*Limitation rendered inoperative by section 5 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 55 of the Road Transport Act, 1987 (Malaysia), and 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 : 11F02709 & FINEXIS ADVISORY PTE LTD CI Code: 20D DJTDFMD4R2RY6SA