

## 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 withholding 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.

### ACCIDENT STATEMENT

Date Of Report	11/06/2018 15:04
Date Of Accident	08/06/2018 21:45
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFE508E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG POH SUA
NRIC No	S6900558F
Email Address	METALISCASHOCKS@MSN.COM
Mobile Phone No	(LOCAL) +65-90030153
Alternative Phone No	OFFICE-90030153

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	D17MTPV01017654
Cover Note Number	

### Driver

Name of Driver	SIOW CHUN WOON KENRICK
NRIC No	S9036098A
Date Of Birth	02/10/1990
Occupation	INDOOR
Date Of Driving Pass	24/04/2012
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96982565
Fax Number	
Contact Number	
Email Address	METALISCASHOCKS@MSN.COM

Address	BLK 635 PASIR RIS DR 1 #13-592 S510635
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : CHERIE NG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED POLICE REPORT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF2617J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	NA NA

Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	SLOW CHUN WOON KENRICK
Approximate Age	
Injuries Sustain	BACK N NECK
Injured person in which vehicle?	SFE508E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	CHERIE NG
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SFE508E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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 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

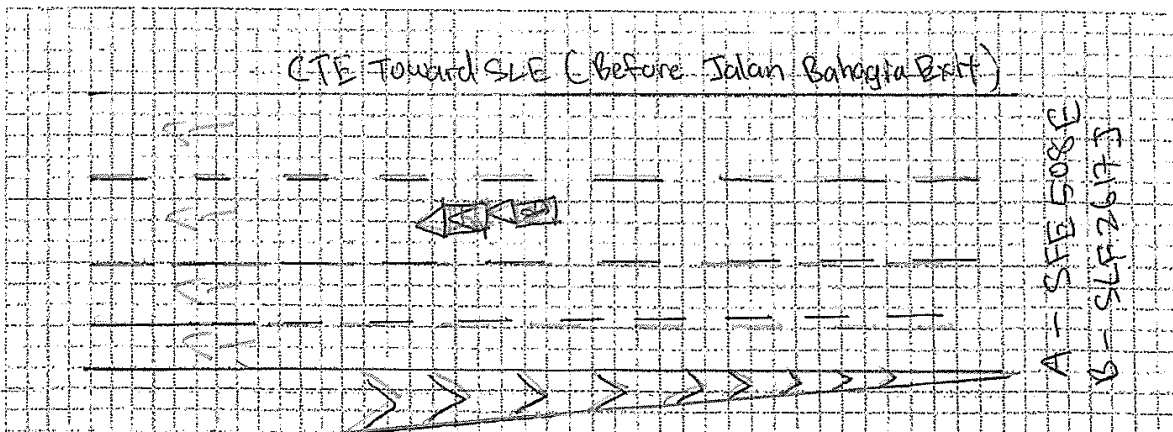
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



# Accident Sketch Plan Pg. 1

Describe Circumstances of the Accident

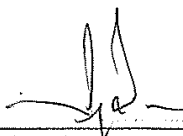
Follow police report


Insurance Co.	Sampo
Vehicle No.	SFE 508E
Date of Accident	8/6/18
<input type="checkbox"/> Reporting Only	
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	
<input type="checkbox"/> Other Workshop	
Platinum workz.	


81185453

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

 11/6/18 3:00pm  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180609/2109

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 4

Report No. T/20180609/2109

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2018 17:07	Vide Report No.:	Station Diary No.: 99
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## Informant's Particulars

Name of Informant: SLOW CHUN WOON, KENRICK			Address: APT BLK 635 PASIR RIS DRIVE 1 #13-592 SINGAPORE 510635		
ID Type / ID No.: NRIC NO / S9036098A			Contact No.: Home/Office: Mobile: 96982565		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 02/10/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2018 21:45	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY  Along CTE: before Jalan Bahagia Exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFE508E	Car	TOYOTA	WISH 1.8X LIMITED A	Black	Slightly Damaged	1
SLF2617J	Car	HONDA	VEZEL 1.5X CVT	Brown	Slightly Damaged	2

