# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 16:30 (SGT) Reported by Owner Date of Accident 01/09/2022 10:59 (SGT) Exact Location of Accident 844 Tampines Street 82, Singapore 520844 Additional Location Information Tampines street 82 Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number CB6676P

## INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Bedok Transport Pte Ltd Company Reg No 20031654W Email Address workshop@bedoktransport.com Mobile Phone No (Phone) +65-91905859 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Yutong Model Zk6100h 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 No - Reporting only your vehicle? Vehicle Category Bus Transmission Manual CC 6693

#### **INSURANCE COMPANY**

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D21MTSCBU000117

#### DRIVER

Name of Driver Tan Hock Hai NRIC No S1334389F Date Of Birth 25/04/1958 Occupation Outdoor

Date Of Driving Pass 24/12/1979 Driving experience 42 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-94561808 Alt. Phone Number Email Address shuwen@bedokmotor.com Address Blk 27 Chai Chee Road #13-353 Singapore Address complement Postcode S(460027) Is the driver the policyholder? No 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 Collided into Property 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? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 20 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Passenger 1 Gender Male PASSENGER 2 Name Passenger 2 Gender Female PASSENGER 3 Name Passenger 3 Gender Female PASSENGER 4 Name Passenger 4 Gender Female PASSENGER 5 Name Passenger 5 Gender Male PASSENGER 6 Passenger 6 Gender Male PASSENGER 7 Passenger 7

Female

## 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

## Refer to the description

## ATTACHMENT(S)

Are accident photos available for attachment?

Yes
Was there any video captured by Car Camera?

Yes

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SNA7899G Mazda Cx-5
Vehicle Variant	-
Vehicle Colour	Red
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)	_
<b>3</b> \ \ <b>3</b> /	



#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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' 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 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' 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.

cyholder's Signature / Da

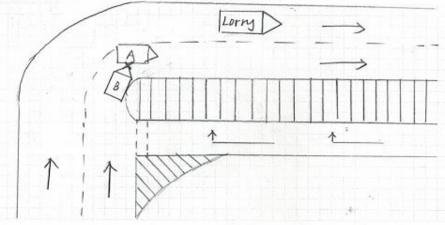
Policyholder's Signature / Date & Time

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

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Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A: CB6676P Yoh B: SNA 78999



Describe	Circumstances	of	the	Accident
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Do 19/1022 @ 10: to am while I was the will
Tie of an Travelling along
lampines St 82. I wanted to avoid long who was parked
on the side of the road. I cut into right side lang. Suddenly
On 1/9/1022 @ 10:59 am, while I was travelling along Tampines St 82. I wanted to avoid lorny who was parked on the side of the road. I cut into right side lane. Suddanly I discovered my bus hit onto Veh B SNA 78999 in front of the left position. Nobody was injured in the accident.
of the lest position Napada was invested in the anital
to top formal massingured in the accident.
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## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

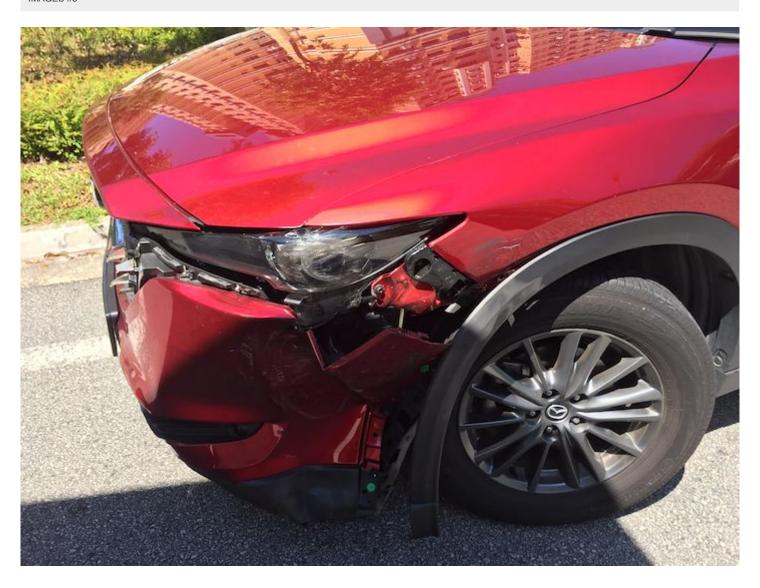
Witnessed by Reporting Centre Personnel













Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 6565 | Fax: 6221 3302 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903106

#### 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.

: D21MTSCBU000117

1. Registration No.

: CB6676P - Item No. 7

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 - Comprehensive

6. Excess

: \$1500 - Section I

: \$1500 - Section II : \$500 - Windscreen

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.

 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) 6226 3323

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.



Date/Time of Issue: 28 APRIL 2021 13:54

undered 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 cluded 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 it the Certificate of Insurance has been lost or destroyed a Statutory Declaration to that effect must be made. Faiture to compty 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 by 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 3RDBZH42KDBMMZAA