

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	19/04/2023 11:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/04/2023 19:11 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	HEADING TO DHOBY GHAUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9717K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RAMESH S/O BHAGWANDASS DUHILANOMAL NANDWANI
NRIC No	SXXXX547H
Email Address	mikenandwani@yahoo.com
Mobile Phone No	(Phone) +65-96350769
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01012075

DRIVER

Name of Driver	RAMESH S/O BHAGWANDASS DUHILANOMAL NANDWANI
NRIC No	SXXXX547H
Date Of Birth	25/11/1963
Occupation	Indoor

Date Of Driving Pass	16/05/1984
Driving experience	38 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96350769
Alt. Phone Number	-
Email Address	mikenandwani@yahoo.com
Address	19 JALAN TUPAI
Address complement	-
Postcode	249146
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SJN888M
Insurance Company of Other Vehicle Owned by Driver	Liberty Insurance Pte Ltd

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)	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	-
PASSENGER 1	
Name	NELIZA RAMESH NANDWANI
Gender	Female

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	SGD6968P
Vehicle Manufacturer	Toyota
Vehicle Model	Alphard
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	HU ZHIYONG
NRIC No	SXXXX394J
Contact Number	(Phone) +65-82395653
Address	-
Address complement	BLK 312A CLEMENTI AVENUE 4 #38-165
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	121312

 Accident report SN09234J0003

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SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.

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

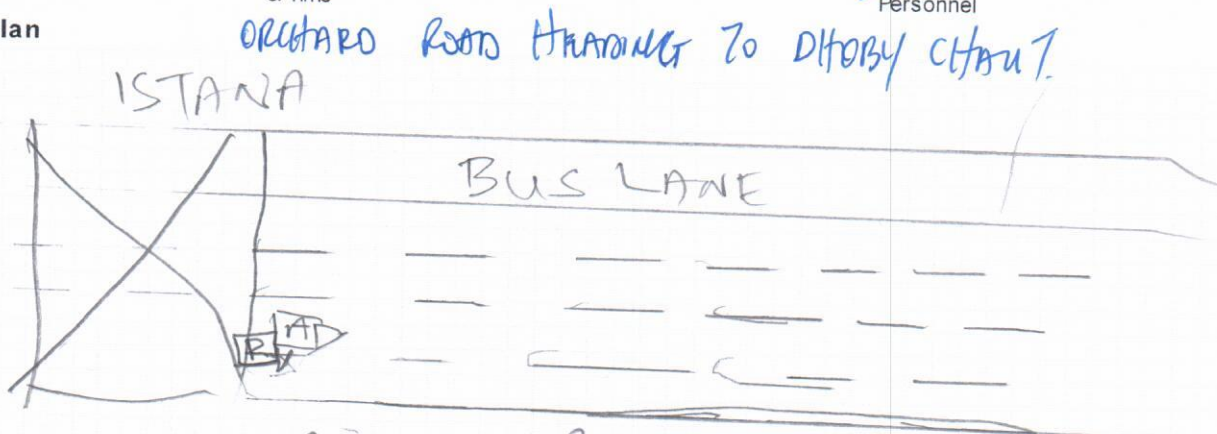
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



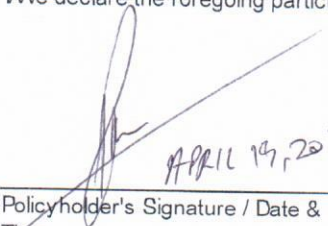
A - SNA9717K
B - SGD6968P

Describe Circumstances of the Accident

I was driving along Orchard Road and when I slowed down when the vehicle in front of me hit the brakes, suddenly the vehicle SGD 6968P hit me from the back.
Refer to videos attached.

Declaration

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


Policyholder's Signature / Date & Time

APRIL 19, 2023

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


Witnessed by Reporting Centre Personnel

19/04/2023

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report	APRIL 19, 2023	Time: 0930
Date of Accident	APRIL 18, 2023	Time: 1911
Exact Location of Accident	ORCHARD ROAD HEADING TO BHOBY GHAT.	

