



## 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	12/01/2023 17:06 (SGT)
Reported by	Driver
Date of Accident	11/01/2023 17:45 (SGT)
Exact Location of Accident	Jurong West Street 64, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7518Y
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CITYTRANSPORT (S) LLP
Company Reg No	TXXXXX183J
Email Address	pa1317@yahoo.com.sg
Mobile Phone No	(Phone) +65-92302000
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Rosa
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 - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	2998

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTSCBU000196

#### DRIVER

Name of Driver	TAN CHOO WEE (CHEN ZHUWEI)
NRIC No	SXXXX231E
Date Of Birth	04/11/1977
Occupation	Outdoor

Date Of Driving Pass .....	05/06/2000
Driving experience .....	22 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92302000
Alt. Phone Number .....	-
Email Address .....	pa1317@yahoo.com.sg
Address .....	BLK 546C SEGAR ROAD #08-45
Address complement .....	-
Postcode .....	673546
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 .....	SMS2760Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG WEE NAM
NRIC No .....	SXXXX215D

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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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.



*[Signature]*

*[Signature]* 12/01/2023

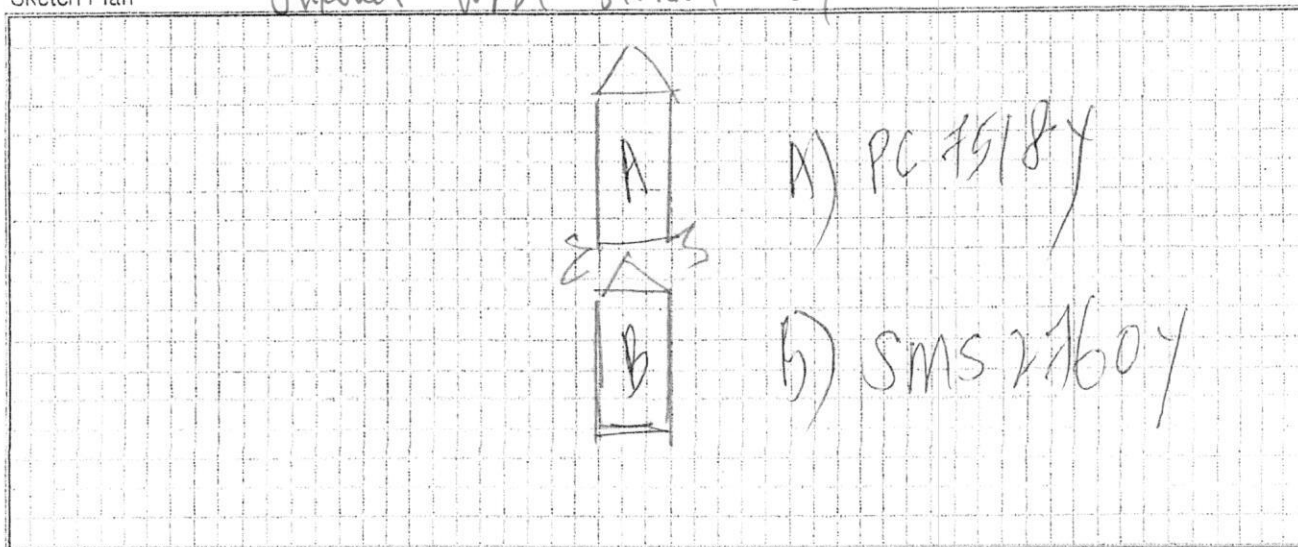
Policyholder's Signature / Date & Time

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

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

Sketch Plan

*Turn back WH81 STRAK1 64*



Describe Circumstance of the Accident

At 11/01/2023, 5.45pm, I was driving my car PC75184 and stopped for traffic light to turn green at Jurong West Street 64. Suddenly I felt an impact at my rear side of my vehicle. I immediately get off from car and exchange the particular with owner of ~~SMS 247~~ SMS 27604.

