

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	14/10/2024 13:44 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/10/2024 14:28 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	YCK RD TO AMK AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ204L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOEL MAXIMILIAN LAU SHEN RONG
NRIC No	S8937116C
Email Address	JOELMAXLAU@GMAIL.COM
Mobile Phone No	(Phone) +65-94301166
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	FORTE K3 1.6A SX
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1591
Vehicle Fuel	Petrol
First Registration Date	06/01/2016
Chassis no	KNAFZ411MF5532878
Effective Date/Time of Ownership	30/11/2021 08:11 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D24MTPV01000932

DRIVER

Name of Driver	JOEL MAXIMILIAN LAU SHEN RONG
NRIC No	S8937116C
Date Of Birth	23/10/1989
Occupation	Indoor
Driving Pass Date	02/02/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94301166
Alt. Phone Number	-
Email Address	JOELMAXLAU@GMAIL.COM
Address	BLK 228B ANG MO KIO STREET 23 22-39 SINGAPORE 562228
Address complement	-
Postcode	-
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	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)	4
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	RACHEL
Gender	Female

PASSENGER 2

Name	MICHAEL
Gender	Male

PASSENGER 3

Name	THEA
Gender	Female

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? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNM4462P
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver MUHAMAD NURHAKIM BIN OMAR
NRIC No S9012530C
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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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/are 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.



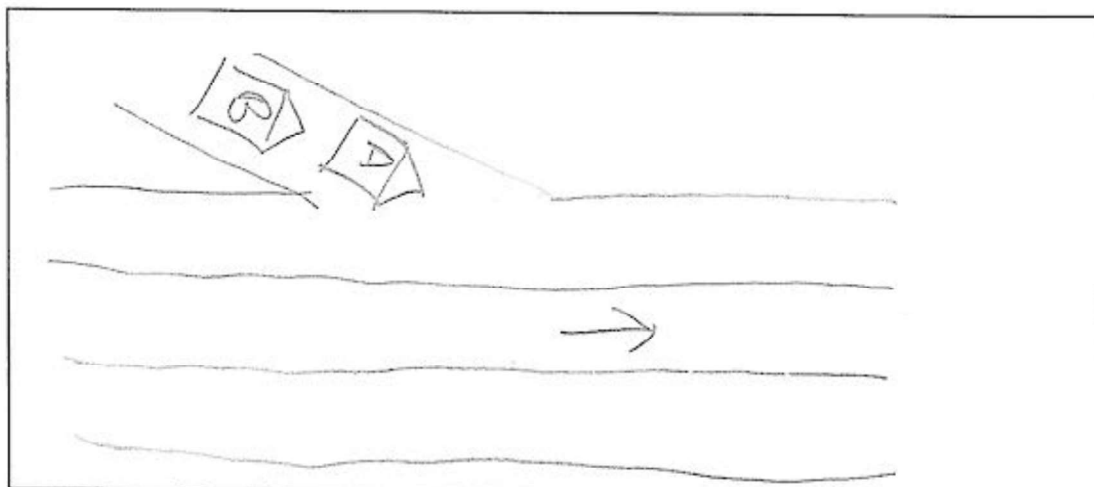
Policyholder's Signature / Date & Time

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



BESIDE BOWEN SEC,
SLIP ROAD FROM YCK RD
MERGING TO ANK AVE 3

Describe Circumstance of the Accident
 Date of Accident: 13/10/24 Time: 2.28 pm Location: MERGING TO ANK AVE 3
 My Vehicle A: SKZ204L Vehicle B: SNM4462P Vehicle C: _____

At slip road beside Bowen Secondary, I was merging to Ang Mo Kio Avenue 3,
 There were oncoming cars, so I braked and stopped before merging.
 I was hit from behind by a white Audi

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident Report to:
 My Workshop: Chw goon
 Workshop Email Address: _____

