

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	03/05/2023 17:38 (SGT)
Reported by	Actual Driver
Date of Accident	29/04/2023 12:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN5033C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	O BREAD 2 PTE. LTD.
Company Reg No	2XXXXX081K
Email Address	sandy.yksupreme@gmail.com
Mobile Phone No	(Phone) +65-96140110
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
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	2998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPCVE000057

DRIVER

Name of Driver	WANG XIANGJUN
Passport No/FIN	GXXXX461K
Date Of Birth	25/08/1976
Occupation	Outdoor

Date Of Driving Pass	12/03/2014
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96140110
Alt. Phone Number	-
Email Address	sandy.yksupreme@gmail.com
Address	3015 BEDOK NORTH STREET 5 #04-05
Address complement	-
Postcode	486350
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	Chain 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	3
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	COLLEAGUE
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

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	SJN9090C
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PATRICK GILBERT
NRIC No	SXXXX480I
Contact Number	(Phone) +65-90265794
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC319S
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	S RAVINDRAN
NRIC No	SXXXX685C
Contact Number	(Phone) +65-91540806
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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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.

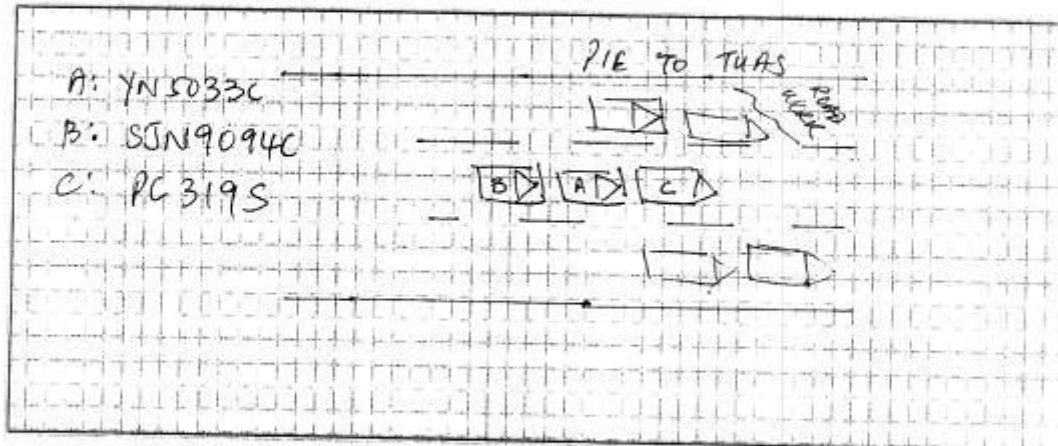


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NR/CAD card)

Sketch Plan



Describe Circumstance of the Accident

On mentioned date and time, I was driving along Tuas Pk in Tuas direction near Bukit Batok. The traffic flow was heavy due to road works on the LEFT lane. As we approaching the road works, those vehicle on the LEFT lane filtering into the centre lane. The front vehicle slow down and I follow suit and the next moment vehicle B crashed against my vehicle. Due to the impact my vehicle surge forward and collided against vehicle C (PC 3195)

Was there any video captured by Car Camera? Yes ☒ No
 Has the driver been approached by unknown person(s)? Yes ☒ No
 Number of Passengers (Including Driver)? 02
 Name MALE COLLEAGUE (INDIAN). Gender: MALE
 Name Gender:
 Name Gender:

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 03/05/2023
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



























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ANNEX E

NOTICE OF REPORTING

This is to confirm that Wang Xiangjun, NRIC: G5481461K, HP: 96140110 has reported to the Police a non-injury traffic accident which occurred along PIE towards Tuas on 29/4/2023 at 1210hrs involving the following vehicles :-

- i) **YN5033C – Mitsubishi Lorry, White color**
- ii) **PC319S – Toyota, White color**
- iii) **SJN9094C – Hyundai Avante, Silver color**

2 If this accident was reported to the Police within 24 hours of its Occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276

Rank/Name of Issuing Officer: SSS Ong Yu Xiang
 Date: 30/4/2023
 Time: 1538hrs
 Station Diary ref: 6
 Police Post/Unit: Tanah Merah NPP

Original - to be issued to informant
 Duplicate - to be submitted to Traffic Police

Tanah Merah NPP
 Block 51 New Upp Chang Rd
 #01-1514/1516 Singapore 461054
 Tel: 1800-4899999

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version as of 15 Sep 2000