

# 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 .....	11/04/2023 17:47 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	08/04/2023 18:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Along Jurong West Avenue 2 towards Bulim Heavy Vehicle Carpark
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	XE2309L
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	AIK HUAT TRANSPORT PTE LTD
Company Reg No .....	198105359H
Email Address .....	aikhuat8@hotmail.com
Mobile Phone No .....	(Phone) +65-62206095
Alternative Phone No .....	(Office) +65-62206095

### VEHICLE PARTICULARS

Manufacturer .....	Scania
Model .....	P440LA4X2HSZ
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	12742

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTHCVE001662

### DRIVER

Name of Driver .....	Zhi Bingye
Passport No/FIN .....	G8238934U
Date Of Birth .....	28/07/1979

Occupation .....	Outdoor
Date Of Driving Pass .....	22/08/2012
Driving experience .....	10 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96548121
Alt. Phone Number .....	-
Email Address .....	aikhuat8@hotmail.com
Address .....	672A Jurong West Street 65
Address complement .....	-
Postcode .....	641672
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) .....	1
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? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to police report T/20230411/2079

#### 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 .....	SMG105R
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Lee Poh Fatt
NRIC No .....	S8670779I
Contact Number .....	(Phone) +65-92300446
Address .....	Apt Blk 8 Jurong Lake Link
Address complement .....	-
Postcode .....	648130
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****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 Authorised Driver.
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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 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

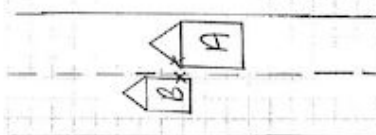
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**  
**AIK HUAT TRANSPORT PTE. LTD.**  
**18 BOON LAY WAY #10-117 TRADEHUB 21**  
**SINGAPORE 609966**  
**TEL: 6220 6095 FAX: 6224 1946**  
**EMAIL: aikhuat8@hotmail.com**

(A) KE2309L

(B) SMG105R



## Describe Circumstances of the Accident

Refer to police report T/20230411/2079

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

Time 8:11  
AIK HUAT TRANSPORT PTE. LTD.  
18 BOON LAY WAY #10-117 TRADEHUB 21  
SINGAPORE 609966  
TEL: 6220 6095 FAX: 6224 1946  
EMAIL: aikhuat8@hotmail.com