☒ 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

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



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





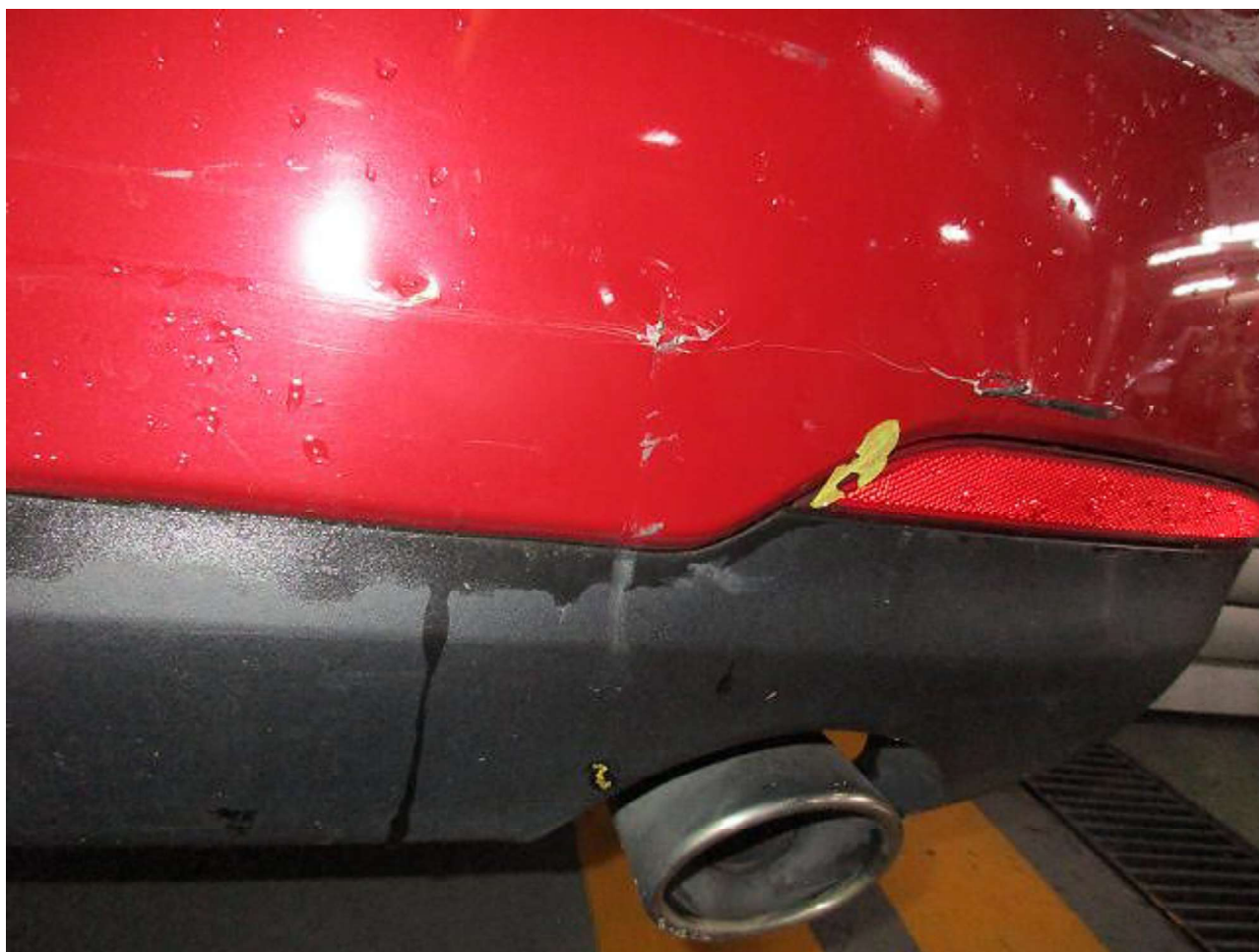


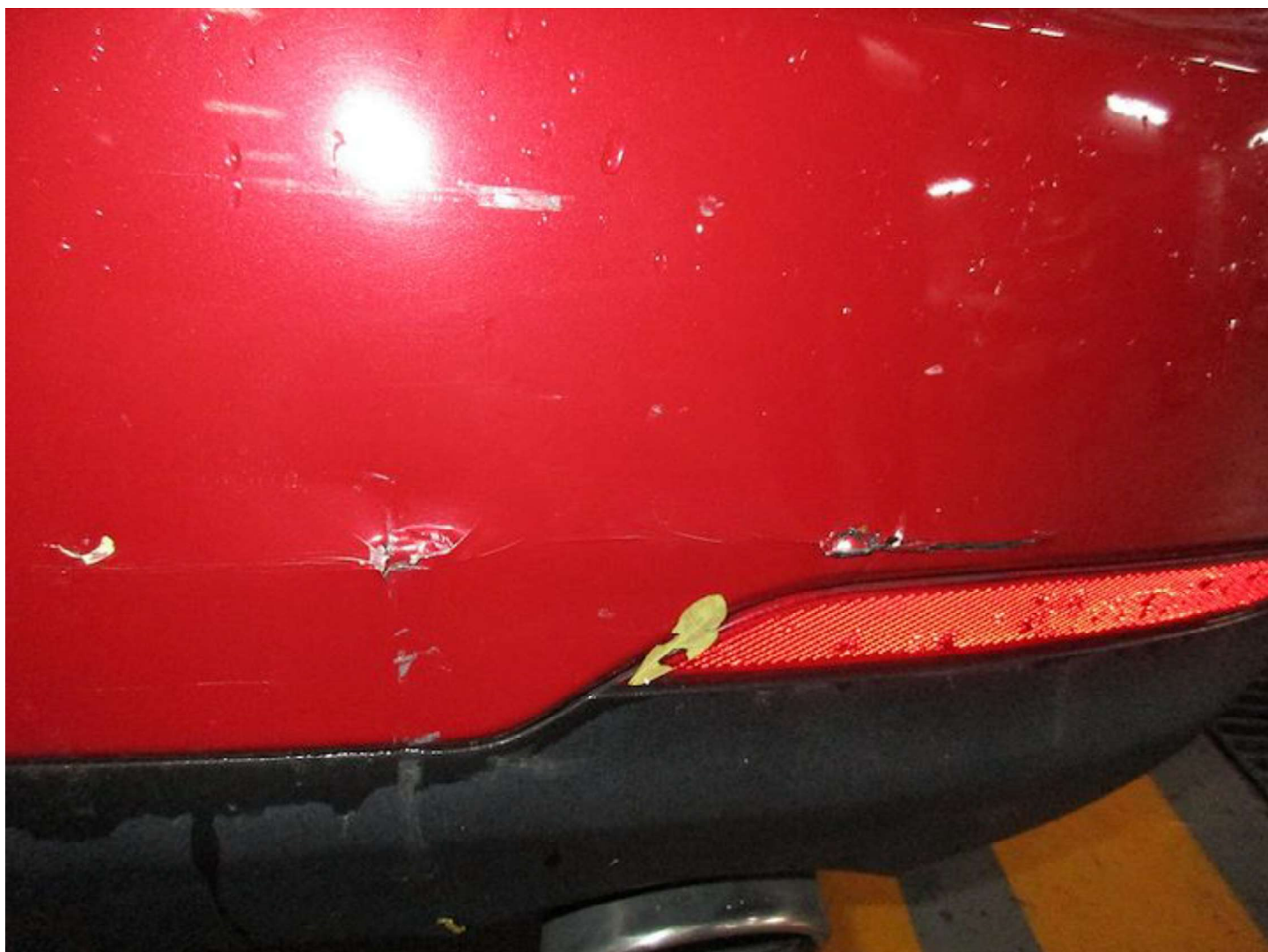










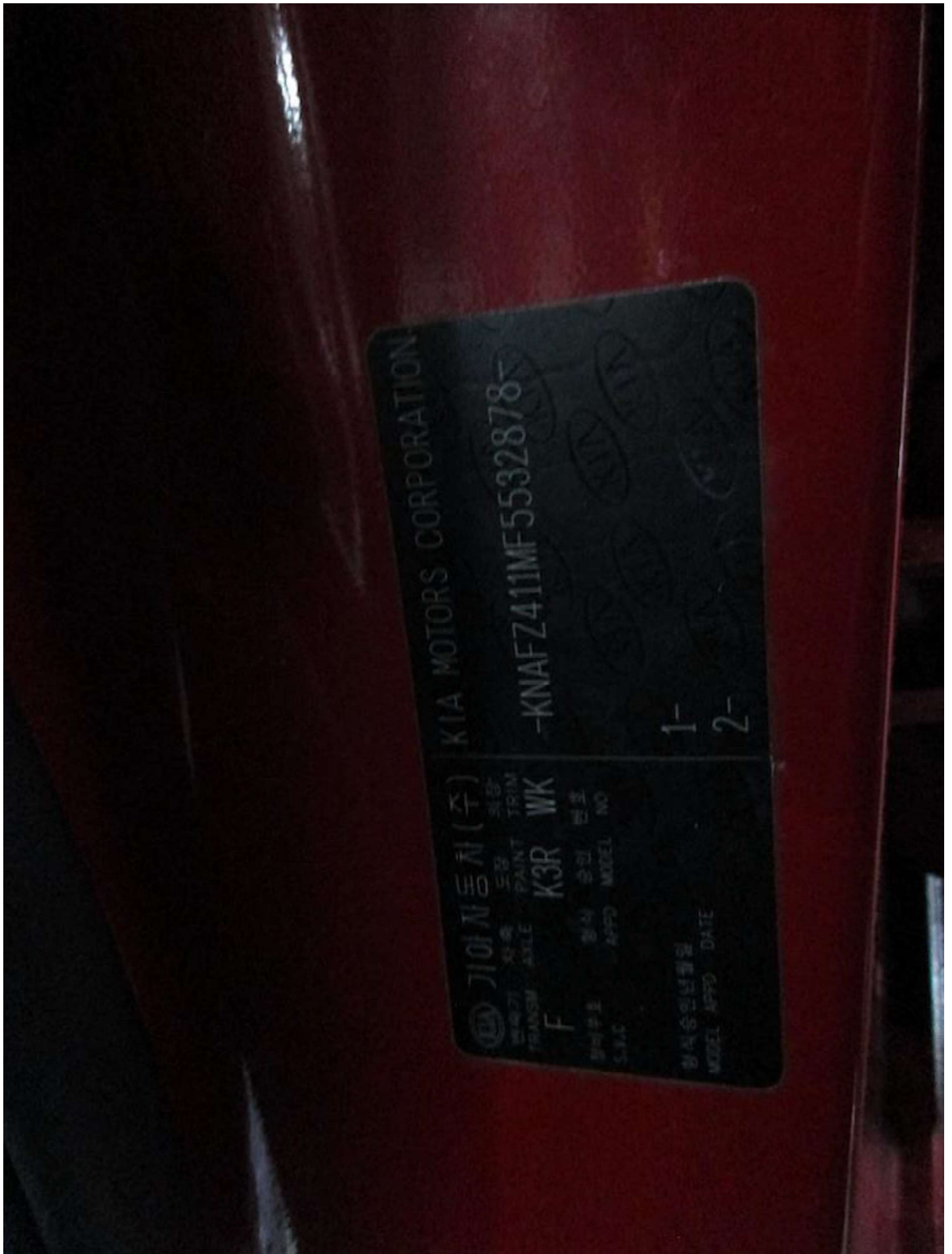


















Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #03-03
 Singapore Land Tower, Singapore 048623
 Tel: 6461 6555 | www.sompo.com.sg
 Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

PRIVATE CAR POLICY SCHEDULE

Policy No.: D24MTPV01000932

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 : JOEL MAXIMILIAN LAU SHEN RONG (LIU SHENRONG)
Address : BLK 228B ANG MO KIO STREET 23 #22-39
 SINGAPORE 562228
