

# 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 .....	21/04/2023 14:56 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	20/04/2023 23:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ADMIRALTY ROAD WEST
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YQ1598A
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SINGAPORE ENGINEERING SERVICES PTE LTD
Company Reg No .....	2XXXXX393C
Email Address .....	BRZEE@SESHUB.COM
Mobile Phone No .....	(Phone) +65-97121115
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	Nhr85uh4aa
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2999

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTPCVE002906

### DRIVER

Name of Driver .....	ADAIKKALAM MATHAVAN
Passport No/FIN .....	GXXXX306X
Date Of Birth .....	08/03/1990
Occupation .....	Outdoor

Date Of Driving Pass .....	05/03/2014
Driving experience .....	9 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97121115
Alt. Phone Number .....	-
Email Address .....	BRZEE@SESHUB.COM
Address .....	C/O 32 ANG MO KIO IND PARK 2 SING IND. COMPLEX
Address complement .....	-
Postcode .....	569510
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? .....	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) .....	3
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 .....	PARAMASIVAM
Gender .....	Male

#### PASSENGER 2

Name .....	A. AYYAPPAN
Gender .....	Male

#### 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

#### 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 .....	GBJ5775M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	WANG YAO
Passport No/FIN .....	GXXXX809Q
Contact Number .....	(Phone) +65-88847014
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.

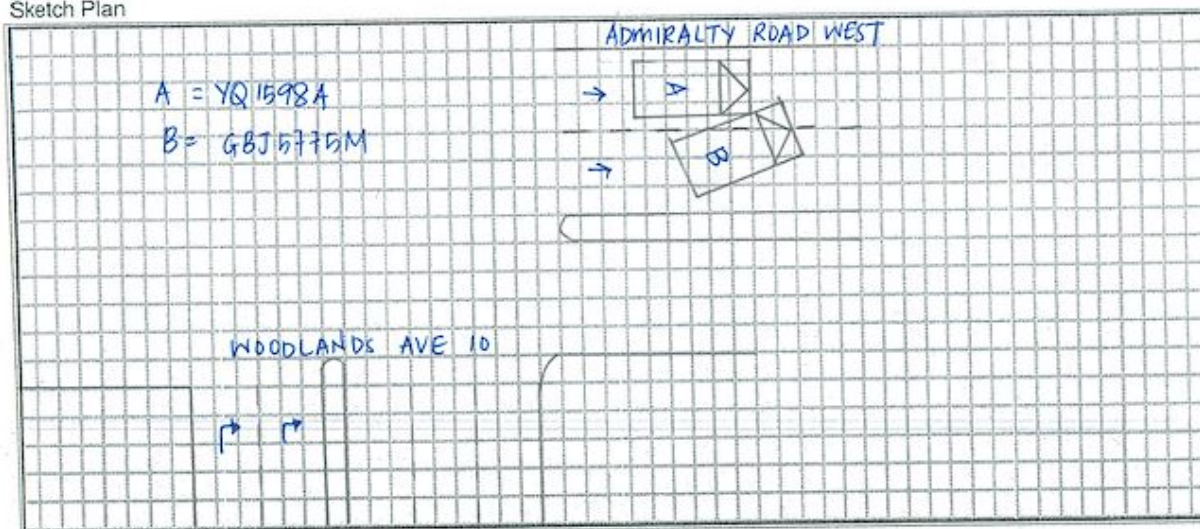
Policyholder's Signature / Date & Time

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

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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944

Sketch Plan





## Describe Circumstance of the Accident

On 20.04.2023 at about 2330hrs, I was travelling along Woodlands Ave 10 doing a right turn towards Admiralty Road West.

There was two right turn lanes and I was on the 2<sup>nd</sup> lane. Vehicle GBJ5775M was on the 1<sup>st</sup> lane.

Both of us made a right turn. Upon turning onto Admiralty Road West, vehicle GBJ5775M suddenly did a left lane change, cuts into my lane abruptly.

His left portion collided onto the right front corner of my vehicle.

We exchanged particulars for insurance claim.

Nobody was injured from this accident.

## 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

CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)













