#### 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 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

| aforesaid.                  | nd flereby consent to the archiving of this report at the centre and to copies of the report being made available |
|-----------------------------|---|
|                             | ACCIDENT STATEMENT  |
| Date Of Report              | 22/10/2018 18:07  |
| Date Of Accident            | 22/10/2018 15:30  |
| Exact Location Of Accident  | CROSS JUNCTION AT MANDAI AVE & SEMBAWANG ROAD   |
| Country/State of Loss       | SINGAPORE   |
|                             | DETAILS OF OWN VEHICLE  |
| Vehicle Registration Number | SLJ7053G  |
| Insured/Policyholder        |   |
| Name Of Registered Owner    | TAN KAI HWEE, ALVIN   |
| NRIC No                     | S8307220B   |
| Email Address               | ALVIN_HWEE@YAHOO.COM  |
| Mobile Phone No             | (LOCAL) +65-98446167  |
| Alternative Phone No        | OTHERS-98446167   |
| Vehicle Particulars         |   |
| Manufacturer                | AUDI  |
| Model                       | TTC 2.0 TFSI S-TRONIC   |

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 D18MTPV01009656

Cover Note Number

Driver

Name of Driver TAN KAI HWEE, ALVIN

NRIC No S8307220B

Date Of Birth 11/03/1983

Occupation INDOOR

Date Of Driving Pass 04/02/2003

Driving Experience 15 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98446167

Fax Number

Contact Number OTHERS-98446167

EMail Address ALVIN HWEE@YAHOO.COM

Address BLK 108 GANGSA ROAD #10-173

Postcode 670108

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 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?

NO

Was any other material or property damaged? YES

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

NO

NO

NO

Number of Passengers (Including Driver) 1

#### **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**

KINDLY REFER TO SKETCH PLAN.

#### 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 Witness 1**

Name MR CHAI (SHA3303G) COMFORT TAXI

Phone Number Email Address

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SFZ4845U

Vehicle Make/Model/Colour MITSUBISHI LANCER GLX

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver QUEK CHIT TIEW

NRIC/Passport Number S1249941H
Contact Number 96612914

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 6. The report will be forwarded by the insurers of the GIA flecords 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.
- By the ladgment 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, involces, 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:

22 Oct 18

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

Reporting Centre Personnel's Signature

Name: NRIC/FIN No

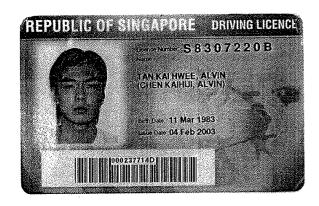
| SKETCH PLAN  |                 |  |
|--|-----------------|--|
| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  On 22 Oct 2018 (MONDAY), approximately 3.30pm  | ning Magazine I | Wehicke  Was fravelling along he towards sembawang Rd wooming vehicle to clear t my right reas from andra side-by-side, just |
|  |                 |  |
| Important: You have been advised by the good of the state |                 | - Reporting Only   |
| You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.  |                 | - Claim OD   |
|  |                 | - Claim TP   |
|  |                 | - Claim QD/ TP at other workshop   |
| DECLARATION  | <u> </u>        | workshop   |

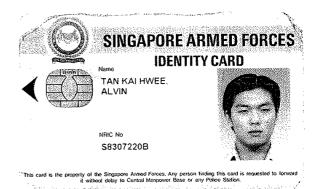
I/WE declare the foregoing particulars are true in every respect.

Tup 22 Oct 18

Policyholder's signature Date & Time

Driver's Signature (if driver not the policyholder) Date & Time Reporting Centre Personnel's Signature Name: Nric/Fin No.





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

FASS DATE ...

Class 3 Molor Cars and Molor Trectors the weight of which unladen does not exceed 2500 kilograms

D4 Feb 2003.



#### Sketch Plan Pg. 4



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50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 + Fax: 6221 3302 + Website: www.sompo.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.

: D18MTPV01009656

Insured

: TAN KAI HWEE ALVIN

Motor Car (Registration No.) : SLJ7053G

: Comprehensive - ExcelDrive GOLD

Policy Commencement Date: 12 JUNE 2018 00:00 **Policy Expiry Date** 

: 11 JUNE 2019 23:59

Maximum Liability (Section I): Market value at time of loss

Excess\*

: \$1100 - 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: 23 MAY 2018 17:49

JIN LI PTE LTD 2 Kallang Avenue #08-16A CT Hub S(339407) Off: 6444 4116 Fax: 6444 0010

#### 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 vatid 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: 11J06508 & JIN LI PTE, LTD. CI Code: 22A F8DSS64K2M11JKAW

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











