

# 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 ..... 19/11/2022 13:23 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 18/11/2022 08:00 (SGT)  
Exact Location of Accident ..... Tampines Ave 10, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ5333E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... AMICO TECHNOLOGY INTERNATIONAL PTE LTD  
Company Reg No ..... 200705389H  
Email Address ..... ACCOUNTS2@AMOCOTECH.COM  
Mobile Phone No ..... (Phone) +65-64420828  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... 2900  
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 ..... 2900

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTPCVE001063

### DRIVER

Name of Driver ..... PNG LEONG SENG  
NRIC No ..... S0854759I  
Date Of Birth ..... 25/02/1951  
Occupation ..... Indoor

Date Of Driving Pass .....	22/03/1977
Driving experience .....	45 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98511051
Alt. Phone Number .....	-
Email Address .....	ACCOUNTS2@AMOCOTECH.COM
Address .....	BLK 132 BEDOK NORTH ST 2 #07-87
Address complement .....	-
Postcode .....	460132
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 - Change/cross lane
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) .....	3
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 .....	MD AZIZUL
Gender .....	Male

#### PASSENGER 2

Name .....	HOSAN MOHAMMAD MAHADI
Gender .....	Male

#### 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

I ON MY SIGNAL AND FILTER TO MY LEFT. VEHICLE B ON MY LEFT DID NOT GIVE WAY TO MY VEHICLE. END UP, BOTH OUR VEHICLES COLLIDED.

#### 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 .....	SNC5594M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## 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.

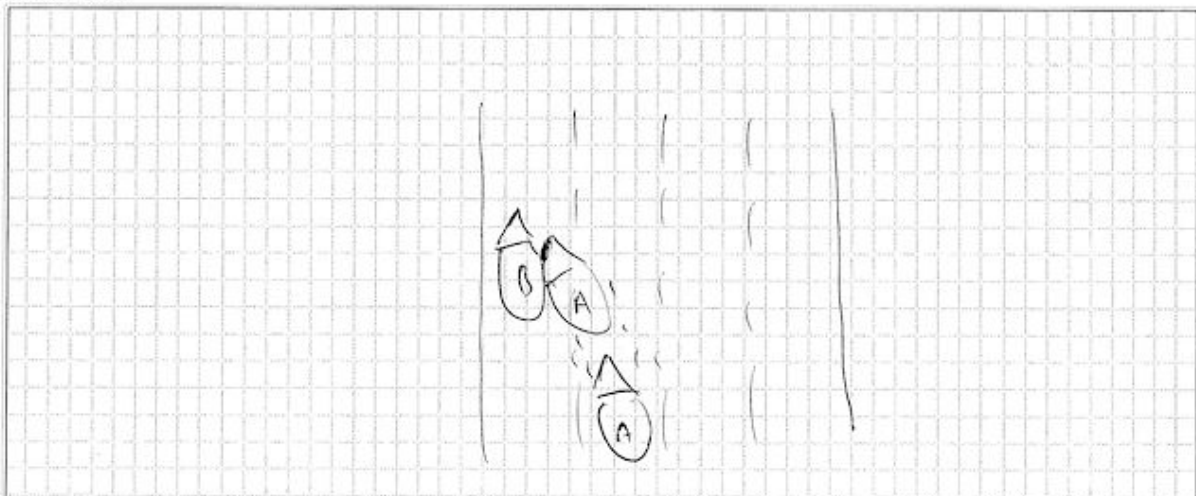


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

I on my signal and filter to my left, vehicle  
 B on my left did not give way to my  
 vehicle and up both our vehicles collided.

## Declaration

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



Policyholder's Signature / Date &amp; Time

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

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



























## Somp 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

## PRIVATE COMMERCIAL POLICY SCHEDULE

Intermediary Code : 11C81800

Policy No. : D22MTPCPE001063

This Schedule is issued and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE COMMERCIAL VEHICLE Policy wordings, ref. MTC.19

Insured : AMICO TECHNOLOGY INTERNATIONAL PTE LTD

Address : 18 TAMPINES INDUSTRIAL CRESCENT  
#07-09  
SINGAPORE 528605

Business/Profession : Others

Period of Insurance : 28 MAY 2022 00:00 TO 27 MAY 2023 23:59

Persons or Classes of Persons entitled to Drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS		PREMIUM DETAILS	
Vehicle Reg No	: GBJ5333E	Premium	1,699.00
Chassis No	: KNCSJX76LK7364535	Less No Claim Discount (15%)	( 254.85 )
Engine No	: D4CBK803889	Add others :	
Vehicle Make & Model	: KIA 2900L 5 M/T	Add Windscreen	40.00
Cc/Tonnage	: 1 / 1.45	Add Flood	0.00
Type of Body	: LORRY	Total	S\$ 1,484.15
Year of Manufacture	: 2019	GST	S\$ 103.89
Seating Capacity (including driver)	: 2	Premium (incl. GST)	S\$ 1,588.04
Estimated value of Vehicle	: Market Value at time of loss		
Hire Purchase Owner	: NIL		

Vehicle Usage : Company Use

Coverage : Comprehensive-ExcelDrive Classic

Excess : S\$ 500 - Section I

Additional Excess : The following terms &amp; conditions shall apply to this policy:

Elderly, Young &amp; Inexperienced Drivers Excess (All Claims)

It is hereby understood and agreed that an excess of S\$2,000 shall apply for accident, loss or damage

if the insured vehicle is driven by a driver who:

- is age 70 years old & above at the time of accident or
- is below the age of 25 years old at the time of accident or
- has less than 2 years of driving experience on Singapore roads

If however there is(are) other Excess(es) applicable under different Endorsement(s) of this Policy, this said Excess of S\$2,000 shall be considered as an additional Excess over and above all other Excess(es).

Endorsements Applicable : Strike Riot Or Civil Commotion ME No.25  
Special Perils ME No.57

Legal Liability of Passengers for Acts of Negligence ME No.72

Endorsement H - Total Loss

Endorsement I2 - Breakage of Glass in Windscreen or Window (Excess \$100)

Endorsement M - Own Damage, Fire and Theft Claims

Additional Covers/conditions : Own damage repair: Insured is required to use the Company's panel of workshops for their own damage claims.

1. Breakage of Glass in Windscreen or Window Endorsement (Endt I2) - \$1,000.00
2. Flood - Defined

Named Drivers : NIL

Date of Issue : 13 APRIL 2022

Intermediary Name : CHIA WEE BOON ROY

Producer Code &amp; Name : CWB81803 &amp; CHIA WEE BOON ROY

User Code : CWB81803/CWB81803

Old Policy No : NIL

Signed on this 13th day of April 2022  
for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.

Authorised Signatory

CI Code : 20D

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