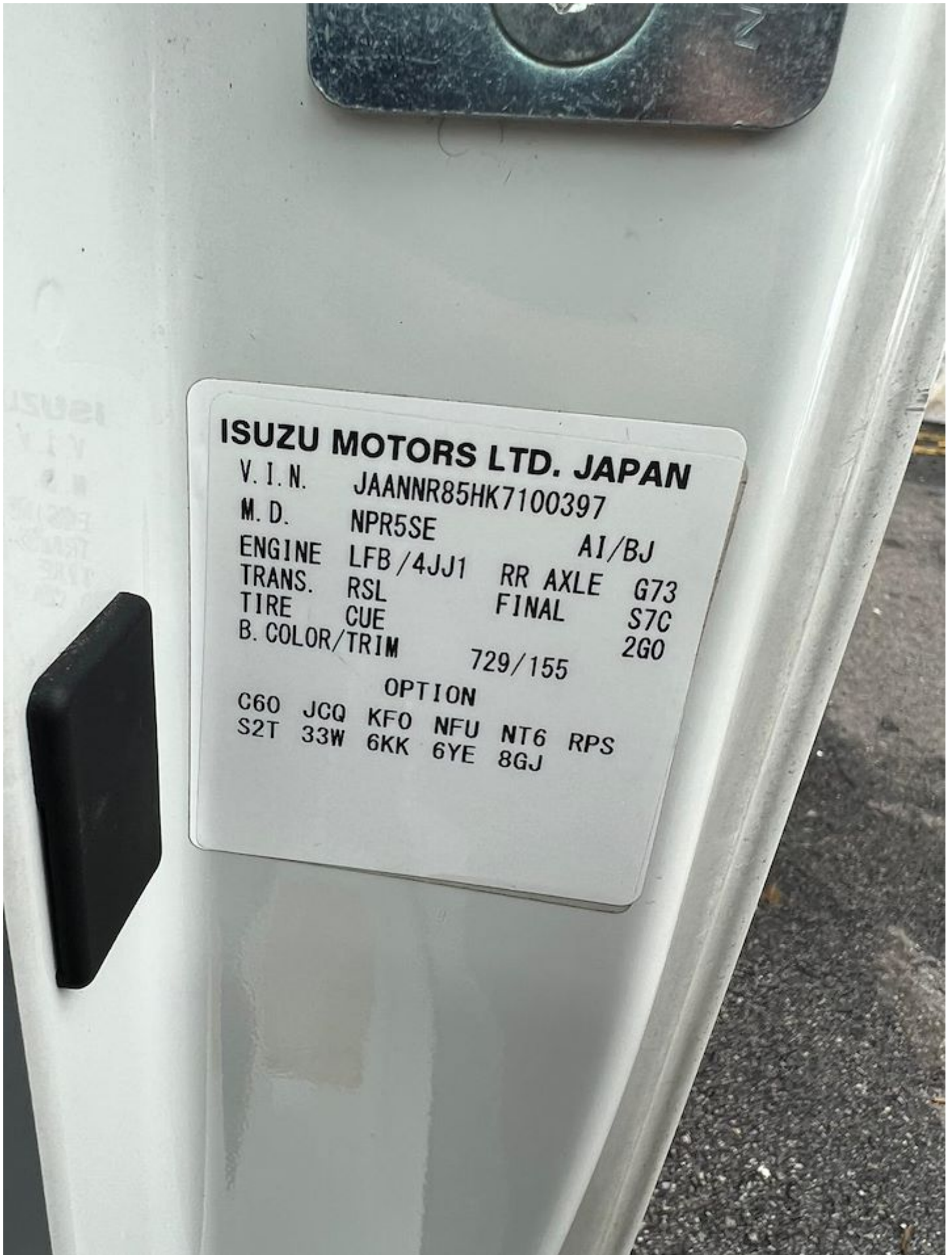
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC1N234L0004 Vehicle Registration No: YQ 1598A  
 Name (as shown in NRIC): Aolai Kalam Mathavan NRIC/FIN/Passport No: G2307306X  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 4032 Ang Mo Kio Ind Park 2 Sing Ind. Complex, Singapore 56970  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97121115  
 Email Address: BR2EE@Soshub.com  
 Date of Accident: 20/04/23 Time of Accident: 23:30  
 Place of Accident: Admiralty Road West  
 Insurance Company: Sampo - D22M7PCUE002906

**(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:

Added in video.

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

CITY AUTO PTE LTD  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:





Sompo Insurance Singapore Pte. Ltd.  
50 Raffles Place, #03-03  
Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg  
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

### 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. : D22MTPC002906
1. Registration No. : YQ1598A
2. Insured Name : SINGAPORE ENGINEERING SERVICES PRIVATE LIMITED
3. Commencement Date : 31 OCTOBER 2022 00:00
4. Expiry Date : 30 OCTOBER 2023 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 : 28 SEPTEMBER 2022 12:44

\*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 : 11P14005 & PRO-LINK INSURANCE AGENCY CI Code: 20D FFKDMMT24IJM10EA



**SINGAPORE ENGINEERING SERVICES PTE LTD**

EXCELLENCE REDEFINED...

## LETTER OF AUTHORIZATION

Date: 21/4/2023

We hereby authorise **Mr ADAIKKALAM MATHAVAN** FIN No: G2307306X to drive our company's vehicle no **YQ1598A**

Thank you

For Singapore Engineering Services pte Ltd



32 Ang Mo Kio Industrial Park 2  
#05-03, Sing Industrial Complex  
Singapore - 569510  
Tel: 64845711 Fax: 64845713  
GST No.: 201009393C, info@seshub.com