

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	22/04/2024 15:46 (SGT)
Reported by	Owner
Date of Accident	22/04/2024 08:50 (SGT)
Exact Location of Accident	Upper E Coast Rd, Singapore
Additional Location Information	FILTER LANE BEDOK SOUTH AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EG9669R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WEE ENG LYE BENJAMIN
NRIC No	S7303945B
Email Address	BENWEE@GMAIL.COM
Mobile Phone No	(Phone) +65-97477343
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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 your vehicle?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01014837

DRIVER

Name of Driver	RENEE TAN LAY SIEW
NRIC No	S7345162J
Date Of Birth	24/12/1973
Occupation	Indoor

Driving Pass Date	13/08/1993
Driving experience	30 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93809152
Alt. Phone Number	-
Email Address	BENWEE@GMAIL.COM
Address	457 UPPER EAST COAST ROAD #03-05
Address complement	-
Postcode	466503
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

VEHICLE B BEGIN TO MOVE AND I PROCEED TO MOVE WHILE CHECKING RIGHT FOR TRAFFIC ON THE MAIN ROAD. WHEN SUDDENLY, VEHICLE B BRAKE AND STOP. I BRAKE BUT COULD NOT STOP IN TIME AND COLLIDED INTO VEHICLE B REAR PORTION.

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	SMZ9824P
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	VEHICLE B
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.**
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

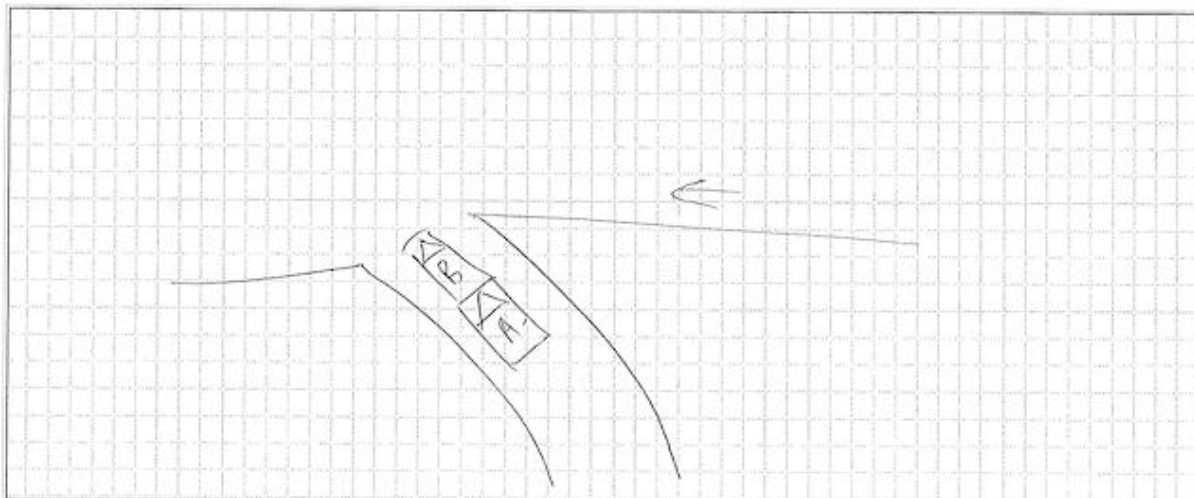
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Sketch Plan



SME

Describe Circumstance of the Accident

Vehicle B begin to move and I proceed to move while checking right for traffic on the main road, when suddenly vehicle B brake and stop, I brake but could not stop in time and collided into vehicle B rear position.

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)











SOMPO Insurance Singapore Pte. Ltd.
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SOMPO
INSURANCE

PRIVATE CAR POLICY SCHEDULE

Policy No. 1123MTP/01010001

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the COMPACT 7.50 Policy wordings, ref. MTP 31A

Insured: **WEE ENG LYE BENJAMIN**
Address: **457, UPPER EAST COAST ROAD
03 05
THE SUMMIT
SINGAPORE 466503**

Business/Profession: **CONSULTANT**
Period of Insurance: **11 NOVEMBER 2023 00:00 TO 10 NOVEMBER 2024 23:59**

VEHICLE DETAILS		PREMIUM DETAILS	
Vehicle Registration No.	EG9669R	Premium Before GST	\$5,195.71
Chassis No.	ZRR800135787	GST Amount	\$538.46
Engine No./Motor No.	3ZTR9623281	TOTAL PREMIUM PAYABLE	\$5,734.17
Vehicle Make & Model	TOYOTA VOXY 2.0		
Engine Capacity	2000		
NCD Entitlement	50%		
Year of Registration	2015		
NCD Protection	COVERED		
Loss of Use	COVERED		
Waiver of Excess	COVERED		
Estimated Vehicle Value	MARKET VALUE AT TIME OF LOSS		
Hire Purchase Owner	N/A		
Coverage	Comprehensive - Preferred Workshop Plan		
Excess	S\$800 - Section I		
Voluntary Excess	N/A		
Additional Excess	Named Young and/or Inexperienced Drivers	S\$1,500	
	Un-named Young and/or Inexperienced Drivers	S\$3,000	
	Un-named All Other Drivers	S\$400	
	"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.		
Wardroom Excess	S\$100 for each and every applicable claim		
Excessments	Excessment V - NCD Protection		
Excessible	Excessment W1 - Preferred Workshop Plan		
	Excessment W2 - Waiver of Excess		
	Excessment Z - Loss of Use Benefit		
Additional Cover	Nil		
Named Drivers	1. Name	WEE ENG LYE BENJAMIN	
	Age (in years)	50	
	Driving Experience in Singapore (in years)	30	
	2. Name	RENEL TAN LAY SEW	
	Age (in years)	49	
	Driving Experience in Singapore (in years)	10	
	3. Name	MAX TAN THOMAS K	
	Age (in years)	47	
	Driving Experience in Singapore (in years)	22	

Insured's Signature: **WEE ENG LYE BENJAMIN**
 Insured's Name (Printed): **WEE ENG LYE BENJAMIN**
 Insured's Address: **457, UPPER EAST COAST ROAD
03 05
THE SUMMIT
SINGAPORE 466503**

Signed on this 05th day of November 2023
 for and on behalf of SOMPO Insurance Singapore Pte. Ltd.
(Signature)
 Authorised Signatory
 (C) Code: 22A

SOMPO ASSIST 18/11/23
 Tel: (65) 6226 3323

We warrant that the accident report is a true and correct copy of the original report. The MVR report will be used as the basis for the claim. If the report is found to be false, the Insured shall be liable for the claim. The Insured shall be liable for the claim. The Insured shall be liable for the claim. The Insured shall be liable for the claim.

TO : SME MOTOR PTE LTD.

I authorized Renee Tan Lay
Siew to act on my
behalf. for vehicle EG 966 9R.
Thank you.

Benjamin Wee Eng Lee
97477343
W_____