





## 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	24/03/2023 15:09 (SGT)
Reported by	Actual Driver
Date of Accident	17/02/2023 23:00 (SGT)
Exact Location of Accident	Beatty Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6053M
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CANON MEDICAL SYSTEMS ASIA PTE LTD
Company Reg No	1XXXXX681G
Email Address	jackson.yeong@sg.medical.canon
Mobile Phone No	(Phone) +65-94763071
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Citroen
Model	Berlingo
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	Auto
CC	1560

#### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPCVE000134

#### DRIVER

Name of Driver	YEONG SHIAN CHURN JACKSON
NRIC No	SXXXX162F
Date Of Birth	06/09/1977
Occupation	Outdoor

Date Of Driving Pass	15/08/2000
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94763071
Alt. Phone Number	-
Email Address	jackson.yeong@sg.medical.canon
Address	BLK 642D PUNGGOL DRIVE #18-377
Address complement	-
Postcode	824642
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	No 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	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)	0
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	BARRIER
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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) .....	-



## 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;

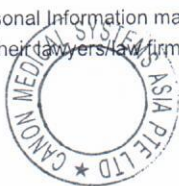
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



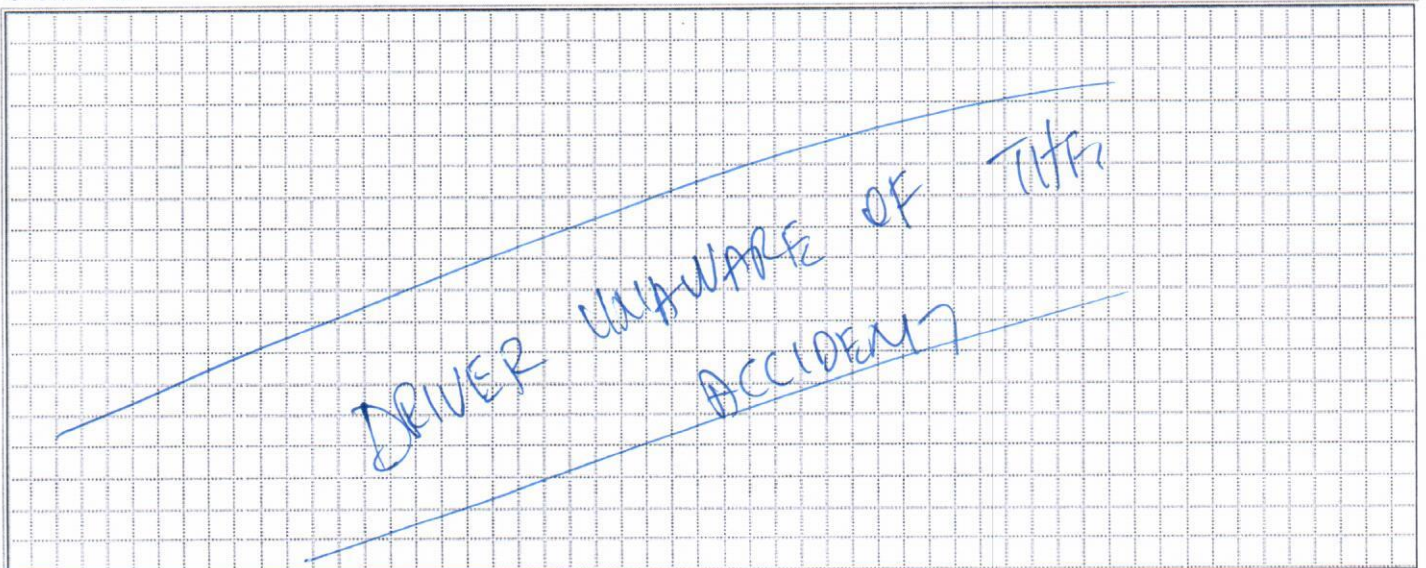
*[Signature]* 24/3/2023 14:35

Policyholder's Signature / Date & Time

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

*[Signature]* 24/03/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident


I was unaware of the accident until I received a letter from Sumpo Insurance on 16/3/2023

Declaration

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



Policyholder's Signature / Date & Time

 24/3/2023 14:35

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

 24/03/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# ACCIDENT STATEMENT

ACCIDENT DATE: 17/02/2023 (DD/MM/YYYY), TIME: 23:00 (HH:MM)

LOCATION: URA carpark Beatty Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8D 6053M  
 b) INSURANCE COMPANY: Compo Insurance  
 c) POLICY NUMBER: D23 MTPCVR 000134  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Citron Berlingo  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 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: Carum Medical system PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 199504681 G CONTACT:  
 c) ADDRESS:

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

4. No of passengers  
 (including driver)  
 ( )

- DRIVER  
 a) NAME: Yenny Shini Churn Jackson (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 3772516213 CONTACT: 99763071  
 c) ADDRESS: 816 6421 Ponggol Ponggol Drive #18-377  
3824642

\* d) DATE OF BIRTH: 06/09/1977 (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:

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:

## 8. THIRD PARTY VEHICLE

4. No of passengers  
 (including driver)  
 ( )

- a) VEHICLE NUMBER: barrier MODEL:  
 b) DRIVER'S NAME: CONTACT:  
 c) NRIC/FIN/PASSPORT:

## 9. THIRD PARTY VEHICLE

4. No of passengers  
 (including driver)  
 ( )

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME: CONTACT:  
 c) NRIC/FIN/PASSPORT:

Signature: Jackson  
 Email: jackson.yenny@sg.carummedical  
 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. : D23MTPCVE000134  
1. Registration No. : GBD6053M  
2. Insured Name : CANON MEDICAL SYSTEMS ASIA PTE LTD  
3. Commencement Date : 02 JANUARY 2023 00:00  
4. Expiry Date : 01 JANUARY 2024 23:59  
5. Coverage : Market value at time of loss - Comprehensive  
6. Excess : \$750 - 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.

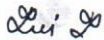
It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

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](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 : 22 DECEMBER 2022 08:13

\*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 Name / Code : TAM ANTHONY DONALD / 11M05704 CI Code: 20D JQDBZM4\_2KDT6EAJ



**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: SN0923300009 Vehicle Registration No: GPD 6053  
Name (as shown in NRIC): Younk Shion Chuan Jackson NRIC/FIN/Passport No: 8XXXX162F  
(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 94768071  
Email Address: \_\_\_\_\_  
Date of Accident: 17/01/2023 Time of Accident: 23:00  
Place of Accident: BETTY ROAD WRA CARPARK  
Insurance Company: Sampo

**(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:

EMAIL ADDRESS TO JACKSON. YOUNK S.G. MEDICAL CANON

\_\_\_\_\_  
Policyholder / Actual Driver's Signature  
Date:

24/03/2023  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: