# **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 witholding 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.

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   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 29/12/2021 15:51 (SGT) Date of Accident 28/12/2021 17:20 (SGT) Exact Location of Accident Simei, Singapore Additional Location Information EASTPOINT MALL LOADING BAY Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number YP67801

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner HONEY-LAND INTERNATIONAL PTE LTD Company Reg No 2XXXXX075C

**Email Address** sales@honeylandintl.com Mobile Phone No (Phone) +65-90669816

Alternative Phone No +65-90669816

VEHICLE PARTICULARS

Manufacturer Isuzu Model NHR85

Variant

Exact purpose for which vehicle was being used at time of Employment accident

Are you claiming under your own insurance policy for repair to your vehicle?

No - Claiming third party Vehicle Category Commercial vehicle

Transmission Manual CC 2999

**INSURANCE COMPANY** 

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number D21MTPCVE001727

Cover Note Number

DRIVER

Name of Driver AYUB KHAN S/O BABU KHAN NRIC No

SXXXX235E

Date Of Birth 10/01/1966 Occupation Outdoor Date Of Driving Pass 24/03/1986 Driving experience 35 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-90669816 Alt. Phone Number Email Address sales@honeylandintl.com Address BLK 510A YISHUN STREET 51 #06-553 Address complement Postcode 761510 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS PARKED ALONG EASTPOINT MALL LOADING BAY, I WAS NOT IN THE VEHICLE AT THE TIME OF ACCIDENT, BUT WAS NEARBY. SUDDENLY, I SAW VEHICLE B REVERSE AND COLLIDED WITH THE FRONT RIGHT PORTION OF MY VEHICLE. 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 **GBH3047E** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle

Address

Name of Driver
Contact Number

Address complement	-
Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
lo. Of Passenger (Including Driver)	_

#### 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)

Lunderstand, 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' law yers/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
- (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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Time

EASTPOINT MALL LOADING BAY

4: YP6780L B:6843047E

Reversing

PUPER AUTO

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laration					
declare the foregoing particula	irs are true in every ro	espect.			
u wish to claim against your ow			ir incurar may have	a faurtana (14) dava alavea	who coby the stee
t be made within the stipulated	timeframe from the d	ay of occurren	ce. Kindly check wi	th your insurer for more detail	whereby the cla is.
			NAME OF TAXABLE PARTY OF TAXABLE PARTY.		















Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

### 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.

: D21MTPCVE001727

1. Registration No.

: YP6780L

2. Insured Name

: HONEY-LAND INTERNATIONAL PTE LTD

3. Commencement Date : 17 JULY 2021 00:00

4. Explry Date

: 16 JULY 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 and its re

8. Limitations as to use\*

1) Use in connection with the Insured's business.

- Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
- Use for social, domestic or pleasure purposes.

The Policy does not cover

Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.

- Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

 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 20

Date/Time of Issue: 01 JULY 2021 14:29

"Limitstion 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 (Melaysia), 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 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 effence 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 awner 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 : 11K18205 & KH AGENCY PTE. LTD. CI Code: 20D \_JWDZHB4NR4MMQFA