

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 First Submission | 12/06/2024 15:58 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 12/06/2024 12:00 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMK9864C |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | TAN LI CHOO |
| NRIC No | S1717650A |
| Email Address | LEOWNAOMI@YAHOO.COM.SG |
| Mobile Phone No | (Phone) +65-97528767 |
| Alternative Phone No | +65-91137707 |

VEHICLE PARTICULARS

| | |
|--|----------------------|
| Manufacturer | BMW |
| Model | X1 |
| Variant | X1 SDRIVE18I LED NAV |
| 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 your vehicle? | Yes |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1499 |

INSURANCE COMPANY

| | |
|---|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D24MTPV01005697 |

DRIVER

| | |
|----------------------|----------------|
| Name of Driver | NAOMI LEOW MIN |
| NRIC No | S9832221C |
| Date Of Birth | 09/09/1998 |
| Occupation | Indoor |

| | |
|--|------------------------|
| Driving Pass Date | 15/12/2021 |
| Driving experience | 2 YEARS AND 6 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-91137707 |
| Alt. Phone Number | - |
| Email Address | LEOWNAOMI@YAHOO.COM.SG |
| Address | 25 SIXTH CRESCENT |
| Address complement | - |
| Postcode | 276440 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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 | Collision - Head to Rear |
| Weather Conditions | Raining |
| Road Surface | Wet |

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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

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 | SJJ1516B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |

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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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:

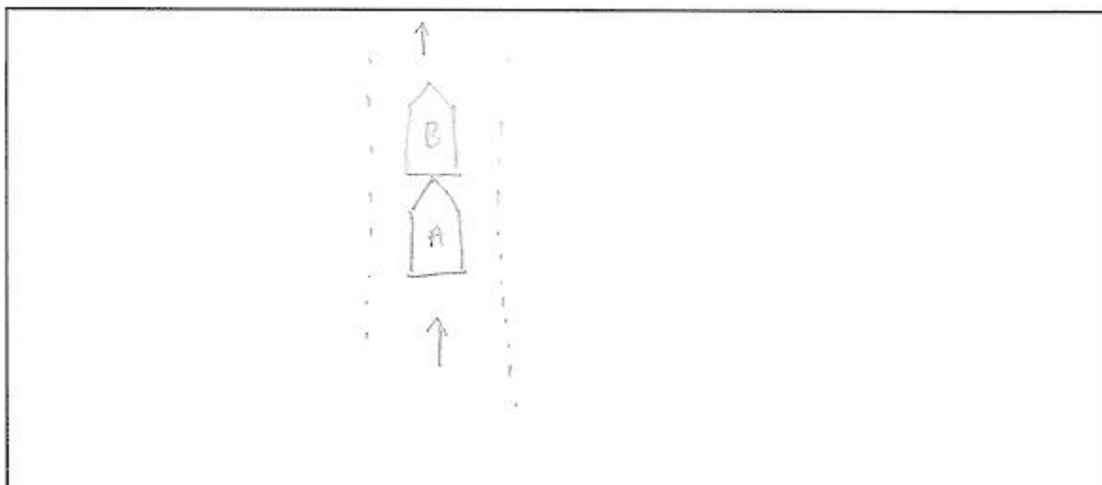
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan



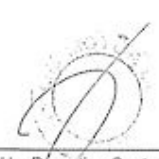
| | | |
|--|----------------------|---|
| Describe Circumstance of the Accident | | |
| Date of Accident : 12 June 2024 | Time : 12 PM | Location : Pan Island Expressway ^{before Herens Road exit} |
| My Vehicle A : SMK9864C | Vehicle B : SJJ1516B | Vehicle C : |
| <p>On this date (12 June 2024) at about 12 PM I was driving my vehicle registration number SMK9864C along the Pan Island Expressway in lane 2 when the car in front of me braked, I braked as well but could not stop in time and collided with said car with registration (SJJ1516B). After the collision we took photos and exchanged particulars. Nobody was injured. <i>NE</i></p> | | |
| <input checked="" type="checkbox"/> Claim OD/TP at Ah Lim Motor <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only | | |
| Remarks : Please forward a copy of my efile accident Report to : <i>leawnaomi@yahoo.com.sg</i> | | |
| My Workshop : _____ | | |
| Workshop Email Address : _____ | | |
| <input checked="" type="checkbox"/> Note : Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information | | |

Declaration

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

Policyholder's Signature / Date & Time

NE 12 JUN 2024
2:21 PM
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time


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







































PRIVATE CAR POLICY SCHEDULE

Policy No. : D24MTPV01005697

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. MTP.31A

Insured TAN LI CHOO
 Address 25 SIXTH CRESCENT
 SINGAPORE 276440
 Business/Profession DIRECTOR
 Period of Insurance 30 APRIL 2024 00:00 TO 29 APRIL 2025 23:59

| VEHICLE DETAILS | | PREMIUM DETAILS | |
|--------------------------|------------------------------|-----------------------|--------------|
| Vehicle Registration No. | SMK9864C | Premium Before GST | \$5 942.30 |
| Chassis No. | WBAJG120003G77815 | GST Amount | \$5 84.81 |
| Engine No./Motor No. | 40425587B38A15A | TOTAL PREMIUM PAYABLE | \$5 1,027.11 |
| Vehicle Make & Model | BMW X1 SDRIVE 18i 1.5 | | |
| Engine Capacity | 1500 | | |
| NCD Entitlement | 50% | | |
| Year of Registration | 2019 | | |
| NCD Protection | NOT COVERED | | |
| Loss of Use | NOT COVERED | | |
| Waiver of Excess | NOT COVERED | | |
| Estimated Vehicle Value | MARKET VALUE AT TIME OF LOSS | | |
| Hire Purchase Owner | N/A | | |

Coverage Comprehensive - Authorised Workshop Plan
 Excess \$5500 - Section I
 Voluntary Excess N/A
 Additional Excess
 Named Young and/or Inexperienced Drivers \$51,500
 Un-named Young and/or Inexperienced Drivers \$53,000
 Un-named All Other Drivers \$5500

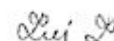
'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old.
 'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of driving experience in Singapore roads.

Windscreen Excess \$5100 for each and every applicable claim
 Endorsements Applicable Endorsement W2 - Authorised Workshop Plan
 Additional Cover NIL

Named Drivers
 1 Name TAN LI CHOO
 Age (in years) 58
 Driving Experience in Singapore (in years) 22

Date of Issue 25 APRIL 2024
 Intermediary Name / Code TAN LI CHOO TRICIA / 11T16700
 Producer Name / Code TAN LI CHOO TRICIA / TLC16702

Signed on this 25th day of April 2024
 for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.



Authorised Signatory
 CI Code 22A

SOMPO ASSIST HOTLINE
 Tel: (65) 6226 3323

In the event of road accident, please call our Sompo Assist Hotline 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 filing your accident report with your vehicle 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.