

## 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 .....        | 26/07/2024 10:56 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 25/07/2024 18:18 (SGT)              |
| Exact Location of Accident .....      | Singapore                           |
| Additional Location Information ..... | YIO CHU KANG ROAD                   |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMX8049C |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                              |
|--------------------------------|------------------------------|
| Is company? .....              | No                           |
| Name Of Registered Owner ..... | GABRIEL JOSHUA LEE ZONG MING |
| NRIC No .....                  | S9121233A                    |
| Email Address .....            | gabriel.joshua.lee@gmail.com |
| Mobile Phone No .....          | (Phone) +65-93624501         |
| Alternative Phone No .....     | -                            |

#### VEHICLE PARTICULARS

|                                                                                    |                                    |
|------------------------------------------------------------------------------------|------------------------------------|
| Manufacturer .....                                                                 | Toyota                             |
| Model .....                                                                        | COROLLA ALTIS STANDARD (AUTO)(2WD) |
| 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? ..... | Yes                                |
| Vehicle Category .....                                                             | Private car                        |
| Transmission .....                                                                 | Auto                               |
| CC .....                                                                           | 1598                               |

#### INSURANCE COMPANY

|                                         |                                     |
|-----------------------------------------|-------------------------------------|
| Name of Insurance Company .....         | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number ..... | D23MTPV01005631                     |

#### DRIVER

|                      |                              |
|----------------------|------------------------------|
| Name of Driver ..... | GABRIEL JOSHUA LEE ZONG MING |
| NRIC No .....        | S9121233A                    |
| Date Of Birth .....  | 21/06/1991                   |
| Occupation .....     | Indoor                       |

|                                                                    |                                                   |
|--------------------------------------------------------------------|---------------------------------------------------|
| Driving Pass Date .....                                            | 10/12/2012                                        |
| Driving experience .....                                           | 11 YEARS AND 7 MONTHS                             |
| Gender .....                                                       | Male                                              |
| Mobile Number .....                                                | (Phone) +65-93624501                              |
| Alt. Phone Number .....                                            | -                                                 |
| Email Address .....                                                | gabriel.joshua.lee@gmail.com                      |
| Address .....                                                      | APT BLK 120B CANBERRA CRESCENT #07-361 (S) 752120 |
| 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 ..... | 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

REFER WITH ATTACHED.

#### 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 ..... | SKP9123E    |
| 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) .....     | 1 |

## SKETCH PLAN

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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.**
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.

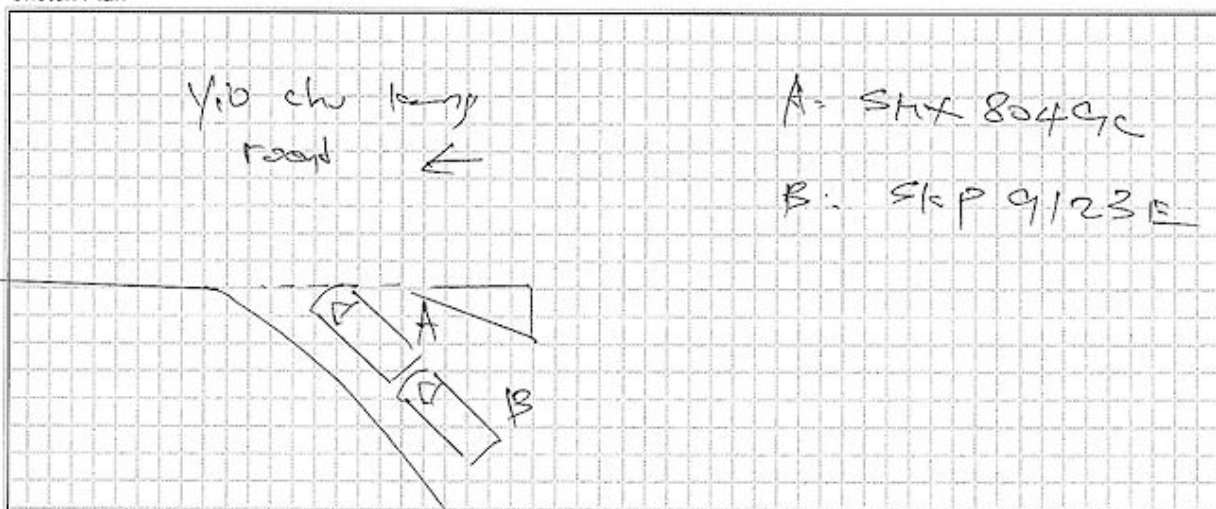
Policyholder's Signature / Date & Time  
 26 Jul 2024 10 31 AM

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


While exiting yio chu Kang Flyover to yio chu Kang road,  
I brake my car as there was another white car in the main road.  
During this time, a big license plate SKP9123E knocked my car license  
plate SMX 8049C from the back.

Note: Please note that your insurer may have 14 days time frame for you to submit an own  
damage claim under your own policy, please check your policy for more information.

## Declaration

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

Policyholder's Signature / Date & Time

  
26 JUN 2024  
10 31 AM

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.: M200903195

### 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. : D23MTPV01005631  
Insured : GABRIEL JOSHUA LEE ZONG MING  
Vehicle Registration No. : SMX8049C  
Coverage : COMPREHENSIVE - PREFERRED WORKSHOP PLAN  
Policy Commencement Date : 05 APRIL 2023 00:00  
Policy Expiry Date : 28 JULY 2024 23:59  
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS  
Hire Purchase Owner : HL BANK  
Excess\* : S\$500 - SECTION I  
Voluntary Excess\* : N/A  
Waiver of Excess : NOT COVERED  
Windscreen Excess\* : S\$100 FOR EACH AND EVERY APPLICABLE CLAIM

\* Subject to GST wherever applicable

#### Persons or Classes of Persons entitled to drive

1. The Insured.
2. Any other person who is driving on the Insured's order or with his permission.
3. In 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
  - b. 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.

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 precedent 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](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

I/We 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 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.31A

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 04 APRIL 2023 16:42

### SOMPO ASSIST HOTLINE : (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.

Intermediary Name / Code : ASSURE INSURANCE AGENCY PTE. LTD. / 11A28209 CI Code: 22A \_ADSZV4\_JMTDKKAA