

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	26/03/2020 08:16
Date Of Accident	14/03/2020 13:30
Exact Location Of Accident	ALONG ULU PANDAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8346U
Insured/Policyholder	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A
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	THIRD PARTY
Fleet Policy	YES
Policy Number	D19MTHCVE000186
Cover Note Number	22/12/2019-21/12/2020

Driver

Name of Driver	SADDLI BIN OTHMAN
NRIC No	S1717473H
Date Of Birth	03/08/1965
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2000
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97804497
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 257 JURONG EAST ST 24 #03-427
Postcode	600257
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : TAN KOK SOONG GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD8647E
Vehicle Make/Model/Colour	VEHICLE A
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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.



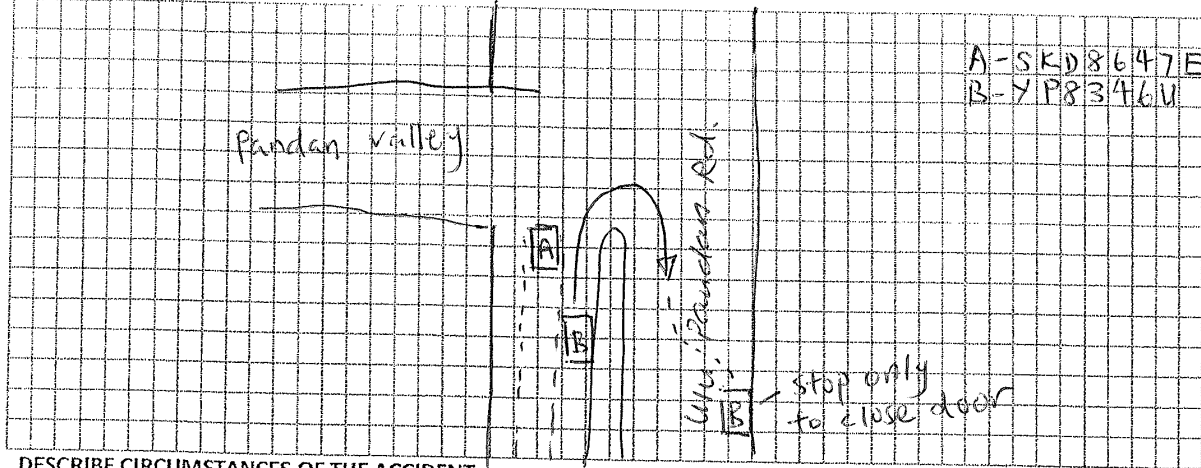
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/3/2020 at around 1:30pm, when I was driving along ulu Pandam road towards clementi road, vehicle A start honking at my attendant (Steven Tay) and show hand signal that we forgot to close the rear cargo door. I made an U-turn and stop beside the road only to close the door. No contact with vehicle A as it was in front of my truck.

I was only informed by my company's manager on 24/3/20 that a workshop guy named KC has called to inform him about that our truck's cargo door has hit onto his client's vehicle (A). The workshop name is Team Motor & contact person's mobile is 81399703. He mentioned owner of vehicle A has made a police report claiming this is a hit and run case (which is not true). I disagree with this claim but I still need to report this issue to Ethoz Group as instructed by my Manager.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

✓

- Reporting Only

- Claim OD

- Claim TP

- Claim OD/ TP at other workshop

DECLARATION

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



Policyholder's signature
Date & Time

[Signature]

Driver's Signature
(if driver not the policyholder)
Date & Time

[Signature]

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

Identification Card & DL of Driver Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: **S1717473H**

Name: **SADDLI BIN OTHMAN**

Birth Date: **03 Aug 1965**

Issue Date: **15 Oct 2008**

001668014K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1717473H**



Name: **SADDLI BIN OTHMAN**

Race: **BOYANESE**

Date of Birth: **03-08-1965**

Sex: **M**

Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 cc	27 Jan 1989
Class 2A	Motorcycles between 201 cc and 400 cc	27 Jan 1989
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	21 Apr 1997
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	14 Mar 2000

NP 428A

Licence No: **S1717473H**



1917698

NRIC No: **S1717473H**

Blood Group: **B+**

Date of issue: **18-04-1994**

Address: **APT BLK 257 JURONG EAST STREET 24
#03-427
SINGAPORE 2260**



**SINGAPORE
POLICE FORCE**



T/20200403/2089

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20200403/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2020 18:50		Vide Report No.:		Station Diary No.: 89
Informant's Particulars				
Name of Informant: SADDLI BIN OTHMAN		Address: APT BLK 257 JURONG EAST STREET 24 #03-427 SINGAPORE 600257		
ID Type / ID No.: NRIC NO / S1717473H		Contact No.: Home/Office: Mobile: 97804497		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 03/08/1965	Type of Informant: Driver	
Race: Boyanese		Language:	Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/03/2020 13:30	Type of Location: Straight Road
Location: Along Road 1 ULU PANDAN ROAD				
ALONG ULU PANDAN ROAD BEFORE PANDAN VALLEY, NEAR THE UTURN				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: No collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD8647E	Car				Slightly Damaged	0
YP8346U	Lorry				No Damage	1



**SINGAPORE
POLICE FORCE**



T/20200403/2089

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No. T/20200403/2089

CONTINUATION OF REPORT

Brief Details.

On 14/03/2020 at about 1330hrs, I was driving my lorry YP8346U along Ulu Pandan Rd before Pandan Valley, near the U-turn. At that time, I had a passenger beside me who is my colleague Steven Tay (HP 81803796). I was at lane 1 and wanted to make a u turn. At that time I observed beside me, there was a car horning and he pointed at my door. Another car behind me also was horning. Both were indicating signs that my door was not closed. I then made the u turn and subsequently stopped at the side of the road. I made sure that it was safe and alighted. I then made a check and made sure my door was closed properly before I went off.

On 28/03/2020, my manager namely Joe (HP 97328156) asked me if I had had hit onto someone else car. I replied no and then he informed me that a report was made against me that I had hit and run. He then showed me a photo of the damages on the car SKD 8647E and a snap shot of the report. Subsequently he informed me to lodge a police report regarding the matter.



**SINGAPORE
POLICE FORCE**



T/20200403/2089

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20200403/2089

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: D / Sgt 2 SYAFIQ BIN ABDUL RASHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2020 18:50
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SN 35
SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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: 5665500206 / 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 : MOR120036733 Vehicle Registration No: YP8346U
 Name(as shown in NRIC) : ETHOZ GROUP LTD NRIC/FIN/Passport No : 1XXXXX531H
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 17/03/2020 Time of Accident : 13:30
 Place of Accident : ALONG ULU PANDAN ROAD
 Insurance Company: Sompo Insurance Singapore Pte. Ltd.

(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:

Amend Date of Accident 17/03/2020 to 14/03/2020



Policyholder / Driver's Signature
 Date: _____

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

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: S66550020G / GST Reg. No.: M400017735

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ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

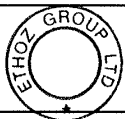
Original Report No : MOR120036733-01 Vehicle Registration No: YP8346U
Name(as shown in NRIC) : ETHOZ GROUP LTD NRIC/FIN/Passport No : 1XXXXX531H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore(680150)
Contact (Tel) : 66547777 Mobile No. : _____
Email Address : _____
Date of Accident : 14/03/2020 Time of Accident : 13:30
Place of Accident : ALONG ULU PANDAN ROAD
Insurance Company: SOMPO INSURANCE SINGAPORE PTE. LTD.

(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:

1) ADD IN POLICE REPORT AND AMEND ON WAS THE ACCIDENT REPORTED TO POLICE FROM "NO TO "YES"

2) ADD IN THIRD PARTY VEHICLE NUMBER



Policyholder / Driver's Signature
Date: 08/04/2020

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