DETAILS OF OWN VEHICLE

Vehicles Registration Number: SNA9717K	Name of Registered Owner: RAMESH B. D. NANDWANI
NRIC / Passport No. / FIN: S1583547H	Co. Reg. No. (for Co. Vehicle Only):
Vehicle Particulars	
Manufacturer: HYUNDAI Hyundai	Model: AVANTE S
Exact purpose for which vehicle was being used at time of accident. Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):	
Are you claiming your own insurance policy for repair to your veh.? Yes <input type="checkbox"/> No, Reporting Only <input type="checkbox"/> No, Third Party <input type="checkbox"/>	
Vehicle Category: Private Car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Others <input type="checkbox"/>	
Insurance Company:	
Name of Insurance Company:	
Type of Coverage: Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>	
Fleet Policy: Yes <input type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:

Driver:	
Name of Driver: RAMESH B. D. NANDWANI	NRIC / Passport No. / FIN: S1583547H
Date of Birth: NOVEMBER 25, 1963	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Date of Driving Pass: MAY 16, 1984	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No: 96350769	Fax No.: Alternative Phone No.: 62141787
Address: 19 Jalan Tupai (Post Code: 249146)	
Email Address: mikenandwani@yahoo.com mikenandwani@yahoo.com	
Was driver an employee of the Insured's Company? Yes <input type="checkbox"/> No <input type="checkbox"/> State relationship of the driver with the insured:	

Vehicle Registration Number of Driver's Own Vehicle (if applicable):	NO. OF PERSON IN VEH: 2
Insurance Company of Driver's Own Vehicle (if applicable):	

Other Information of the Accident

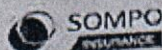
Type of Accident:	NELIZA RAMESH NANDWANI	
Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Was any body injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was any other material or property damaged?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Are accident photos available for attachment	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?	
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?	

DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)

Vehicles Registration No.: SGD 6968P	Vehicle Make / Model / Colour: TOYOTA / ALPHARD / WHITE
Details of Property Damaged in Accident:	
Name of Driver: HU ZHIYONG	NRIC/Passport Number: S2735394J
Contact Number: 82395653	
Address: APT BLK 312A CLEMENTI AVENUE 4 #38-165 (Post Code: 121312)	
Insurance Company Name:	
Nature of Damage: FRONT LEFT BUMPER.	No. of Passengers (Including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	

DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)

Name:	Approximate Age:
Address: (Post Code:)	
Injuries Sustained:	Injured person in which vehicle:
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>



Sompo Insurance Singapore Pte. Ltd.
50 Thomas Road, #03-03
Singapore 248522
Tel: 6463 4334 | Fax: 6321 3302 | www.sompo.com.sg
Co. Reg. No.: 106905432E | GST Reg. No.: M000900396

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No.	D22MTPV01012078
Insured	RAMESH S/O BHAGWANDASS DUHILANOMAL NARAYAN
Motor Vehicle (Registration No.)	SNA9717K
Coverage	Comprehensive - ExcelDrive FOCUS
Policy Commencement Date	27 JULY 2022 00:00
Policy Expiry Date	26 JULY 2023 23:59
Maximum Liability (Section I)	Market value at time of loss
Excess*	\$500 - Section I
Voluntary Excess*	N/A
Windscreen Excess*	\$5100.00 for each and every applicable claim.

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In the event of the death of the Insured,
 - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured, and
 - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

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 (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Part IV of the Road Transport Act 1987 (Malaysia), and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP-30

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue: 18 JULY 2022 17:05

IMPORTANT NOTICE

- Keep the Certificate in your Motor Vehicle.
- Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act.
- On the sale of the Motor Vehicle or if for any reason the insurance is terminated during its currency, the Insured 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 (Chapter 169).
- This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name: 11A04605 & ABLE INSURANCE BROKERS PTE LTD | CI Code: 22A 3HDHLT4R4KMBWEAJ

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: SN09234J0003 Vehicle Registration No: SWA9717K
Name (as shown in NRIC): RAMKISH s/o BHAGWANRAJ NRIC/FIN/Passport No: SXXXX5474
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96350761
Email Address: _____
Date of Accident: 18/04/2023 Time of Accident: 19:11
Place of Accident: ORCHARD ROAD HEADING TO DITTOBY CHAUF
Insurance Company: _____

(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:

① To change to T/P Claims

② OWNER GOT 1 MORE VEHICLE SWA888M (LIBERTY)

Policyholder / Actual Driver's Signature
Date: _____

20/4/2023

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