

## 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 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 Report	10/01/2019 15:51
Date Of Accident	10/01/2019 14:20
Exact Location Of Accident	SLIP ROAD OF UPPER THOMSON ROAD TWDS SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT8680X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TERRY AQUACARE
Co Reg No	52888494L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96652645

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D (M)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D18MTPCVE003958
Cover Note Number	

### Driver

Name of Driver	CHEW CHOW KUAN
NRIC No	S1725137F
Date Of Birth	26/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/11/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96652645
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 790 CHOA CHU KANG NORTH 6 #08-240
Postcode	680790
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (including own vehicle) involved in the accident	2
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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 10/01/2019 AROUND 2.20PM, I WAS TRAVELLING ALONG UPPER THOMSON ROAD TOWARDS SLE. I WAS STATIONARY AT THE SLIP ROAD AND CHECK INCOMING VEHICLE . SUDDENLY I FELT AN IMPACT FROM REAR PORTION, VEHICLE B (SLQ9436LK) HIT ONTO REAR PORTION OF MY VEHICLE (GT8680X).

#### 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	SLQ9436K
Vehicle Make/Model/Colour	TOYOTA WISH (SLIVER)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO HIAN LOON
NRIC/Passport Number	S1455311H
Contact Number	
Address	11 PUNGGOL FIELD WALK #18-24
Postcode	828744
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**DETAILS OF INJURED PERSON 1**

Name	CHEW CHOW KUAN
Approximate Age	54
Injuries Sustain	
Injured person in which vehicle?	GT8680X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 790 CHOA CHU KANG NORTH 6 #08-240
Postcode	680790

## Accident Sketch Plan

### SKETCH PLAN

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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:
  - (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.

**TERRY AQUACARE**

Policyholder's Signature  
Date & Time:



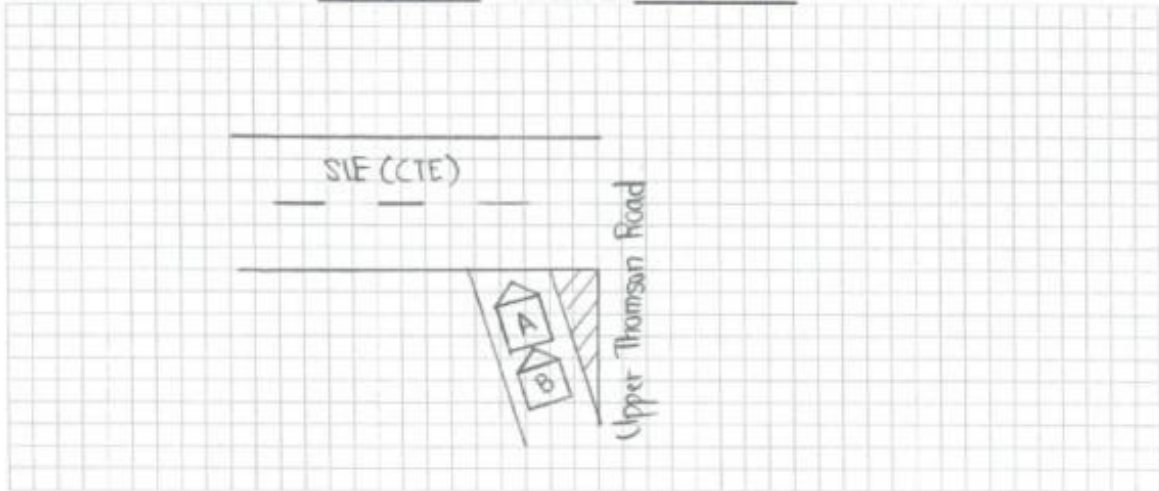
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10/01/2019  
3:25 pm



Reporting Centre Personnel's Signature  
Name: Jessy Soe  
NRIC/FIN No.: G2031072W

## Accident Sketch Plan

SKETCH PLAN Vehicle A: GT8680X Vehicle B: SLO9436K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of Accident: 10/01/2019 Time of Accident: 2:20pm

On 10/01/2019 around 2:20pm, I was travelling along Upper Thomson Road towards SLE. I was stationary at the slip road and check incoming vehicle. Suddenly I felt an impact from rear portion, vehicle B hit onto rear portion of my vehicle.

## DECLARATION

**TERRY AQUACARE**  
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: 10/01/2019  
3:25pm

Reporting Centre Personnel's Signature

Name: Jessy Soe

NRIC/FIN No.: G2031072W



SOMPO Insurance Singapore Pte. Ltd.  
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.: 198005490E | GST Reg. No.: M200903196

### Certificate of Insurance

**MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)**  
**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. : D18MTPC/VE003958  
1. Registration No. : GT8680X  
2. Insured Name : TERRY AQUACARE  
3. Commencement Date : 30 NOVEMBER 2018 00:00  
4. Expiry Date : 29 NOVEMBER 2019 23:59  
5. Coverage : Third Party  
6. Excess : NIL

7. Persons or Classes of Persons entitled to drive\*

b) Any person who is driving on the Insured's order or with their permission,  
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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use\*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- 1) Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

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

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit [www.sompo.com.sg](http://www.sompo.com.sg) for list of Accident Reporting Centers.

I/WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.

Date/Time of Issue : 07 NOVEMBER 2018 12:31

\*Limitation rendered inoperative by section 8 of the Motor Vehicles(Third-Party Risks and Compensation)Act (Chapter 189 and section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings.

IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the insurance is terminated during its currency, they 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 (Cap.189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11A14006 & ACCORD INSURANCE AGENCY CI Code: 20D RD2DMZB2KDXD0CZA

# NRIC & DL



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

