

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	14/03/2023 15:57 (SGT)
Reported by	Driver
Date of Accident	14/03/2023 03:30 (SGT)
Exact Location of Accident	Telok Blangah, Singapore
Additional Location Information	INSIDE PSA GATE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD9574X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GALAXY LOGISTICS PTE LTD
Company Reg No	1XXXXX446Z
Email Address	henrylim1979@yahoo.com
Mobile Phone No	(Phone) +65-83449794
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P400LA4X2MSZ
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	Commercial vehicle
Transmission	Manual
CC	12742

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTHCVE001406

DRIVER

Name of Driver	PATTRAMANGALAM SUBBURAJ DHAYANITHI
Passport No/FIN	GXXXX395L
Date Of Birth	02/05/1981
Occupation	Outdoor

Date Of Driving Pass	27/10/2014
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83449794
Alt. Phone Number	-
Email Address	henrylim1979@yahoo.com
Address	9 DAIRY FARM HEIGHTS #06-22
Address complement	THE SKYWOODS
Postcode	676670
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE7820T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	TRD9148P
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PATTRAMANGALAM SUBBURAJ DHAYANITHI
Gender	Male
Phone No	(Phone) +65-83449794
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	XD9574X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

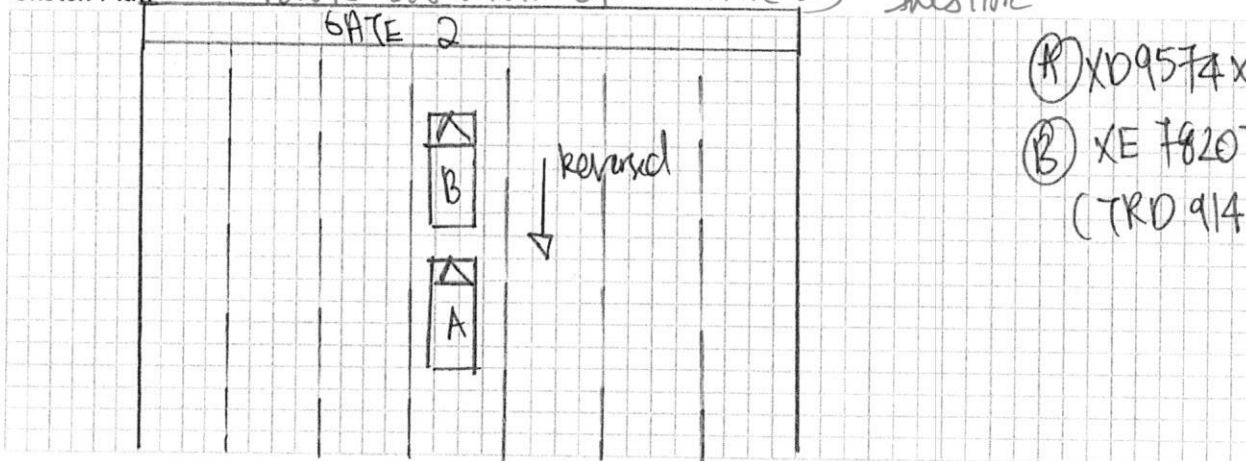
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

TELOK BLAUHAT (PSA GATE 2)

INSIDE



(R) XD9574X
(B) XE 7820T
(TRD 9148P)

Describe Circumstances of the Accident

On 14~~03~~ 2023 at about 0330hrs, I was inside PSA Gate 2. Ahead of me, there's lorry XE7820T (TRD 9148P), stopping. We are queuing to enter the gate. While waiting for the said vehicle to enter, all of a sudden the said trailer had reversed and collided onto my front portion of the vehicle. That's all.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

P. S. Chin

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

Witnessed by Reporting Centre Personnel

[Signature] 14/03/2023

Date of Accident : 14/03/23 Accident Time: 0330hrs. (24-HR-Format)
Accident Place : Inside PSA Gate 2
Vehicle. No. (Car Plate No.) : XD 9574X Make/Model: Scania P400A4x2m s2
Insurance Company : 80mpo Policy No: D22MTHCUE001406
Owner or Company Name /IC No. : 6 GALAXY LOGISTICS PTE LTD (1998024462)
Owner or Company Contact No. : 8344 9794 Owner's Hp _____ Company Tel 96631395L
DRIVER'S Name / IC No. : Pattaramangalam Subburaj Dhayanithi
DRIVER'S Date Of Birth : 02/05/1981 DRIVER'S License Pass Date 27.10.2014
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 9 Dairy Farm Heights #06-22 The Skywoods S(677670)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) 8344 9794
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : HenryLim1979@yahoo.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): Driver only
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle. No:	<u>XE 1820T (TRD 9148P)</u>	Vehicle. No:	_____
Vehicle Make/Model:	_____	Vehicle Make/Model:	_____
Name Driver:	_____	Name Driver:	_____
IC No. Driver/Contact:	_____	IC No. Driver/Contact:	_____

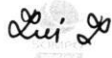
* NEW - Passenger's name & gender:

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. : D22MTHCVE001406
1. Registration No. : XD9574X
2. Insured Name : GALAXY LOGISTICS PTE LTD
3. Commencement Date : 22 SEPTEMBER 2022 00:00
4. Expiry Date : 21 SEPTEMBER 2023 23:59
5. Coverage : Market value at time of loss - Comprehensive
6. Excess : \$2000 - All Claims
7. Persons or Classes of Persons entitled to drive*
- 1) Whilst the vehicle is being used in connection with the Insured's business -
- a) The Insured.
- b) Any other person provided he is in the Insured's employ and is driving on his order or with his permission.
- 2) Whilst the vehicle is being used for social, domestic or pleasure purposes -
- a) The Insured.
- b) Any other person who is driving on the Insured's order or with his 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 Insured's business.
- 3) Use for social, domestic or pleasure purposes.
- The Policy does not cover
- 1) Use for racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a greater number of trailers in all than is permitted by law.
- 3) Use for the carriage of passengers for hire or reward.
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 : 12 AUGUST 2022 10:27

*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 Code & Name : 11S04600 & SIN SEET INSURANCE AGENCY PTE LTD CI Code: 29D LJD5LL444_L1MFAJ

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Owner ID:

Company

446Z

Vehicle Details

Vehicle No.:

XD9574X

Vehicle to be Exported:

No

Intended Deregistration Date:

08 Apr 2023

Vehicle Make:

SCANIA

Vehicle Model:

P400LA4X2MSZ

Primary Colour:

Multicolor

Manufacturing Year:

2014

Engine No.:

6823976

Chassis No.:

YS2P4X20005356229

Maximum Power Output:

-

Open Market Value:

\$112,066.00

Original Registration Date:

22 Sep 2014

First Registration Date:

22 Sep 2014

Transfer Count:

0

Actual ARF Paid:

\$5,604.00

Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

Intended COE Rebate Details

COE Expiry Date:

21 Sep 2024

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

QP Paid:

\$49,901.00

COE Rebate Amount:

\$7,249.00

Total Rebate Amount:

\$7,249.00

The information contained herein is correct as at 14 Mar 2023

OK

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: SN09233E000E Vehicle Registration No: XD9574X

Name (as shown in NRIC): PATTAMANGALAM NRIC/FIN/Passport No: GXXXX395L

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

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 8344 9794

Email Address: _____

Date of Accident: 14/08/2023 Time of Accident: 03:30

Place of Accident: TELOK BLANGAH RD INSIDE PSA GATE 2

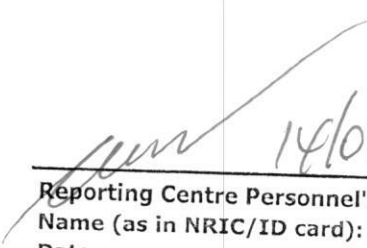
Insurance Company: SOMP

(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:

DATA OF ACCIDENT 20 14/08/2023

Policyholder / Actual Driver's Signature
Date:

 14/08/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: