

## 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	16/03/2019 12:04
Date Of Accident	16/03/2019 07:55
Exact Location Of Accident	ALONG LAVENDER ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4515H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD BASHIR BIN AZAM KHAN
NRIC No	S6933442C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93859452
Alternative Phone No	OTHERS-90612708

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER-2.0 PREMIUM (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MTPV01003094
Cover Note Number	01/03/2019 - 29/02/2020

### Driver

Name of Driver	AMIR KHAN
NRIC No	S1738682D
Date Of Birth	10/07/1966
Occupation	INDOOR
Date Of Driving Pass	02/09/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90612708
Fax Number	
Contact Number	OTHERS-93859452
Email Address	NOEMAIL

Address	BLK 498M TAMPINES ST 45 #05-500
Postcode	529498
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	NO
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

REFER TO THE SKETCH PLAN BY DRIVER

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8506E
Vehicle Make/Model/Colour	
Details Of Properties	
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**

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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.

Policyholder's Signature  
Date & Time:

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

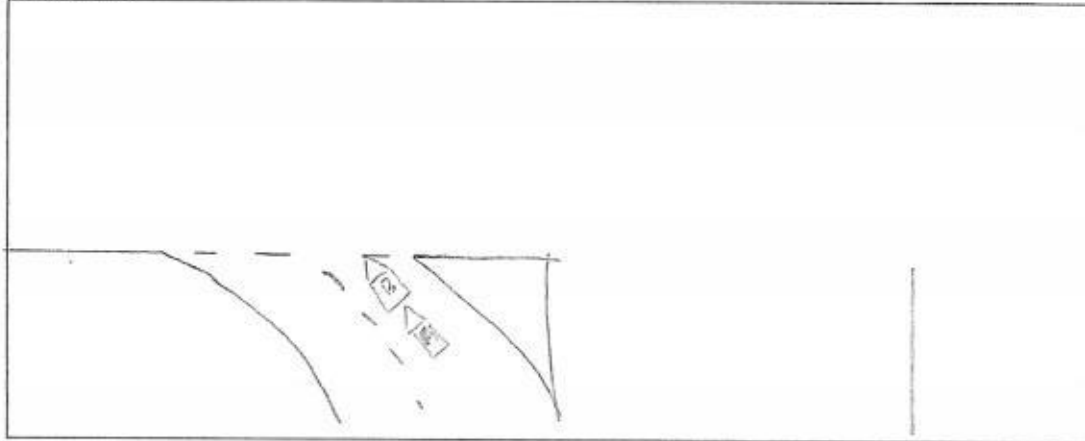
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Sketch Plan Pg. 2

Date of accident: 10/3/19 Time: 9:55am Location: Along Lavender St  
My Vehicle A: SLA4515H Vehicle B: CHA3206E Vehicle C: —

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front vehicle move forward & brake again. I couldn't stop in time & hit the rear of front vehicle.

☒ Claim OD/TP at Ah Lim Motor    ☐ Claim OD/TP at other workshop    ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## 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.: \_\_\_\_\_

ANIM MOTOR COMPANY

### Sketch Plan Pg. 3

**SOMPO**

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

### PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11A22904

Policy No. : D19MTPV01003094

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. MTP.27

Insured : MUHAMMAD BASHIR BIN AZAM KHAN  
Address : BLK 324 TAMPINES STREET 32  
#06-422  
06-422  
SINGAPORE 520324

Business/Profession : NIL

#### INSURED DETAILS

Date of Birth & Age	: 20 SEP 1969 & 49 years old	Marital Status	: MARRIED
Driving Experience in Singapore	: 22 years	Gender	: Male
Identification Type	: NRIC(Singaporean)	Identification No.	: S6933442C

Period of Insurance : 01 MARCH 2019 00:00 TO 29 FEBRUARY 2020 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

#### VEHICLE DETAILS

Vehicle Registration No.	: SLA4515H
Chassis No.	: ZSU600072553
Engine No.	: 3ZRB730483
Vehicle Make & Model	: TOYOTA HARRIER PREMIUM 2.0
Engine Capacity/Tonnage	: 1986
Type of Body	: SUV
Year of Registration	: 2016
Seating Capacity (including driver)	: 5
Estimated value of Vehicle	: Market value at time of loss
Hire Purchase Owner	: UOB

#### PREMIUM DETAILS

Premium	1,892.00
Less No Claim Discount (50%)	(946.00)
Less Offence free Discount (5%)	(47.30)
Add others :	
Add Buy Down Excess	100.00
Less Loyalty Discount(5%)	(49.94)
Total	S\$ 948.76
GST	S\$ 66.41
Premium (incl. GST)	S\$ 1,015.17

Coverage : Comprehensive - ExcelDrive PRESTIGE

Excess : \$ 600 - 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 : Buy Down : \$ 200 - Section I  
In consideration of the additional premium paid, the Policy Excess(Section I) shall be reduced by the amount of Voluntary Excess specified above.

Additional Excess : Named Young and/or Inexperienced Drivers or Elderly Drivers - \$1,500  
Un-named Young and/or Inexperienced Drivers or Elderly Drivers - \$3,000  
Un-named All Other Drivers - \$500

The terms shall be defined as follows:

'Young Drivers' shall be defined as drivers (including the Insured) who are below 25 years old.