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## POLICE REPORT Pg. 1



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T/20180609/2109

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20180609/2109

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	CHERIE NG	ID No.	S9341857C
Related Vehicle	SFE508E (Car)	Contact No.	93850420
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/06/2018	Date Discharge	09/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	SIOW CHUN WOON, KENRICK	ID No.	S9036098A
Related Vehicle	SFE508E (Car)	Contact No.	96982565
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/06/2018	Date Discharge	09/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	RAIHAN BIN SARMANI	ID No.	S7347817J
Related Vehicle	SLF2617J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 08/06/2018 at about 2148hrs, I was driving my vehicle (SFE508E) along the second lane of CTE. At that point of time, my wife (Cherie) was in the said vehicle as well. As I was driving along the said road; before Jalan Bahagia Exit, I noticed that the front vehicle had stopped and thus, I follow suit.

Subsequently, about 3 seconds after I had stopped my vehicle, I felt a huge impact coming from the rear of my vehicle. As such, I alighted my vehicle and found out that a vehicle (SLF2617J) had collided into the rear of my vehicle.

I then proceeded to exchange the particulars with the other driver. Not long after, LTA officers came and assessed the situation. Shortly after, both myself and the driver then continued with our journey.

**POLICE REPORT Pg. 1**



**SINGAPORE  
POLICE FORCE**



T/20180609/2109

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20180609/2109

**CONTINUATION OF REPORT**

After the collision, I then felt pain on my upper neck, forehead and lower back area while my wife felt pain on her neck, shoulder, lower back, lower abdomen and right knee cap. As such, both of us proceeded to Mount Alvernia Hospital to seek medical treatment and received a total of 5 days MC (09/06/2018 - 13/06/2018).





**SINGAPORE  
POLICE FORCE**



T/20180609/2109

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20180609/2109

CONTINUATION OF REPORT

**Sketch Plan**


Informant is not able to provide sketch plan

**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.

Signature Of Officer Recording The Report: G / Sgt 2 TAN JUN HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2018 17:07
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:
Authentication Stamp NP168	SIGNATURE

driver

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S9036098A**





Name  
**SIEW CHUN WOON, KENRICK**

籍 姓 文  
Race  
**CHINESE**


Date of birth Sex  
**02-10-1990 M**

Country of birth  
**SINGAPORE**




Driver

3777589



NRIC No **S9036098A**



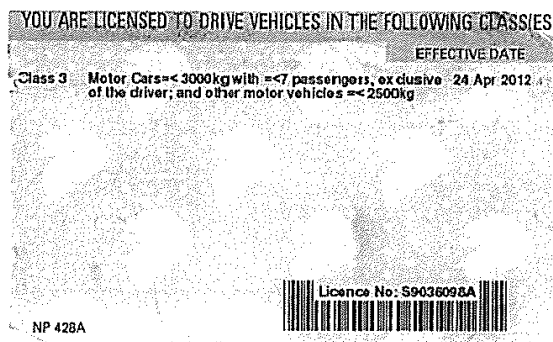
Date of issue  
**05-10-2005**

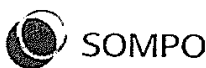
Address  
**APT BLK 635 PASIR RIS DRIVE 1  
#13-592  
SINGAPORE 510635**

*copy*



*Driver*





**Sompo Insurance Singapore Pte. Ltd.**

50 Raffles Place, #05-01/05 Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | Fax: 6221 3302 | Website: [www.sompo.com.sg](http://www.sompo.com.sg)  
Co. Reg. No.: 188905490E | 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.	: D17MTPV01017654,
Insured	: NG POH SUA
Motor Car (Registration No.)	: SFE508E
Cover	: Comprehensive - ExcelDrive GOLD
Policy Commencement Date	: 29 DECEMBER 2017 00:00
Policy Expiry Date	: 28 DECEMBER 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
* 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 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](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

IN/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.**

Stella

**Authorised Signatory**

Date/Time of Issue : 01 DECEMBER 2017 17:40

**IMPORTANT NOTICE**

- o Keep the Certificate in your Motor Car;
- o 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;
- o 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);
- o 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 : 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22A LJ0DSBW2KDBYTQ A

Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





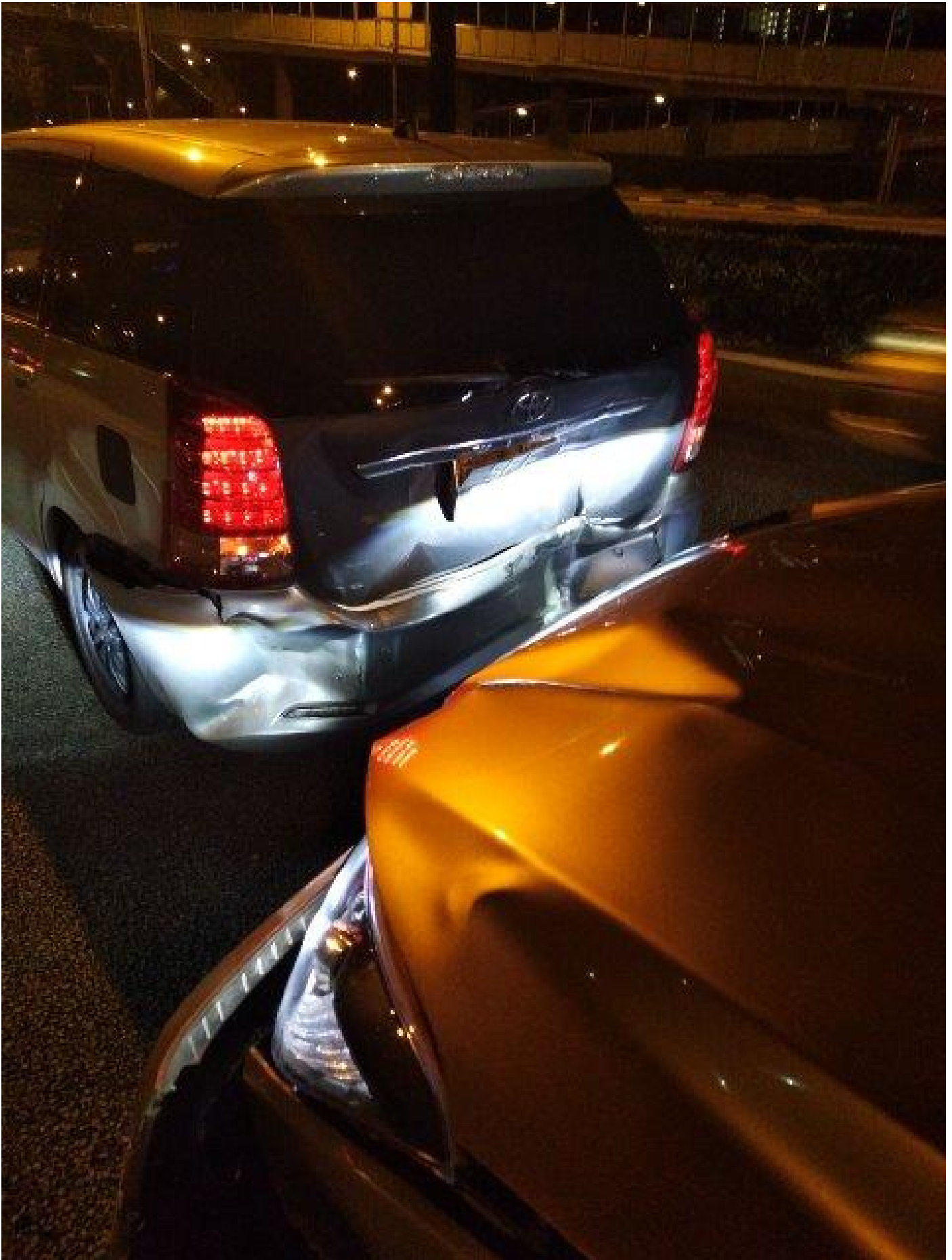
Accident Photo



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