

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	23/02/2023 11:13 (SGT)
Reported by	Driver
Date of Accident	21/02/2023 07:40 (SGT)
Exact Location of Accident	Admiralty Rd W, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8106B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	GATHERGATES SWITCHGEAR PTE. LTD.
Company Reg No	2XXXXX049R
Email Address	ponnarasank.7@gmail.com
Mobile Phone No	(Phone) +65-90077308
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPCVE000001

DRIVER

Name of Driver	KRISHNAMOORTHY PONNARASAN
Passport No/FIN	GXXXX662R
Date Of Birth	27/03/1993
Occupation	Outdoor

Date Of Driving Pass	09/10/2019
Driving experience	3 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90077308
Alt. Phone Number	-
Email Address	ponnarasank.7@gmail.com
Address	BLK 608 WOODLANDS RING ROAD #12-245
Address complement	-
Postcode	730608
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	VJE2602
Vehicle Category	Motorcycle

PASSENGER 1

Name	COLLEQUE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230221/7012

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	VJE2602
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	VJE2602
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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 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.



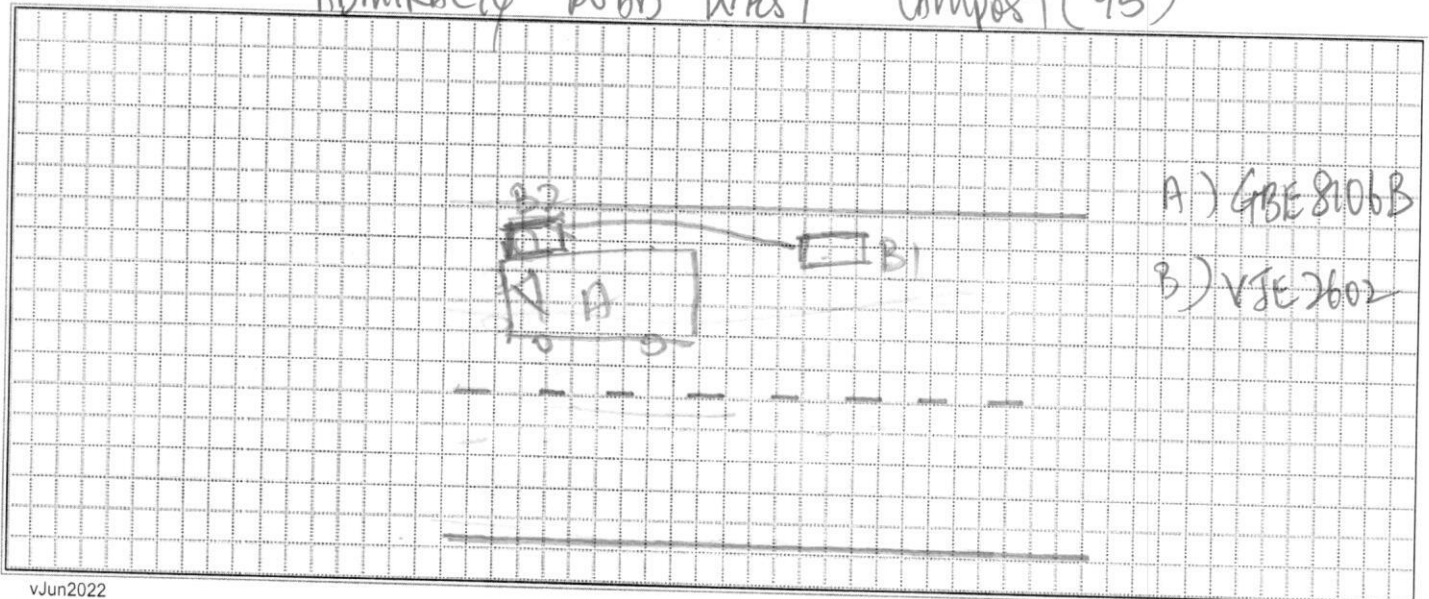
Policyholder's Signature / Date & Time

K. Pomanan 23/2/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

ADMIRALTY ROAD WEST LAMPPOST (95)



