

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	2XXXXXX081K
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	SJN9094C
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	PC3119S
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)	-

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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)

Sketch Plan

Handwritten sketch plan on grid paper:

A: YN5033C
B: SJN9094C
C: PG3119S

Diagram showing vehicle positions and movement:

PIE TO THAS

Diagram includes boxes labeled B, A, C and arrows indicating movement.

Describe Circumstance of the Accident

On mentioned date and time, I was driving along Teras Pie in Tuar 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 31195)

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

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

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

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	29-04-2023	Time of Accident:	1210
Exact Location:	PIE TOWARDS TUAS		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	YN 5033c	NRIC / FIN / Passport no:	200707081K
Name of Registered Owner:	O BREAD 2 PTE LTD		
Owner's Email:	Sandy.yksupreme@gmail.com		
Owner's Address:	3015 BEDOK NORTH ST 5 #04-05 (486350)		
Vehicle Make:	mitsubishi	Vehicle Model:	CANTER
Engine Capacity (cc):	2998cc	Transmission:	Auto (Manual)
Type of Claim:	Own Damage / (Third Party) / Reporting Only		
Vehicle Category:	Private (Commercial) Motorcycle / Private Hire		
Name of Insurance Co:	SOMPO INSURANCE		
Type of Policy:	(Comprehensive) Third Party / Third Party, Fire & Theft		
Policy Number:	D23 MTP CVE 000057		

DRIVER			
Name of Driver:	WANG XIANGJUN		
NRIC / FIN / Passport no:	65481461K	Date of Birth:	25-08-1976
Occupation:	(Indoor) Outdoor	Driving Pass Date:	12-03-2014
Contact Number:	96140110	Gender:	(Male) Female
Address:	3015 BEDOK NORTH ST 5 #04-05 (486350)		
Relationship with Owner:	Owner / (Employee) Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	(Chain collision) / Side Swipe / Front to Rear / Others:		
Weather Condition:	(Clear) / Raining / Others:		
Video available:	Yes / (No)	Road Surface:	(Dry) Wet
Was anybody injured?	Yes / (No)	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	02 MALE : INDIAN COLLEAGUE		

DETAILS OF OTHER VEHICLE			
Vehicle 1	Vehicle 2	Vehicle 3	
Vehicle Registration No:	PC 3119S	Vehicle 2	Vehicle 3
Vehicle Make / Model:	TOYOTA HACE	Vehicle 2	Vehicle 3
Name of Driver:	S RAVINDRAN	Vehicle 2	Vehicle 3
NRIC / FIN / Passport no:	S1575685C	Vehicle 2	Vehicle 3
Contact Number:	91540806	Vehicle 2	Vehicle 3
Name of Insurance Co:		Vehicle 2	Vehicle 3

DETAILS OF WITNESS			
Name:	Contact Info:		
DETAILS OF INJURED PERSON			
Name / in which vehicle?:	Person 1	Person 2	Person 3

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Signature of Driver _____

Date and time _____

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. : D23MTPCVE000057
1. Registration No. : YN5033C
2. Insured Name : O BREAD 2 PTE. LTD.
3. Commencement Date : 01 JANUARY 2023 00:00
4. Expiry Date : 31 DECEMBER 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 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 : 08 DECEMBER 2022 02:01

*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 vehicle 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 : ENSURE PTE. LTD. / 11E07804 CI Code: 20D 4XDHBT4KK1DMJRAH

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: S21092352000 G Vehicle Registration No: YM 5033 C

Name (as shown in NRIC): Wong Xianhui NRIC/FIN/Passport No: GXXXX 461K

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

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 9614 0100

Email Address: _____

Date of Accident: 29/04/2023 Time of Accident: 12:10

Place of Accident: PIR towards Tuar

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:

TIP Vehicle B) SJM 9094C & Van C) PC3119S

Policyholder / Actual Driver's Signature
Date: _____

[Signature]
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 04/05/2023