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

Witnessed by Reporting Centre  
Personnel















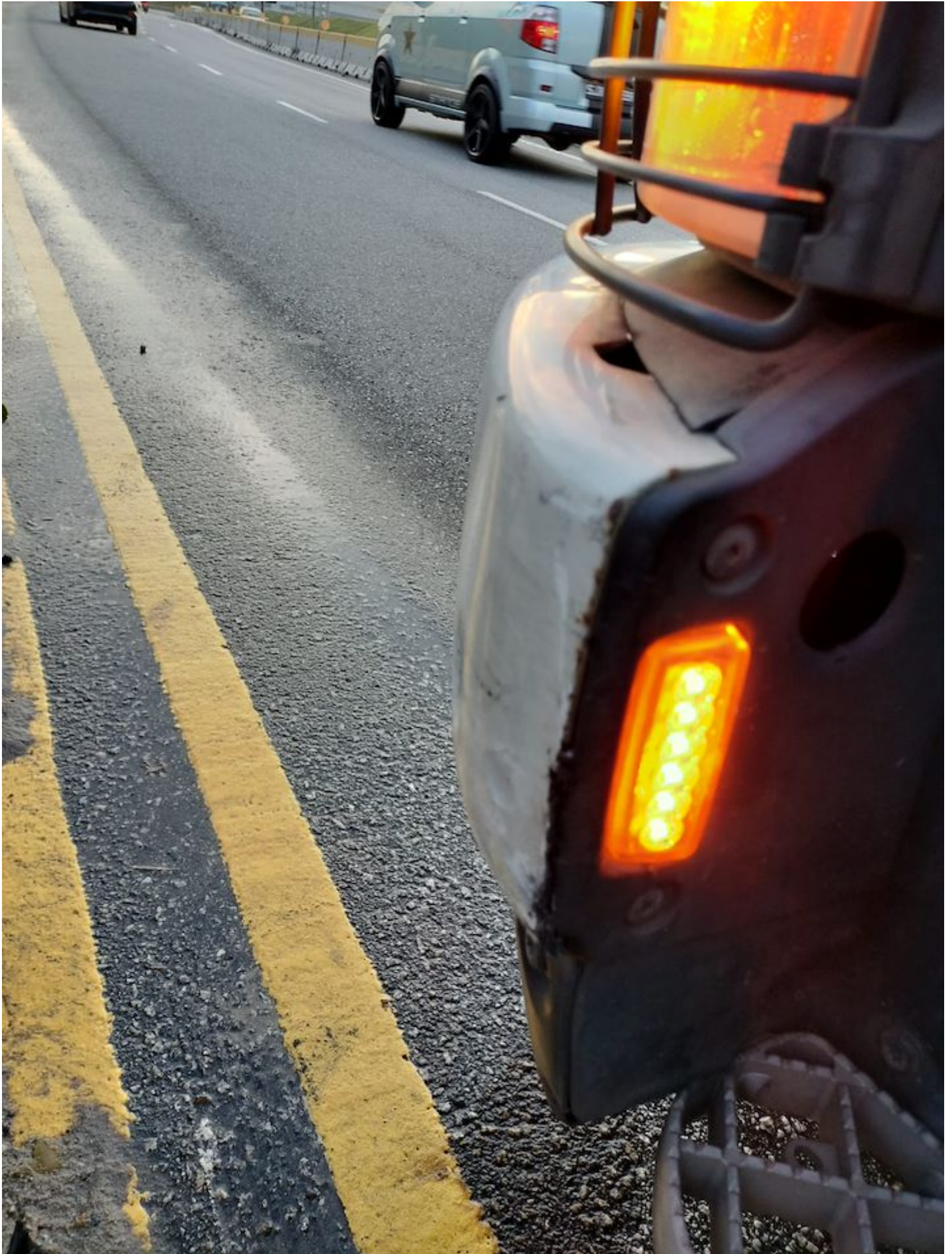










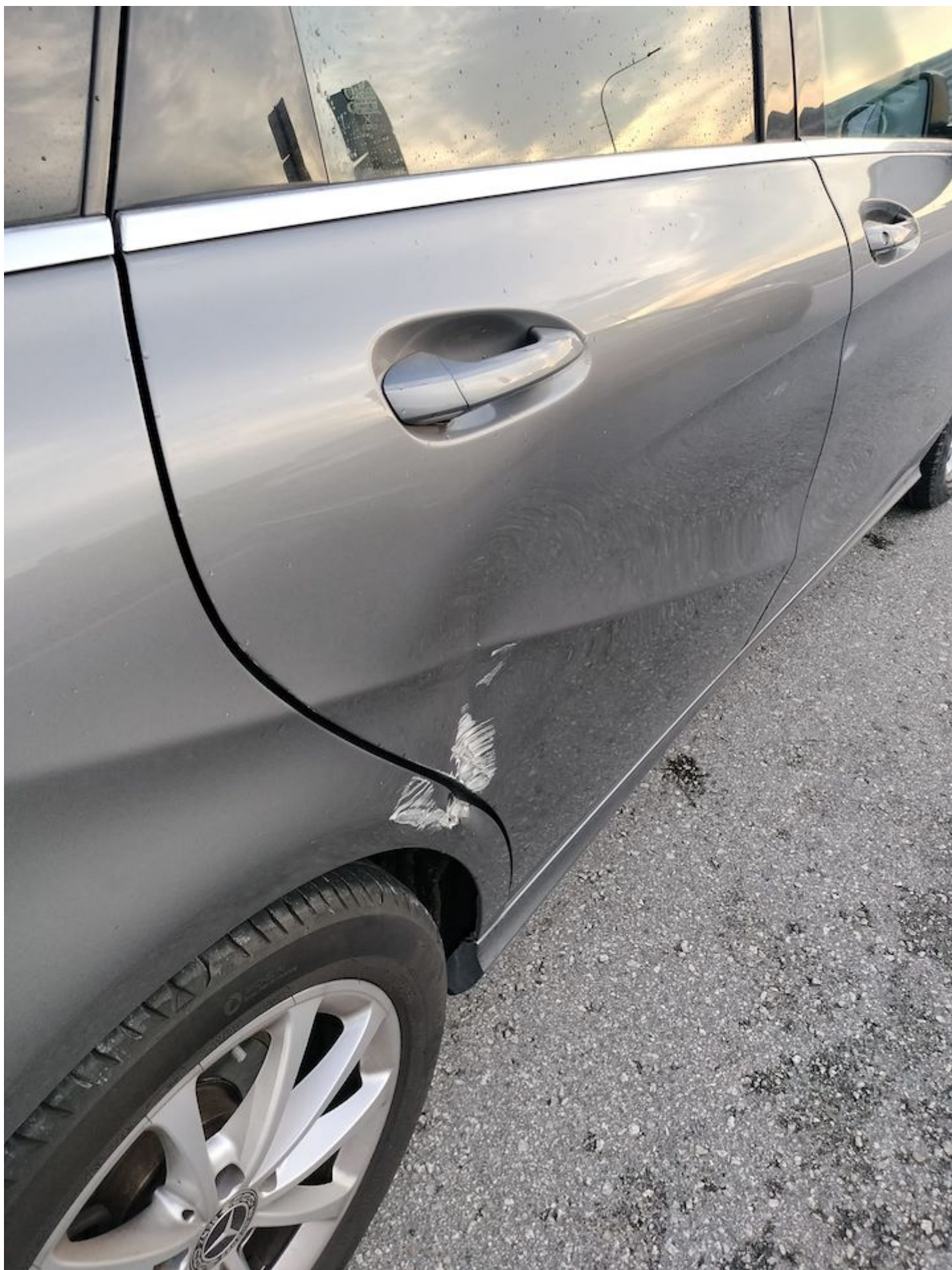






















# SINGAPORE POLICE FORCE



T/20230411/2079

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20230411/2079

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2023 15:38	Vide Report No.: T/20230409/2044	Station Diary No.: 125
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### Informant's Particulars

Name of Informant: ZHI BINGYE			Address: APT BLK 671C JURONG WEST STREET 65 #04-120 CRYSTAL LODGE SINGAPORE 643671		
ID Type / ID No.: FIN NO / G8238934U			Contact No.: Home/Office: Mobile: 96548121		
Nationality: CHINESE			Email:		
Sex: Male	Age: 43	Date of Birth: 28/07/1979	Type of Informant: Driver		
Race: Chinese			Language: Chinese		
Occupation: Delivery Man			Driving Licence Information: Class: 3,4 Date of Expiry:		

### General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/04/2023 18:40	Type of Location: Straight Road
Location: JURONG WEST AVENUE 2			
Weather: Clear	Road Surface: Dry		
Traffic Flow: Dual Carriage Way	Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG105R	Car	MERCEDES BENZ	B180 STYLE (R16 LED)	Grey	Slightly Damaged	0
XE2309L	Prime Mover	SCANIA	P440LA4X2 HSZ	Blue	No Damage	0

### Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20230411/2079

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Report No. T/20230411/2079

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	Lee Poh Fatt	ID No.	S8670779I
Related Vehicle	SMG105R (Car)	Contact No.	92300446
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ZHI BINGYE	ID No.	G8238934U
Related Vehicle	XE2309L (Prime Mover)	Contact No.	96548121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 08/04/2023 at about 1840hrs, I was driving my prime mover:XE2309L along Jurong West Ave 2 heading towards Bulim Heavy Vehicle Carpark. I was Travelling on the right lane when suddenly a vehicle SMG105R from the left lane sideswipe my prime mover.