Describe Circumstance of the Accident

PLEASE REFER TO POLICE REPORT 7/20230221/2012

Declaration

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



Policyholder's Signature / Date & Time

K. Poman asan 23/2/2023 09:40

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

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



SINGAPORE POLICE FORCE



T/20230221/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230221/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2023 09:58	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: KRISHNAMOORTHY PONNARASAN			Address: 608 WOODLANDS RING ROAD #12-245 SINGAPORE 730608		
ID Type / ID No.: FIN NO / G3222662R			Contact No.: Home/Office: Mobile: 90077308		
Nationality: INDIAN			Email: ponnarasank.27@gmail.com		
Sex: Male	Age: 29	Date of Birth: 27/03/1993	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Programmer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/02/2023 07:40	Type of Location: Straight Road
Location: ADMIRALTY ROAD WEST				
Lamp Post Number: 95				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 10 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
GBE8106B	Van	NISSAN	NV200	White	Slightly Damaged	0
VJE2602	Motorcycle			Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230221/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230221/7012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBE8106B	GatherGates SwitchGear Pte Ltd			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KRISHNAMOORTHY PONNARASAN	ID No.	G3222662R
Related Vehicle	GBE8106B (Van)	Contact No.	90077308
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Around 0740hrs, 21 February 2023, I was driving my company van(Vehicle detail, Brand: Nissan, Model: NV200, License Plate Number: GBE8106B) along Admiralty road west. At that point of time, there are 2 lane at the road, I was at the left lane and starting to switch to the right lane. After switching to the right lane, suddenly there was a motorcyclist riding his motorcycle(Vehicle detail, License Plate Number: VJE2602) on my right side and hit until my company van right side mirror, and the motorcyclist fell and sustain a few abrasion. I called for police assistance and they also call for ambulance to arrive to the scene. The ambulance tend to the motorcyclist injury and bring him to hospital. My company van sustain slight damage on the right side mirror and some scratch on the vehicle right side.



**SINGAPORE
POLICE FORCE**



T/20230221/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20230221/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NUR HAFIZAH BINTE NORIZAN
Contact No.: 96189347

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/02/2023 09:58

Classification Of Case:

This report is lodged at Woodlands West NPC Kiosk 2
NP168

21st February 2023

TO: **Whom It May Concern,**

Dear Sir/Madam,

RE: **LETTER OF AUTHORISATION**

Please kindly assist Mr Krishnamoorthy Ponnarasan, S Pass No. 0 37028878 to file an accident report for Vehicle no. GBE8106B on behalf of Gathergates Switchgear Pte Ltd.

Thank-you.

Yours truly,



Hasnah MOHD LANI
Admin Executive

ACCIDENT STATEMENT

ACCIDENT DATE: (21/02/2023) (DD/MM/YYYY), TIME: (07:40) (HH:MM)

LOCATION: Admiralty rd west ~~EST~~ LP-95

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE8106 B
 b) INSURANCE COMPANY: SOMPO
 c) POLICY NUMBER: D23 MTPCUE 000001
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN NU200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 07:40 working
 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: LATH ERMATES SWITCHGEAR PT LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200200049R CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KRISH NAMODRITH PUNNARASAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 63222662R CONTACT: 90077308
 c) ADDRESS: BLK 608 - # 12-245
woodlands ring rd

* d) DATE OF BIRTH: (27/03/1993) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) Class 3

f) DATE OF DRIVING PASS Class 3

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: VJE2602 MODEL: MOTOR CYCLE

- b) DRIVER'S NAME: CONTACT:

- c) NRIC/FIN/PASSPORT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:

- b) DRIVER'S NAME: CONTACT:

- c) NRIC/FIN/PASSPORT:

No of passenger
 (including driver)
 (2)

No of passenger
 (including driver)
 (1)

No of passenger
 (including driver)
 ()

Email: PONNARASANK.27@gmail.com
 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)**

- Cert No./Policy No.** : D23MTPCVE000001
1. Registration No. : GBE8106B - Item No. 3
2. Insured Name : GATHERGATES SWITCHGEAR PTE. LTD.
3. Commencement Date : 01 JANUARY 2023 00:00
4. Expiry Date : 31 DECEMBER 2024 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$600 - Section I
7. Persons or Classes of Persons entitled to drive*
b) Any person who is driving on the Insured's 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*
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.

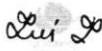
The Policy does not cover
1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
9. ExcelDrive Workshops & Accident Reporting
It is a condition precedent to liability that 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) 6461 6555

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 : 24 AUGUST 2022 14:10

*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 : 11K08804 & KYORITSU INSURANCE BROKERS (SINGAPORE) PTE. LTD. CI Code: 20D JQDHPY444KDDLFAW

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport
/Company Cert
No.: 200205049R

Owner ID Type: Company

Owner Name: GATHERGATES SWITCHGEAR PTE. LTD.

Registered
Address: 16 SENOKO DRIVE WOODLANDS EAST INDUSTRIAL ESTA SINGAPORE 758203

Mailing Address: -

Birth Date: -

Vehicle Particulars

Vehicle No.: GBE8106B

Previous Vehicle
No.: -

Effective Date of
Ownership: 31 Mar 2016

Original Regn Date: 31 Mar 2016

Registration Date: 31 Mar 2016

Year of
Manufacture: 2015

Vehicle Type: Goods (Closed) Van/Van Panel (Delivery)

Vehicle Scheme: -

Vehicle
Attachment 1: No Attachment

Vehicle
Attachment 2: -

Vehicle
Attachment 3: -

Vehicle Make: NISSAN

Vehicle Model: NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC

Primary Colour: White

Secondary Colour: -

Passenger
Capacity: 1

Chassis No.: VSKYBAM20Z0122528

Engine No.: K9KC400D055310

Engine Capacity
/Power Rating: 1461 cc / -

Maximum Power
Output: -

Propellant: Diesel