





## 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	12/01/2022 15:53 (SGT)
Date of Accident	11/01/2022 13:30 (SGT)
Exact Location of Accident	10 Admiralty St, Singapore 757695
Additional Location Information	NORTHLINK BLDG LEVEL 2 INFRONT OF HUA TIAN ENGINEERING PTE LTD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GN6262P
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HUA TIAN ENGINEERING PTE. LTD.
Company Reg No	2XXXXX333D
Email Address	ahmeng@huation.com.sg
Mobile Phone No	(Phone) +65-84061615
Alternative Phone No	+65-84582805

### 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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPCVE002979
Cover Note Number	-

### DRIVER

Name of Driver	CHITHRAVEL SASIKUMAR
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Passport No/FIN	GXXXX914T
Date Of Birth	08/07/1998
Occupation	Outdoor
Date Of Driving Pass	23/04/2021
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84582805
Alt. Phone Number	-
Email Address	ahmeng@huation.com.sg
Address	10 ADMIRALTY STREET #02-54
Address complement	NORTHLINK BUILDING
Postcode	757695
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	Side Swipe
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 vehicle 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

#### PLEASE 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	SLE5728H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-





## SKETCH PLAN

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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.

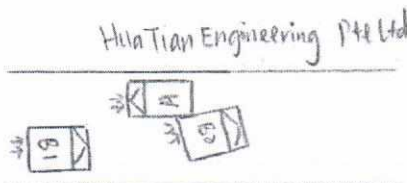


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Vehicle A: GNB66P  
Vehicle B: SE578H

### Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (GN6262P) was parked at the stated location in front of my company Hua Tian Engineering Pte Ltd. As I was going to offload work material I check my rear it was clear so I proceed to reverse my vehicle. Seconds later, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle B (SLE 572BH) which was on the opposite direction abruptly cut into my lane and collided onto the rear left portion of my vehicle causing damages.

### Declaration

We declare the foregoing particulars are true in every respect.

\*



Policyholder's Signature, Date & Time

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

*[Signature]* 12/01/2022  
Witnessed by Reporting Centre Personnel



Date of Accident : 11/01/2022 Accident Time: 1330hrs (24-HR-FORMAT)  
 Accident Place : North Link Building Level 2 in front of Hua Tian Engineering Pte Ltd  
 Vehicle Reg. No (Car plate No.) : GN6262P Vehicle Make/Model: Toyota Dyna  
 Insurance Company : SOMPO Policy No. D21MTPCVF002979  
 Name of Registered Owner : Company / Individual Hua Tian Engineering Pte Ltd  
 ID of Registered Owner : Co Reg No: 20412333D Owner's NRIC No: -  
 : Co Contact No: - Owner's Contact No: 8406 1615  
 DRIVER'S Name : Chithravel Sasikumar DRIVER'S NRIC No: G87289147  
 DRIVER'S Date of Birth : 08 Jul 1998 DRIVER'S License Pass Date 23 Apr 2021  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employed \ Others: -  
 DRIVER'S Address : 10 Admiralty St #02-54 (North Link Building) Singapore 757695  
 DRIVER'S Contact No./ Alt No. : 1) 8458 2805 2) -  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : ahmeng@huation.com.sg  
 Weather & Road Surface : CLEAR & DRY \ ~~RAINING~~ & ~~WET~~ \ ~~AFTER RAIN~~ & ~~WET~~  
 Reporting Type : Reporting Only \ ~~Claim Other Party~~ \ ~~Claim Own Insurance~~  
 Number of Passengers (including Driver): 01 Passenger Name: - Gender: M/F  
 Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F  
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: -  
 Injured Name: -  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SL572811</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



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. M200003196

### 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. : D21MTPGVE002979  
1 Registration No. : GN6262P  
2 Insured Name : HUA TIAN ENGINEERING PTE LTD  
3 Commencement Date : 23 NOVEMBER 2021 00:00  
4 Expiry Date : 22 NOVEMBER 2022 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\*

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](http://www.sompo.com.sg) for list of ExcelDrive Workshops and Accident Reporting Centers.

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 : 17 NOVEMBER 2021 09:20

*Notwithstanding to the extent that it may be 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 (Malaysia), are not included under these headings*

DISCLAIMER 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 : 11L16806 & LEGEND SJ CI Code : 20D XRDMPZ2RKHDLWYAB