

## 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 ..... 16/07/2022 10:45 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 15/07/2022 11:55 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 205 BEDOK NORTH STREET 1 OPEN CAR PARK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... YQ5283G

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PREMIER FOODS ASIA PTE LTD  
Company Reg No ..... 201917557C  
Email Address ..... enquiry@premierfoodsasia.com  
Mobile Phone No ..... (Phone) +65-90896281  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... 300 SERIES  
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 ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 6500

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTPCVE000345

#### DRIVER

Name of Driver ..... RAJENDRAN PRAKASH  
NRIC No ..... G2944621R  
Date Of Birth ..... 17/06/1993  
Occupation ..... Outdoor

Date Of Driving Pass .....	30/01/2020
Driving experience .....	2 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90844368
Alt. Phone Number .....	-
Email Address .....	enquiry@premierfoodsasia.com
Address .....	Block 1009, Aljunied Ave 4,
Address complement .....	#01-36
Postcode .....	389910
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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

SEE ATTACHED SKETCH PLAN, PHOTO AND SCENE PHOTO

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBJ8177U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	DEMING
Contact Number .....	(Phone) +65-90904570

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**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.

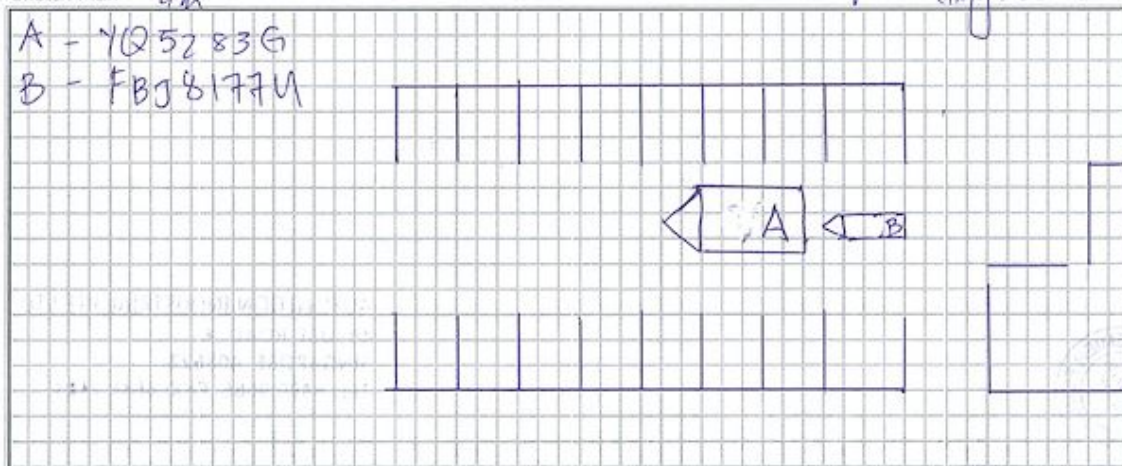


Policyholder's Signature / Date & Time  
16/07/2022 9:31  
Sketch Plan 99

Driver's Signature (if driver is not the policyholder) / Date & Time  
16/07/2022 9:31 am

**AVOLUTION INDUSTRIAL PTE LTD**  
19 UBI ROAD 4  
SINGAPORE 408623  
TEL: 6490 8666 FAX: 6846 7483

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card) EIMER ALFONSO  
GXXXX824L



Describe Circumstance of the Accident

I WAS REVERSING MY VEHICLE "A"  
TO PARK AND THE ROAD WAS CLEAR  
SUDDENLY I HEARD A HORN SOUND  
AND I FEEL THE IMPACT TO MY REAR  
PORTION. THEN I STOP MY VEHICLE  
AND CHECK OUTSIDE, THEN I SAW  
THE MOTORCYCLE FELL DOWN.

Declaration

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



P. Pramy  
Policyholder's Signature / Date & Time

16/07/2022  
9:31 am

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

16/07/2022  
9:31 am

AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408623  
TEL: 6490 9666 FAX: 6846 7483

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

WITNESS  
GXXXX824























































**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.** : D22MTPCVE000345  
**1. Registration No.** : YQ5283G  
**2. Insured Name** : PREMIER FOODS ASIA PTE LTD  
**3. Commencement Date** : 27 JANUARY 2022 14:31  
**4. Expiry Date** : 26 JANUARY 2023 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](http://www.sompo.com.sg) for list of ExcelDrive Workshops and Accident Reporting Centers.

Hire Purchase Owner: UNITED OVERSEAS BANK LTD



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 : 27 JANUARY 2022 14:31

\*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 : 11S34007 & SYMPLE INSURANCE AGENCY CI Code: 20D DDJDZHV4I4YDBMRA