

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	14/09/2022 18:07 (SGT)
Reported by	Both
Date of Accident	13/09/2022 19:15 (SGT)
Exact Location of Accident	Tanglin Rd, Singapore
Additional Location Information	OPPOSITE TANGLIN MALL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4383Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ROHIT MOHINDRA
NRIC No	SXXXX808C
Email Address	rohitmohindra@yahoo.com
Mobile Phone No	(Phone) +65-81123300
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01002653

DRIVER

Name of Driver	MOHINDRA SHIVEN
Passport No/FIN	GXXXX377P
Date Of Birth	28/05/2001
Occupation	Indoor

Date Of Driving Pass	01/10/2020
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81123300
Alt. Phone Number	-
Email Address	rohitmohindra@yahoo.com
Address	9 HOLT ROAD #12-03
Address complement	-
Postcode	249446
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	-

PASSENGER 1

Name	COUSIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT T/20220914/2073

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	FBP3631B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	GAN POH NG
Contact Number	(Phone) +65-87179591
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ903T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MR. ONG
Contact Number	(Phone) +65-84587764
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN


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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:

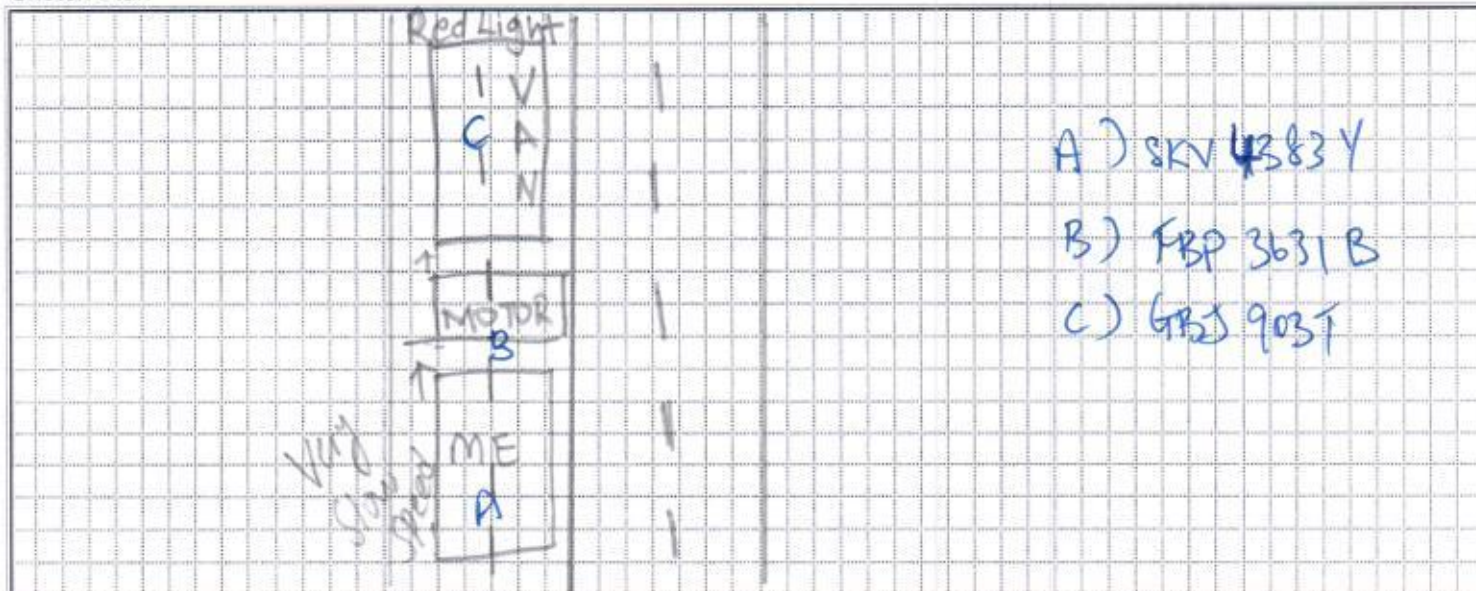
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 14/SEP/22
Policyholder's Signature / Date & Time

 14/09/2022
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 14/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

The incident occurred at a red light and initially all vehicles were stationary.

My car was stationary at a red light when I heard a noise at the back, I engaged the handbrake to adjust the ~~seater~~ bag that was making the noise at the back. It appears the handbrake didn't engage fully and as my head was turned the car began to roll a couple of metres, lightly touching a motorcyclist in front. I immediately hit the brakes and ~~was~~ stopped, but by that time the motorcyclist slowly fell to his left side. The motorbike lightly grated a white van ahead of it.