Business/Profession : INDOOR
Period of Insurance : 06 JANUARY 2024 00:00 TO 05 JANUARY 2025 23:59

VEHICLE DETAILS		PREMIUM DETAILS	
Vehicle Registration No.	: SKZ204L	Premium Before GST	\$S 1,178.82
Chassis No.	: KNAFZ411MF5532878	GST Amount	\$S 94.31
Engine No./Motor No.	: G4FGFH799161	TOTAL PREMIUM PAYABLE	\$S 1,273.13
Vehicle Make & Model	: KIA FORTE K3 1.6		
Engine Capacity	: 1600		
NCD Entitlement	: 10%		
Year of Registration	: 2016		
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	: UNITED OVERSEAS BANK LIMITED		

Coverage : Comprehensive - Authorised Workshop Plan

Excess : \$S500 - Section I

Voluntary Excess : N/A

Additional Excess : Named Young and/or Inexperienced Drivers \$S1,500
 Un-named Young and/or Inexperienced Drivers \$S3,000
 Un-named All Other Drivers \$S500

'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 : \$S100 for each and every applicable claim

Endorsements Applicable : Endorsement W2 - Authorised Workshop Plan

Additional Cover : NIL

Named Drivers : 1. Name : JOEL MAXIMILIAN LAU SHEN RONG (LIU SHENRONG)
 Age (in years) : 34
 Driving Experience in Singapore (in years) : 13

Date of Issue : 26 DECEMBER 2023
Intermediary Name / Code : SSL INSURANCE AGENCY PTE LTD / 11S35705
Producer Name / Code : SSL INSURANCE AGENCY PTE LTD / SSL35705

Signed on this 26th day of December 2023
 for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.

Lui

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 E-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.