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 Authorised 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 ability.
- 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

	ACCIDENT STATEMENT
Date Of Report	31/01/2018 09:33
Date Of Accident	30/01/2018 13:45
Exact Location Of Accident	MSCP @ PARKWAY PARADE SHOPPING MALL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH2123T
Insured/Policyholder	
Name Of Registered Owner	ALIZA BINTE MOHAMED SHARIF
NRIC No	S7047189B
Email Address	LIZBROWNIE@YAHOO.CO.UK
Mobile Phone No	(LOCAL) +65-93877688
Alternative Phone No	OFFICE-93877688
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180-1.8 BLUE EFFICIENCY (A)
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	

SOMPO INSURANCE SINGAPORE PTE. LTD. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number

Cover Note Number

Driver

ALIZA BINTE MOHAMED SHARIF Name of Driver

NRIC No S7047189B Date Of Birth 30/12/1970 Occupation **INDOOR Date Of Driving Pass** 19/02/2000

Driving Experience 17 YEARS AND 11 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-93877688

Fax Number

OFFICE-93877688 Contact Number

EMail Address LIZBROWNIE@YAHOO.CO.UK Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

NO

NO

NO

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 this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 3

Passenger 1

NAME: : VICKI LIAO

GENDER: : FEMALE

Passenger 2 NAME: : SNE YU HUI

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

AS ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: REFER TO OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

REAR

Vehicle Category PRIVATE CAR
Name of Driver OEI PAU LING
NRIC/Passport Number S1712807H
Contact Number 91176111

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 7. By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's & gnature Date & Time: 30/1/18 Driver's Signature

(If driver is not the policyholder)
Date & Time: 20/1/18.

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN	
	CARPARK LOTS
MY CAR = CAR A (SKH 21,23T). other CAR = (AR B (SLC>944H).	
other CAR = (AK B (SLU79847).	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	Į.
I was driving and to the gardy on of the	re coupart at parkway parade.
& When I was at level 2, I notice	d a car the the car in hort of me
stopped and put on the hazard	I light. Sensing that the car wanted

I was driving and to the gardy on of the aupart at parkway parade.
Furen 5 was at level 2, I roticed a car the the car in front of me
stopped and put on the hazard light. Sensing that the car wanted
To park at one of the available lote an my night. I immediately
supped my car and pud my goar a reverse. At I was checking
if there is any oncoming vehicles in the behind me to allow me
voom to veverse, the car in front of me suddenly reversed towards
me. I honked but the car Still continued and hit may and
The car actually went forward ofter that and reversed int and
hait my gave a pack. I have a side car car and le t
showed it's obvious the diser's it's the fault of
the diver that hit my car.

DECLARATION

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

Polic/nolder's Signature
Date & Time: 3011/18

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan Pg. 3



Sompo Insurance Singapore Pte. Ltd.

50 Raifies Place #05-01/06 Singapore Land Tower, Singapore 0486/23 Lec 6461 6555 + Fax: 6221 3302 - Website: www.sempo.com.sg Co. Reg. No. 1969/054905 + GSY Reg. No. M/2009/03196

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES,1959 (MALAYSIA)

Cert No./Policy No. : D17MTPV01015564

Insured : ALIZA BINTE MOHAMED SHARIF

Motor Car (Registration No.) : SKH2123T

Cover : Comprehensive - ExcelDrive GOLD Policy Commencement Date: 18 NOVEMBER 2017 00:00 Policy Expiry Date : 17 NOVEMBER 2018 23:59 Maximum Liability (Section I): Market value at time of loss

Excess* : \$500 - Section I

(Waived up to S\$1,000 if accident repair is done at ExcelDrive Workshops for the first claim

per policy year)

Voluntary Excess* : N.A

Windscreen Excess* : S\$100.00 - Waived if Repair at ExcelDrive Workshop

Loss of Use : Per Policy Schedule

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 Car 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 Car 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 Car 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 Car. And provided further that the Motor Car 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.

ExcelDrive Workshops and Accident Reporting

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

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at 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.27

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue: 25 OCTOBER 2017 12:02

IMPORTANT NOTICE

- Keep the Certificate in your Motor Car;
 Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
 On the safe of the Motor Car or if for any reason he insurance is terminated during its currency, the insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
 This Policy will cease to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.

Intermediary Code & Name: 11103602 & VC INSURANCE AGENCY PTE. LTD. CI Code: 22A X4KDOZ02PBRDTH6A

^{*} Subject to GST wherever applicable

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7047189B





ALIZA BINTE MOHAMED SHARIF

البرا من محمد شریف Bace

MALAY

Date of Birth Se
30-12-1970 F
Country of Birth
SINGAPORE







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: S70471898