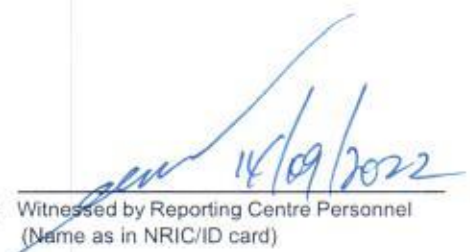
Declaration

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

 14/SEP7/22  14/09/2022

Policyholder's Signature / Date & Time

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

 14/09/2022

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



SINGAPORE POLICE FORCE

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20220914/2073

1 of 3

Report No. T/20220914/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2022 18:56		Vide Report No.: E/20220913/0141		Station Diary No.: 120	
Informant's Particulars					
Name of Informant: MOHINDRA SHIVEN			Address: 9 HOLT ROAD #12-03 SINGAPORE 249446		
ID Type / ID No.: FIN NO / G5802377P			Contact No.: Home/Office: Mobile: 81123300		
Nationality: AMERICAN			Email: ettshiven@gmail.com		
Sex: Male	Age: 21	Date of Birth: 28/05/2001	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/09/2022 19:15	Type of Location: Straight Road
Location: TANGLIN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Stationary against stationary				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP3631B	Motorcycle				Slightly Damaged	0
GBJ903T	Van	TOYOTA		White	Slightly Damaged	1
SKV4383Y	Car	BMW		Grey	No Damage	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220914/2073

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20220914/2073

CONTINUATION OF REPORT

Driver			
Name	MOHINDRA SHIVEN	ID No.	G5802377P
Related Vehicle	SKV4383Y (Car)	Contact No.	81123300
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 13/09/2022 at around 7.15pm, I was travelling along Tanglin Rd towards Orchard Rd in the middle lane. However, the traffic light turned red just in front of Tanglin Mall and all the vehicles were stationary. I wish to state there was a motorcycle (FBP3631B) in front of me. While waiting for the traffic light to turn green, I kept hearing the side of my bag hitting onto the door. As such, I decided to engage the handbrake so that I could adjust the bag to stop it from hitting onto the door.

However, when I was turning behind to adjust, I felt that my car was rolling forward. That was when I realised that the handbrake was not fully engaged and I immediately turned back wanting to step onto the brake. But, I was too late and I hit onto the motorcyclist. The motorcyclist then lost balance and caused the motorcycle to hit onto the rear of the van.

I immediately ran out of my vehicle to make a check onto the motorcyclist. I am not sure who called for the ambulance and Police but they subsequently arrived at scene. There was no damage to my car. The number rear plate number of the motorcycle was dented. The motorcyclist was subsequently conveyed to hospital.

I wish to state that there was no camera installed in the car.

I am now lodging as advised by the Traffic Police officer.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20220914/2073

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Report No. T/20220914/2073

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

E /

SR STAFF SGT MUHAMMAD
RIDZUAN BIN MUHAMAD

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Signature Of Informant:

Date/Time:

14/09/2022 18:56

Classification Of Case:

NP168

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA109229E0009 Vehicle Registration No: SKV 4383Y

Name (as shown in NRIC): MOLINDRA SHIVANI NRIC/FIN/Passport No: GXXXX377P

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 81128300

Email Address: _____

Date of Accident: 13/09/2022 Time of Accident: 19:15

Place of Accident: TANGLIN ROAD OPPOSITE TANGLIN MALL

Insurance Company: Sompo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To Insure POLICE Report 7/20220914/2073

Policyholder / Actual Driver's Signature
Date:

15/09/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 09 / 2022) (DD/MM/YYYY), TIME: (19 : 15) (HH:MM)

LOCATION: ~~FAIR~~ CORNER OF TANGLIN ROAD OPP. TANGLIN MALL

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV4383Y
 b) INSURANCE COMPANY: SOMPO
 c) POLICY NUMBER: D22MTPV01002653
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW X3
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ROHIT MOHINDRA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6965808C CONTACT: 81123300
 c) ADDRESS: 9 HOLT ROAD, SINGAPORE

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SHVEN MOHINDRA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G15802377P CONTACT: 81132884
 c) ADDRESS: 9 HOLT ROAD, SINGAPORE

* d) DATE OF BIRTH: (28 / 05 / 2001) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS _____

b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: CORNER

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: F873631B MODEL: MOTORCYCLE
 b) DRIVER'S NAME: GAN POH NG
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 87179591

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: G8J903T MODEL: VAN
 e) DRIVER'S NAME: MR. ONG
 f) NRIC/FIN/PASSPORT: _____ CONTACT: 84587764

email =

VIDEO

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)

Certificate/Policy No. : D22MTPV01002653
 Insured : ROHIT MOHINDRA
 Motor Vehicle (Registration No.): SKV4383Y
 Coverage : Comprehensive - EXCELDRIVE PRESTIGE
 Policy Commencement Date : 08 FEBRUARY 2022 00:00
 Policy Expiry Date : 07 FEBRUARY 2023 23:59
 Maximum Liability (Section I) : Market value at time of loss
 Excess* : \$600 - Section I
 Voluntary Excess* : N.A
 Windscreen Excess* : S\$100.00 for each and every applicable claim.

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
 - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
 - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

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 (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

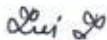
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.30

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 05 FEBRUARY 2022 20:14

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured 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 (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11F02505 & FINANCIAL ALLIANCE PTE LTD Cl Code: 22A _JDSZM4K_NYBQSAH