I left the scene after that. Nobody was injured.

Declaration

I/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

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

12/01/2023

Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT**

BASIC INFORMATION	
Date of Accident:	11/01/2023
Time of Accident:	1745 Hr.
Exact Location:	Jurong West Street 64

DETAILS OF OWN VEHICLE	
Vehicle Registration No.	PC75184
NRIC / FIN / Passport no:	T17LL0183J
Name of Registered Owner:	Citytransport (S) LLP
Owner's Email:	pa1317@yahoo.com.sg
Owner's Address:	546C, Segar Road #08-45 Segar Vale Singapore 673546
Vehicle Make:	Mitsubishi
Vehicle Model:	Rosa BE641JRMDEE
Engine Capacity (cc):	2998
Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire
Name of Insurance Co:	Sompo Insurance Singapore Pte Ltd
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft
Policy Number:	D22MTSCB4000196

DRIVER	
Name of Driver:	Tan Choo Wee
NRIC / FIN / Passport no:	S7731231E
Date of Birth:	04/11/1977
Occupation:	Indoor / Outdoor
Driving Pass Date:	05/06/2000
Contact Number:	92302000
Gender:	Male / Female
Address:	Blk 546C Segar Road #08-45 Singapore 673546
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:
Translator Name:	
Translator NRIC:	
Translator Contact no:	
Translator email:	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:
Weather Condition:	Clear / Raining / Others:
Road Surface:	Dry / Wet
Video available:	Yes / No
Was anybody injured?	Yes / No
Police Report Made?	Yes / No
No. of passenger onboard (including driver):	01

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SMS27604		
Vehicle Make / Model:	-		
Name of Driver:	Ng Wee Nam		
NRIC / FIN / Passport no:	S1764215D		
Contact Number:	-		
Name of Insurance Co:	-		

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver



Date and time

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**PC7518Y**

Make / Model  
**mitsubishi / ROSA BE641JRMDEE**

Vehicle Type :  
**Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus**

Vehicle Scheme :  
**Public Service Vehicle (Others)**

Propellant :  
**Diesel**

Motor No. :  
**-**

Power Rating :  
**-**

Maximum Laden Weight :  
**6040 kg**

Year Of Manufacture :  
**2018**

Lifespan Expiry Date :  
**02 Dec 2038**

Quota Premium :  
**\$29,501.00**

Road Tax Expiry Date :  
**02 Jun 2023**

Inspection Due Date :  
**02 Dec 2023**

CO2 Emission :  
**-**

CO Emission :  
**-**

NOx Emission :  
**-**

Vehicle Attachment 1 :  
**Air-Conditioned**

Chassis No. :  
**BE641JK30503**

Engine No. :  
**4P10D49717**

Engine Capacity :  
**2998 cc**

Maximum Power Output :  
**-**

Unladen Weight :  
**4120 kg**

Original Registration Date :  
**03 Dec 2018**

COE Category :  
**C - Goods Vehicle & Bus**

COE Expiry Date :  
**02 Dec 2028**

PARF Eligibility Expiry Date :  
**-**

Intended Transfer Date :  
**13 Jan 2023**

CEV/VES Rebate Utilised Amount :  
**-**

HC Emission :  
**-**

PM Emission :  
**-**

**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. : D22MTSCBU000196
1. Registration No. : PC7518Y
2. Insured Name : CITYTRANSPORT (S) LLP
3. Commencement Date : 03 DECEMBER 2022 00:00
4. Expiry Date : 02 DECEMBER 2023 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$2500 - Section I  
: \$2000 - 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.

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) 6226 3323

Visit [www.sompo.com.sg](http://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 : 24 NOVEMBER 2022 09:22

\*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 Name / Code : SSTA INSURANCE AGENCY PTE LTD / 11S13002 CI Code: 23H DKDB5Z2J\_LY1CZAA