No one was injured and we exchange particulars and contacts. No damages can be seen on my prime mover however I noticed that the right side of the car had scratches. No traffic police or ambulance came down to scene. My vehicle have an in-build camera however I am unsure if it's in working condition.



**SINGAPORE  
POLICE FORCE**

T/20230411/2079

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20230411/2079

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SGT 2 LINUS LEOK YI QUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/04/2023 15:38

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168



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.: 196905490E | GST Reg. No.: M20003196

### 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. : D22MTHCVE001662

1. Registration No. : XE2309L

2. Insured Name : AIK HUAT TRANSPORT PTE LTD

3. Commencement Date : 11 OCTOBER 2022 00:00

4. Expiry Date : 10 OCTOBER 2023 23:59

5. Coverage : Third Party

6. Excess : \$1000 - Section II

7. Persons or Classes of Persons entitled to drive\*

- 1) Whilst the vehicle is being used in connection with the Insured's business -
- b) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

- 2) Whilst the vehicle is being used for social, domestic or pleasure purposes -
- 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 Insured's business.
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward.

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.

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 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 SEPTEMBER 2022 14:01

\*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)), and not to be included under those 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 : 11S04600 & SIN SEET INSURANCE AGENCY PTE LTD CI Code: 29C JKDSHO2P4JMYMZAJ