

NATIONAL Assessment Centre Services: [1/11/13/102]

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 Actual 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	01/09/2022 17:15 (SGT)
Reported by	Driver
Date of Accident	31/08/2022 14:49 (SGT)
Exact Location of Accident	Tampines Rd, Singapore
Additional Location Information	TOWARDS HOUGANG AVENUE 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1254Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LEONG SIEW WENG ENGINEERING PTE LTD
Company Reg No	1XXXXX769Z
Email Address	admin@lswe.com.sg
Mobile Phone No	(Phone) +65-68636033
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FV517P2RDEB
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	11945

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPCVE002673

DRIVER

Name of Driver	LIU WEI
Passport No/FIN	GXXXX938W
Date Of Birth	04/01/1986
Occupation	Outdoor

Date Of Driving Pass	27/09/2019
Driving experience	2 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92788713
Alt. Phone Number	-
Email Address	admin@lswe.com.sg
Address	1 TUAS AVENUE 11
Address complement	-
Postcode	639067
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

PLEASE REFER TO SKETCH PLAN

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	GZ2888Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LUM SI YA, EUGENIA
NRIC No	SXXXX182F

Contact Number -
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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5. Any false reporting may be referred to the Police for investigation.
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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)**

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:

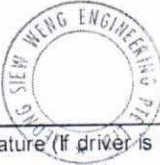
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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

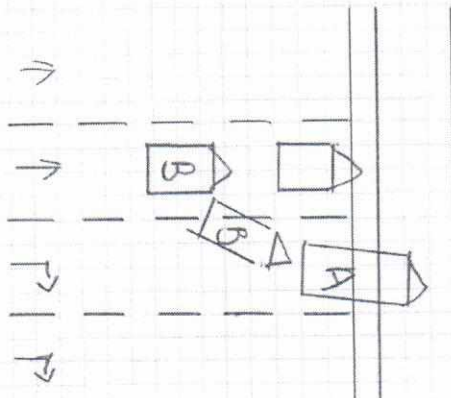


Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 9/09/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: XD1554Y

Vehicle B: GZJ888Y

Tampines Road

Describe Circumstances of the Accident

On 31-08-2022 @ around 14:49pm, I drive along Tampines Road towards Hougang Avenue 7. I waiting for traffic light turn green then I follow front vehicle turn right to Hougang Avenue 7. When my vehicle front tyre on pedestrian crossing, traffic light turn to red. I need reverse some because have one uncle with electronic wheelchair need to cross. I have double confirmed behind my vehicle A (XD1254Y) no other vehicle then I proceed reverse a bit. After reverse I stop my vehicle after ^{about} 2 second I felt my vehicle little bit move. I alighted and check one vehicle B (GZ2888Y) changed lane from 3rd lane to 2nd lane and hit my vehicle rear left portion.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

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

 01/09/2022
Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
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ACCIDENT STATEMENT

Date and Time of Accident	Date: 31.08.2022	Time: 249pm
Exact Location of Accident	Tampines Road towards Hougang Ave 7	
Country / State of Loss		
Acc / Loss GPS Coordinates	Latitudes:	Longitudes:
Click on "Map" button to pinpoint exact location of accident/loss on the map		

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD 1254Y
Insured / Policyholder	
Name of Registered Owner (See Insurance Cert.)	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company Leong Siew Weng Engineering Pte Ltd
ID of Registered Owner	<input type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. <input type="checkbox"/> FIN <input type="checkbox"/> Work Permit No. 198902769Z
Email Address	admin@lsw.com.sg
Mobile Phone No. <input type="checkbox"/> Local <input type="checkbox"/> Foreign	
Alternative Phone No.	6863 6033
Vehicle Particulars (Own Vehicle)	
Manufacturer	Mitsubishi / FV517P2ADEB
Model	
Type of Vehicle*	<input type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input checked="" type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> Others, _____
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, PLS select: <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting)
Vehicle Category*	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
Insurance Company (Own Vehicle)	
Name of Insurance Company *	Scampo
Type of Policy	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number	
Motor CI	

DRIVER		<input type="checkbox"/> Same as Insured above	
Name of Driver		Lin Wei	
ID of Driver		<input type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No. 68598938W	
Date of Birth		04 / 01 / 1986 /	
Occupation			
Driving Date Pass		27 / 09 / 2019 /	
Year of Driving Experience in Singapore		Year(s)	Month(s)
Gender		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Mobile Phone No. <input type="checkbox"/> Local <input type="checkbox"/> Foreign		9278 8713	
Fax No. <input type="checkbox"/> Local <input type="checkbox"/> Foreign			
Alternative Phone No.			
Address of Driver		Company address 1 Tuus Avenue 11 Postcode (637067)	
Email Address			
Was driver an employee of the Insured's Company?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Relationship of the Driver with the Insured			
Does the Driver Own Any Vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		(Vehicle 1)	
		(Vehicle 2)	
		(Vehicle 3)	
Insurance Company of Driver's Own Vehicle (if applicable)		(Vehicle 1)	
		(Vehicle 2)	
		(Vehicle 3)	
General Information Of The Accident			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)			
Weather Conditions		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, _____	
Road Surface		<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, _____	
Other Information			
Was any foreign vehicle involved in this accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Foreign Vehicle Registration Number			
Foreign Vehicle Category		<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle	
Number of vehicles involved in the accident			
Was any body injured in the accident?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was any injured conveyed to hospital by ambulance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was any other vehicle or property damaged? (including witness)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
I have been approached by unknown person(s) soliciting / offering accident claim assistance.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Number of Passengers (Including Driver)	1	
Passenger 1	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passenger 2	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passenger 3	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passenger 4	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passenger 5	Name:	
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
(Note - Please use page 7 if you need to add more details)		
Details Of Police Action		
Was the Accident reported to the Police?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, against whom?)	
Attachment(s)		
Are accident photographs available for attachment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was there any video captured by Car Camera?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was there any audio recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	GZ 2888Y	
Vehicle Make/ Model/ Colour		
Details of Property Damaged in Accident		
Vehicle Category	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle	
Name of Driver	Lum Si Yu, Eugenia	
ID of Driver	<input type="checkbox"/> Co Reg No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.	
	S9734182F	
Contact Number		
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 7 if you need to add more vehicles)		
Details of Witness 1		
Name		
Phone		
Email Address		

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. : D21MTPCVE002673
1. Registration No. : XD1254Y
2. Insured Name : LEONG SIEW WENG ENGINEERING PTE LTD
3. Commencement Date : 13 OCTOBER 2021 00:00
4. Expiry Date : 12 OCTOBER 2022 23:59
5. Coverage : Market value at time of loss - Third Party, Fire & Theft
6. Excess : NIL
7. Persons or Classes of Persons entitled to drive*
- a) The Insured.
 - b) Any other person who is driving on the Insured's order or with his 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 greater number of trailers in all than is permitted by law. N.B. Use solely for "Breakdown" purposes is not deemed to be used for hire or reward.
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) 6461 6555
- 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 : 11 OCTOBER 2021 10:31

*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

1. 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.
2. 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)
3. 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.
4. 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.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11J01804 & J & N INSURANCE AGENCIES PTE LTD CI Code: 20E FJDSZY2RPNMBWJAW