

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 15/06/2022 16:41 (SGT)
Date of Accident 15/06/2022 09:59 (SGT)
Exact Location of Accident Tampines Ave 10, Singapore
Additional Location Information tampines ave 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PH8811S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BEDOK TRANSPORT PTE LTD
Company Reg No 11654W
Email Address workshop@bedoktransport.com
Mobile Phone No (Phone) +65-81838432
Alternative Phone No (Office) +65-62843032

VEHICLE PARTICULARS

Manufacturer Yutong
Model Zk6127h
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 Bus
Transmission Manual
CC 8849

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number D21MTSCBU000118
Cover Note Number D21MTSCBU000118

DRIVER

Name of Driver NG KING FAI
NRIC No S1790605D

Date Of Birth	14/06/1967
Occupation	Outdoor
Date Of Driving Pass	07/12/2009
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97639352
Alt. Phone Number	-
Email Address	shuwen@bedokmotor.com
Address	APT BLK 808
Address complement	TAMPINES 4 #12-147
Postcode	520808
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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	Yes
If yes, against whom?	SGT 3 LIM YA HUI

CIRCUMSTANCES OF ACCIDENT

refer to the police report

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE1870Z
Vehicle Manufacturer	Nissan
Vehicle Model	Cmf87h05441
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Goods vehicle

Name of Driver	MRS TANG
NRIC No	S1234567D
Contact Number	(Phone) +65-81804988
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

PASSENGER 1

Name	-
Gender	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	WNJ3383
Vehicle Manufacturer	Toyota
Vehicle Model	Avanza
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Goods vehicle
Name of Driver	MR HOW
Contact Number	(Phone) +65-97818997
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	41659MID
Vehicle Manufacturer	Ford
Vehicle Model	Focus
Vehicle Variant	-
Vehicle Colour	Blue
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	(Phone) +65-1231
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE1870Z
Were seat belts worn?	Yes

Was this injured conveyed to hospital by ambulance? Yes

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

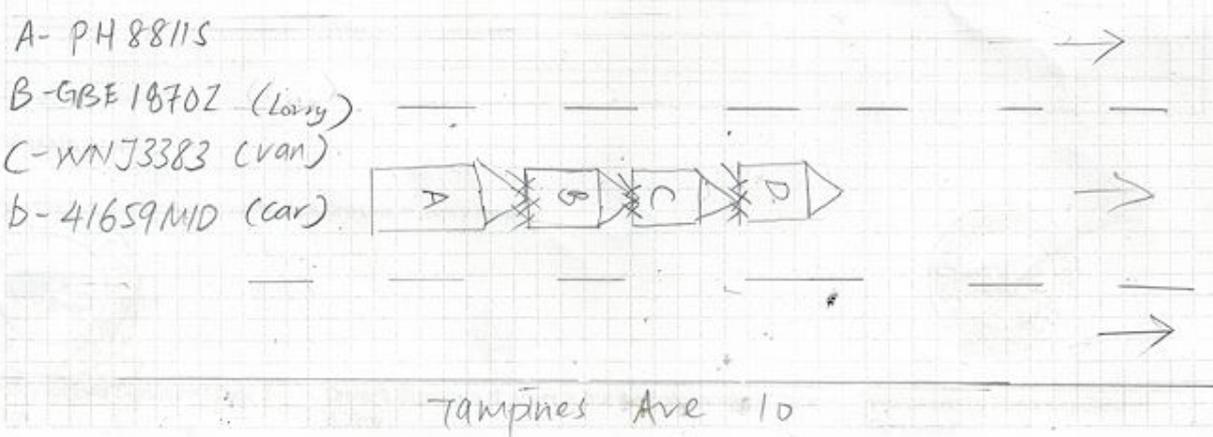
Ng

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 the police Report.

Lined area for describing the accident circumstances.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

NG

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



Witnessed by Reporting Centre Personnel





















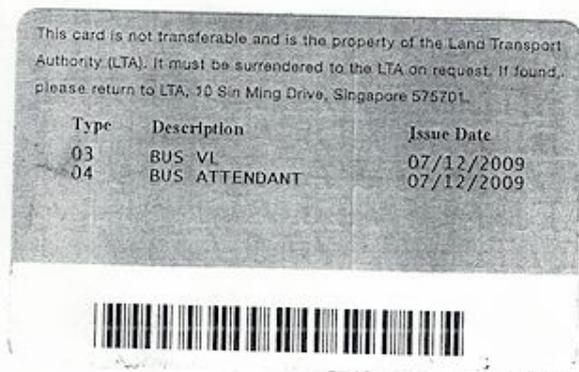
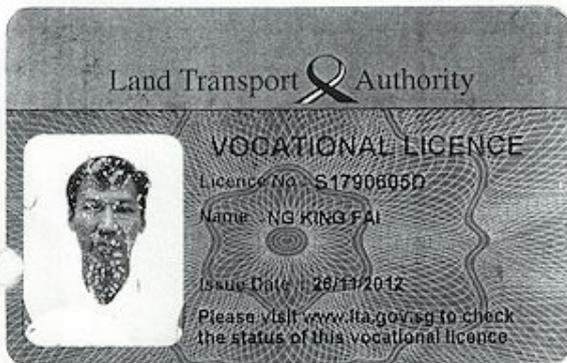
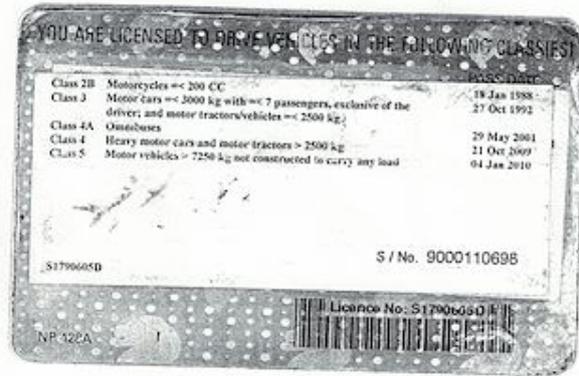












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Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-03
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. : D21MTSCBU000118
1. Registration No. : PH8811S - Item No. 21
2. Insured Name : BEDOK TRANSPORT PTE LTD
3. Commencement Date : 01 NOVEMBER 2021 00:00
4. Expiry Date : 31 OCTOBER 2022 23:59
5. Coverage : Market value at time of loss - Third Party, Fire & Theft
6. Excess : \$1500 - Section II

7. Persons or Classes of Persons entitled to drive*

b) Any person provided he is in the Insured's employ and is driving on their 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*

a) Use only for the carriage of passengers or goods in connection with the Insured's business.
b) Use only in the Republic of Singapore.

The Policy does not cover

1) Use for racing, pacemaking, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) 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.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6226 3323

Visit www.sompo.com.sg for list of 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.

Date/Time of Issue : 28 APRIL 2021 13:57

*Limitation 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 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 : 11S13002 & SSTA INSURANCE AGENCY PTE LTD CI Code: 23H JRDB5H422DB0LZAA