#### 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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/04/2018 18:55
Date Of Accident	31/03/2018 13:55
Exact Location Of Accident	PIE TUAS ECP EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD4551L
Insured/Policyholder	
Name Of Registered Owner	LOW LEONG CHAI
NRIC No	S1249204I
Email Address	ELIN.CQW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98302592
Alternative Phone No	OTHERS-98302592
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
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	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTPV01008345
Cover Note Number	
Driver	

Name of Driver LOW LEONG CHAI

 NRIC No
 \$12492041

 Date Of Birth
 25/11/1957

 Occupation
 INDOOR

 Date Of Driving Pass
 18/09/1978

Driving Experience 39 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98302592

Fax Number

Contact Number OTHERS-98302592

EMail Address ELIN.CQW@GMAIL.COM

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

**General Information of the Accident** 

Type Of Accident **CHAIN COLLISION** 

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? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

NO

3

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : CHAN LAI YING

GENDER: : FEMALE

Passenger 2

NAME: : LOW YONG WOON

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NEIGHBOURHOOD POLICE POST

NO

YES

ROAD: BLK 116 TECK WHYE LANE, POSTCODE: 680116, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: 1800-7629999 - FAX NO: 67636615 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

#### **Circumstances of Accident**

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLV7964P

NO

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKS8182U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SLX1032H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name LOW LEONG CHAI

Approximate Age Injuries Sustain

Injured person in which vehicle? SLD4551L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Vehicle B: SLV 7964 P

Vehicle C: SFA 8 18 2 U

Vehicle D: SLX 10 32 H

#### **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

01	the stated date Y time, I, vehicle X', SLD4551L, was
travelling	otrolight along the stated venue. Due to front vehille
brake, I	braked as well moments later, vehicle 'B', 8LV7964P,
hit ovto n	ny stationary vehicle's rear portion. The great impact
caused mu	rehicle to propel forward a hit anto venicle 'p'. I then
realised tn	at I was involved in a chain collision of 4 vehicles.
MM	passengers: Name: Chan Lai Ying - F NRIC: SI288478H
	Name: LOW Yong Woon - 14
	NRIC: \$8534114F
	•

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PIECTUAS), before EPE (ECP)

#### **SKETCH PLAN**

#### **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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 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)

Lunderstand, 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.
- (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 Signature Date & Time:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

Page 5 of 18





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

. 1 of 4
Report No. T/20180331/2125

# .... REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2018 22:48		Vide Report No.: G/20180331/0133	Station Diary No.: 221	
Informar	it's Partici	lars !	the contract of the second second	
	Informant: ONG CHAI		Address: APT BLK 561 CHOA CHU SINGAPORE 680561	KANG NORTH 6 #11-86
ID Type / NRIC NO	ID No.: / S124920	41	Contact No.: Home/Office:	Mobile: 98302592
Nationalit SINGAPO	y: DRE CITIZE	EN .	Email:	
Sex: Male	Age: 60	Date of Birth: 25/11/1957	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation OTHERS			Driving Licence Information Class: 2,3	n: Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/03/2018 13:5	Type of Location: Straight Road 5
	EXPRESSWAY before KPE (ECP)	•		
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

	ehicle involved					
Vehicle No:	Type	Make	Model	Color, 144	Condition	No of Passenger
SKA8182U	Car	MERCEDES BENZ	C180	Black	Seriously Damaged	0
SLD4551L	Car	ТОҮОТА	SIENTA HYBRID 1.5X A	Blue	Slightly Damaged	2
SLV7964P	Car	TOYOTA	Wish	White	_	1
SLX1032H	Car .	HONDA.	Shuttle	Black	Slightly Damaged	2



T/20180331/2125

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 2 of 4 Report No. T/20180331/2125

#### **CONTINUATION OF REPORT**

Details of Vo	hicle insurance			
Vehicle No	Insurance Company	Insurance No !	Effective	Expiry Date
SLD4551L	TENET SOMPO INSURANCE PTE.	D17MTPV0100834	17/06/2017	16/06/2018
	LTD.	5		

Details of Perso	n Involved					
Any Pedestrian II	nvolved: No					,
No. of Pedestrian	s Injured: NIL	•	Use of Peo	edestrian Crossing; NA		
Driver -					110055	
Name	LOW LEONG CHAI			ID No	•	S1249204I
Related Vehicle	SLD4551L (Car)			Contact No.		98302592
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 2,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	narge	NIL	•
No. of Days granted Medical Leave NIL		Degree of		NIL		

#### **Brief Details.**

On the 31/03/2018 at about 1355hrs, I was driving my vehicle along PIE towards Tuas when my vehicle was involved in a chain collision accident. I was driving along lane 1 when I observed that the front vehicle brake. I braked as well. Moments later, the vehicle behind me, collided onto the rear portion of my vehicle. The impact caused my vehicle to propel forward and hit onto the front vehicle. I then realized that I was involved in a chain collision of 4 vehicles. Traffic police was at scene and one of the passenger from SLV7964P was conveyed by the ambulance. I have an in-car camera in my vehicle and it was taken by the traffic police for investigation purposes.

The sequence of the vehicles are as follow:

- 1) SLX1032H -
- 2) SLD4551L
- 3) SLV7964P
- 4) SKA8182U

My passengers in my vehicle are as follow:

Name: Chan Lai Ying NRIC: S1288478H HP:98315521

Name: Low Yong Woon NRIC: S8534114F HP: 96667152

The driver of SLX1032H

Name: Mas Agus Herryanto Bin Sarponen

NRIC: S8915631I



Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

HP: 90499954

The driver of SLV7964P

Name: Putri Qistina Binte Mohd Rafee

NRIC: S9401915Z



3 of 4 Report No. T/20180331/2125

**CONTINUATION OF REPORT** 





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 4 of 4 Report No. T/20180331/2125

**CONTINUATION OF REPORT** 

# Sketch Plan

NP168

Informant is not able to provide sketch plan

1	
A	
Signature Of Officer Recording The Report:	Signature Of Informant:
Staff Sgt WANG ZHENXIONG	1
Signature:	1 /0
Signature Of Interpreter:	Date/Time:
Not applicable	31/03/2018 22:48
And the second s	
Officer In Charge Of Case:	Classification Of Case:
TP/GIT/	Na.
Sgt 2 MARIAH BINTE ZAKARIA	
Contact No.: 65476433	
Authentication Stamp	·

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$12492041



LOW LEONG CHAI



RECO CHINESE 25-11-1957 Country Place of birth SINGAPORE





5423951



APT BLK 561 CHOA CHU KANG NORTH 6 #11-B6 SINGAPORE 680561

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 28
Class 2A
Class 2A
Class 2C
Class 2
Class 3
Class 4
Cl

NP 428A





# Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompc.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

#### 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. : D17MTPV01008345 Insured : LOW LEONG CHAI

Motor Car (Registration No.) : SLD4551L

: Comprehensive - ExcelDrive GOLD

Policy Commencement Date: 17 JUNE 2017 00:00 Policy Expiry Date : 16 JUNE 2018 23:59 Maximum Liability (Section I): Market value at time of loss

: \$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\*

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: 29 MAY 2017 09:26

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 sale of the Motor Car or if for any reason the 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: 11P11003 & PACIFIC PRIME INSURANCE BROKERS SINGAPORE PTE. LTD. CI Code: 22A JDLDZPK4IBL1BOIA

<sup>\*</sup> Subject to GST wherever applicable













