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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 05/08/2024 14:06 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 02/08/2024 22:00 (SGT) Exact Location of Accident 173 Edgedale Plains, Singapore Additional Location Information Minor road leading to Blk 174 Car park, Edgedale Plain. Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA4650L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Tang Peck Hoon NRIC No S1585366B Email Address sharontangsing@gmail.com Mobile Phone No (Phone) +65-91622779 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios 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 No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 1497 Vehicle Fuel Petrol First Regisration Date 02/03/2011 Chassis no MR053HY9305226823

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D24MTPV01005927

DRIVER

Effective Date/Time of Ownership

Name of Driver	Tang Peck Hoon
NRIC No	S1585366B
Date Of Birth	03/10/1963
Occupation Priving Page Pate	Indoor
Driving Pass Date Driving License Pass Class	26/11/1984
Driving License Validity	3 Valid
Driving experience	39 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91622779
Alt. Phone Number	-
Email Address	sharontangsing@gmail.com
Address	Blk 176D, Edgefield Plains, #07-192
Address complement	-
Postcode	824176
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Motorcyclist
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	
Chightal language assa in the statement	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No No
If yes, against whom?	NO
n you, against whom.	-
CIRCUMSTANCES OF ACCIDENT	
Refer attachment.	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Valida Davidustias Number	
Vehicle Registration Number Vehicle Manufacturer	FBT8296G -

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	Nor Illyas Bin Ismail
NRIC No	S9830834B
Contact Number	(Phone) +65-96284004
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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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.

- 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.
- 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 LUTION INDUSTRIAL PTE LTD

Policyholder's Signeture / Date & Time

24 cl.50 pm Driver's Signature (if driver is not the policyholder) / Date

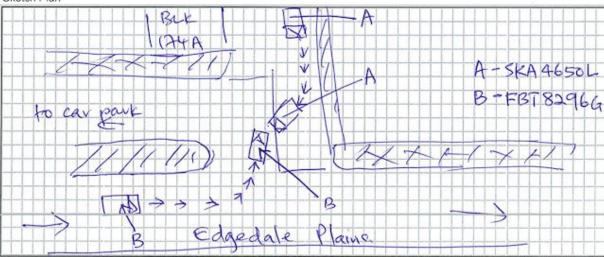
& Time

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

DRE 408623

9666 FAX: 6846 7483

Sketch Plan



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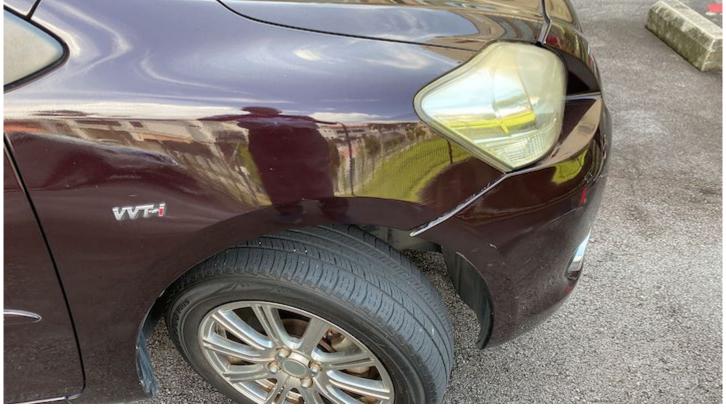




















Sompo Insurance Singapore Pte. Ltd.

50 Rattas Place, ±03-03 Singapore Land Tower, Singapore 045923 Tel: 5481 5555 | www.sampo.tom.sg Co. Reg. No.: 199905490E | 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)

Certificate/Policy No.

: D24MTPV01005927 : TANG PECK HOONT

Insured Vehicle Registration No.

: SKA4650L

Coverage

: COMPREHENSIVE - AUTHORISED WORKSHOP PLAN

Policy Commencement Date : 02 MAY 2024 08:25

Policy Expiry Date

: 13 NOVEMBER 2024 23:59

Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS Hire Purchase Owner

: N.A

Excess*

: S\$500 - SECTION I

Voluntary Excess*

: N.A

Waiver of Excess

: NOT COVERED

Windscreen Excess*

: \$\$100 FOR EACH AND EVERY APPLICABLE CLAIM

Persons or Classes of Persons entitled to drive

- 1. The Insured.
- Any other person who is driving on the Insured's order or with his permissionIn 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

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.

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.

Accident Reporting

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

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

WWe 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 189) and Part IV of the Road Transport Act, 1987 (Mataysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP, 35A Sompo Insurance Singapore Pte. Ltd.

Lui 20

Authorised Signatory

Date/Time of Issue: 02 MAY 2024 08:25

SOMPO ASSIST HOTLINE: (65) 6226 3323

In the event of coad accident, please call our Sompo Assist hotine immediately. Our MARS Specialist will arrive at the accident site within 20 minutes anywhere in Singapore.

Alternatively, you may approach any of our Accident Reporting Centres for assistance in 5-filing your accident report with your webide within 24 hours or on the next working days after the accident. Please note that this is compulsory regardless of whether there is any damage to your vehicle or if you are making a claim under your own policy.

Intermediary Name / Code: SYNERGY FINANCIAL ADVISERS LTD. / 11S18308 CI Code: 22A XDLDMMT4N088MKRA

^{*} Subject to GST wherever applicable