E-FILE Page 1 of 17

MSME19008708 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 18/01/2019 16:12 SUBMITTED BY: Chia Pei Ying

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 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

ACCIDENT STATEMENT

Date Of Report 18/01/2019 16:12 Date Of Accident 17/01/2019 10:50 **Exact Location Of Accident** LOYANG AVE Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD9242X

Insured/Policyholder

Name Of Registered Owner ASCEND COM PTE LTD

Co Reg No 199802692H **Email Address** NOEMAIL

Mobile Phone No

Alternative Phone No Office-68460903

Vehicle Particulars

Manufacturer **HONDA**

VEZEL-1.5 X CVT (A) Model

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy YES

for repair to your vehicle?

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

Insurance Company

SOMPO INSURANCE SINGAPORE PTE. LTD. Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NΩ

Policy Number D18MTPV01010426

Cover Note Number

Driver

Name of Driver CHONG HOCK LIANG NICHOLAS

NRIC No S8920508E Date Of Birth 24/06/1989

E-FILE Page 2 of 17

Occupation OUTDOOR

Date Of Driving Pass 22/09/2014

Driving Experience 4 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98320861

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 229 COMPASSVALE WALK #13-400

Postcode 540229

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 DRIZZLING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 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) 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 17/01/2019 AT ABOUT 10.50PM, WHILST TRAVELLING ALONG LOYANG AVENUE ON THE EXTREME LEFT LANE, THERE WAS HEAVY TRAFFIC. SO, I SIGNALLED CHECK ON MY RIGHT AND THERE WAS NO ONCOMNG VEHICLE. THEN, I PROCEED TO MOVE TO THE RIGHT. BUT UNFORTUNATELY, I COULDN'T BRAKE IN TIME THUS COLLIDED INTO THE REAR OF VEHICLE B (SH6243J).

Attachment(s)

Are accident photos available for attachment? YES

E-FILE Page 3 of 17

Was there any video captured by Car Camera? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH6243J

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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:
 - 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: 18/01/19 /11.30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC SketchPlanForm V3

QUIE

Sketch Plan #2

v *		
Vehicle A:S	L01242X	[. 1 - 1
	SH 6243J	
		A) A TIT
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
On 17/1/2019	at about 10.50 pm, w	shibt travelling along
Loyma Avenue	e on the extreme left	lane, there was heavy
trattic. so, I	signalled check on	my right and there was
no oncoming u	rehizles. Then I proce	eded to moved to the
right - But us	fortunately I couldn't	+ bake in time thus
collided into.	the seas of vehicle B(s	SH6243J).
	1.2	
	1	

DECLARATION I/We declare the location particle in the location in the locatio	rticulars are true in every respect.	
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

E-FILE Page 6 of 17

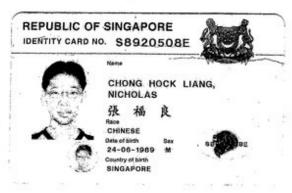
GIARMC SketchPlanForm_V3

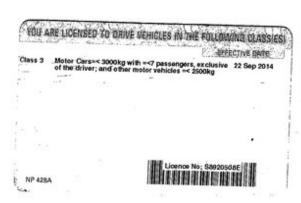
Date & Time: 18 /01/19 / 11.30am

NRIC/FIN No.:

Sketch Plan #3









Sketch Plan #4



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623 Tel: 6461 6565 | 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-PART / RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No.

D18MTPV01010426

Insured

: ASCEND COM PTE LTD

Motor Car (Registration No.) : SLD9242X

Cover

: Comprehensive - ExcelDrive GOLD

Policy Commencement Date : 30 JUNE 2018 00:00

Policy Explry Date

: 29 JUNE 2019 23:59

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

Excess*

: \$1000 - Section I

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

Voluntary Excess*

per policy year)

: Buy Down : \$500 - Section I

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*

Any other person who is driving on the Insured's order or with his permission but excluding the Insured himself.

2. 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.

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 ExcelOrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelOrive 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.

E-FILE Page 8 of 17

Stellag

Authorised Signatory

Date/Time of Issue: 06 JUNE 2018 11:33

IMPORTANT NOTICE

Keep the Certificate in your Motor Car.
 Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unitsaful 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 Insurance must surrender the Certificate of Insurance and the Policy to the Insurance company. If the Certificate of Insurance has been lost or destroyed, a situatory 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: 11F02709 & FINEXIS ADVISORY PTE LTD CI Code: 22C DLPD5OH4NTD110ZA

E-FILE Page 9 of 17



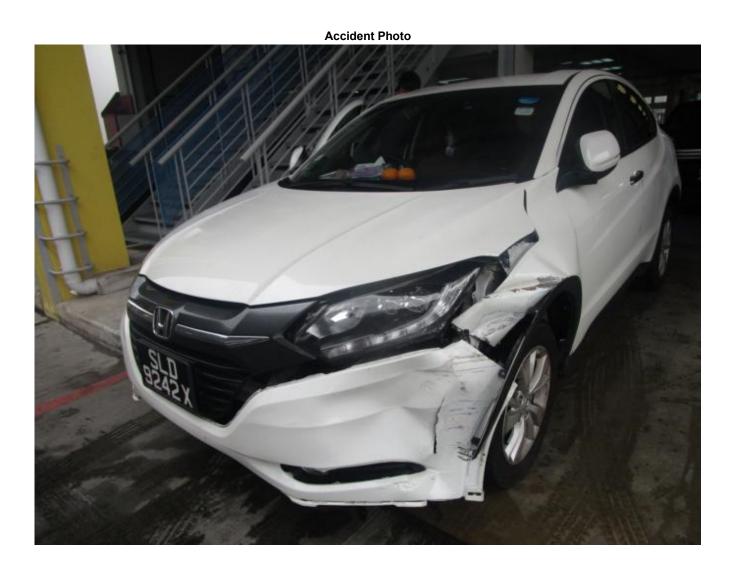
E-FILE Page 10 of 17



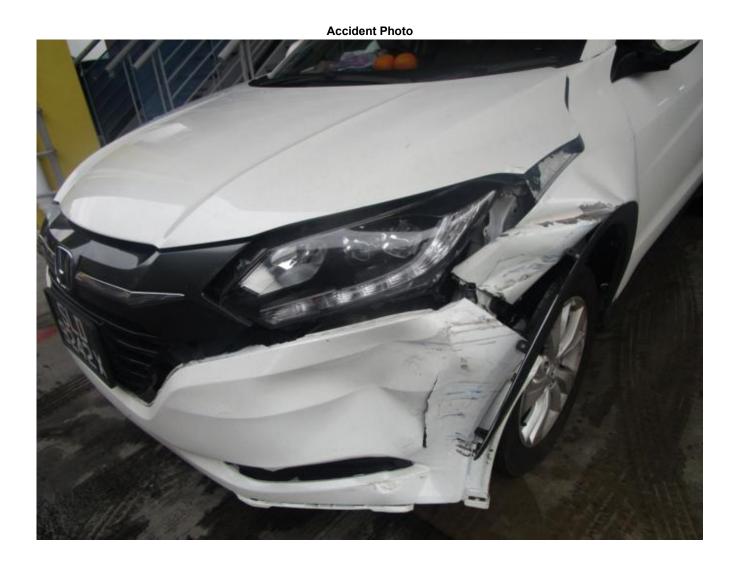
E-FILE Page 11 of 17



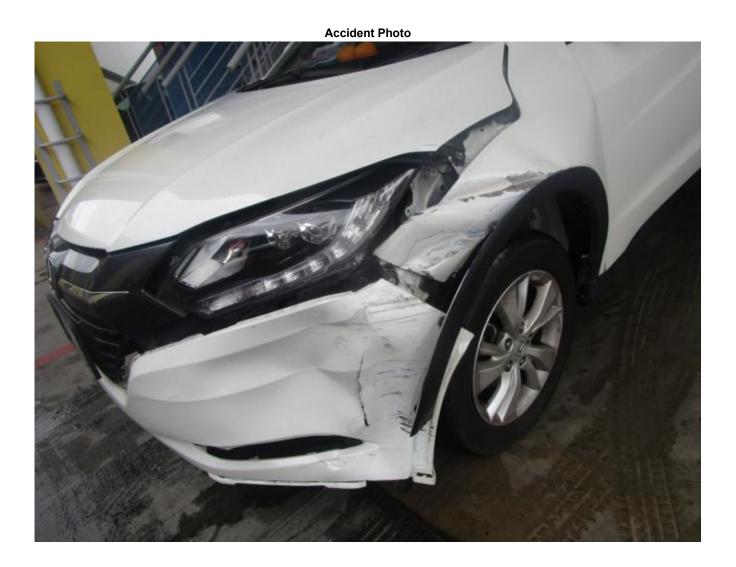
E-FILE Page 12 of 17



E-FILE Page 13 of 17



E-FILE Page 14 of 17



E-FILE Page 15 of 17





E-FILE Page 16 of 17



E-FILE Page 17 of 17