'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 2 years of driving experience in Singapore

'Elderly Drivers' shall be defined as drivers (including the Insured) who are above 70 years old.

Paragraph 2 of Endorsement E in the policy will not apply to Insured's spouse provided he/she is 25 years old & above but less than 70 years old &/or has 2 or more years driving experience.

Windscreen Excess : S\$100.00 - Waived if Repair at ExcelDrive Workshop

Endorsements Applicable : Endorsement D - Young and/or Inexperienced or Elderly Drivers Excess  
Endorsement E - Excess Clause  
Endorsement H - Total Loss  
Endorsement L - Hire Purchase  
Endorsement M - Inclusion Of Special Perils

Sketch Plan Pg. 4

PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11A22904

Policy No. : D19MTPV01003094

Endorsement P6 - Riot And Strike Endorsement  
Endorsement V - No Claim Discount Protection  
Endorsement Y1 - ExcelDrive Prestige Plan  
Endorsement Z - Loss of Use Benefit

Additional Cover : NIL

Named Drivers :

1. Name	:	MUHAMMAD BASHIR BIN AZAM KHAN
Date of Birth & Age	:	20 SEP 1969 & 49 years old
Driving Experience in Singapore	:	22 years
2. Name	:	AMIR KHAN
Date of Birth & Age	:	10 JUL 1966 & 52 years old
Driving Experience in Singapore	:	22 years
3. Name	:	ROZITA BTE MD ISA
Date of Birth & Age	:	21 MAR 1984 & 54 years old
Driving Experience in Singapore	:	12 years

Date of Issue : 13 FEBRUARY 2019  
Intermediary Name : ADVISOR PLUS  
Producer Code & Name : AVP22907 & ADVISOR PLUS  
User Code : WILLIAMT/AVP22907  
Old Policy No. : D18MTPV01003922

Signed on this 13th day of February 2019  
for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.

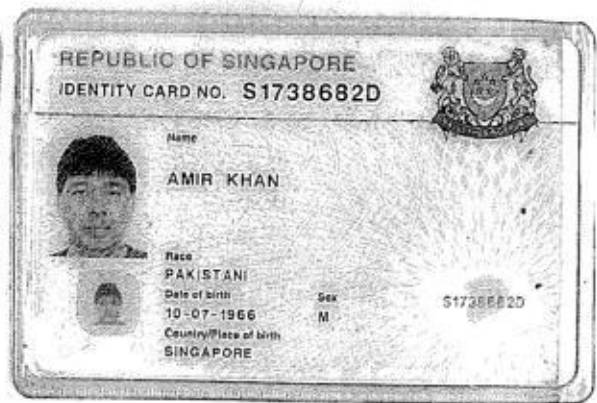
*Stella*

Authorised Signatory  
CI Code : 22A

24-HOUR EMERGENCY HOTLINE  
Tel: (65) 6226 3323

Specialist from 24 Hours Mobile Accident Response Service (MARS) will:  
- Take photographs of the vehicle involved.  
- Assist the driver to complete the accident statement and arrange for e-filing to General Insurance Association of Singapore (GIA) within 24 hours  
- Arrange towing service if necessary to the nearest ExcelDrive Workshop  
\* When overseas, inform the operator that you would like to place a collect call, or call on reverse charge basis.

Sketch Plan Pg. 5



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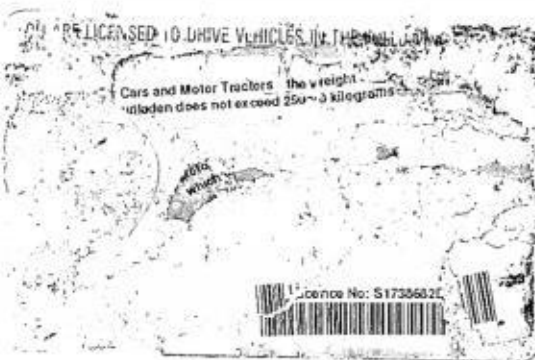
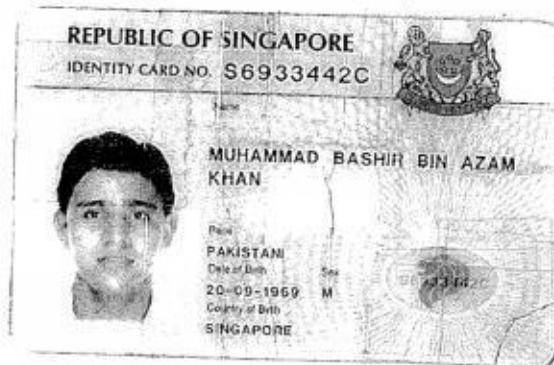
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SINGAPORE  
POLICE FORCE

*Class 3 02 Sep 1986*



TRAFFIC  
SINGAPORE  
10, UBI  
SINGAPORE  
Tel: 6737 1111  
[www.police.gov.sg](http://www.police.gov.sg)

Private & Confidential

AMIR KHAN

APT BLK 498M TAMPINES STREET 45 #05-500  
SINGAPORE 529498

You will receive your  
licence by registered  
working days from  
unless you made a  
at Traffic Police at the

You can drive while  
of your photocard

Please turn over to

S1738682D  
(3)

C001470234  
16/03/2019

\$25/-

(Please do not detach)

YOU CAN DRIVE WHILE Awaiting  
DELIVERY OF YOUR PHOTO  
DRIVING LICENCE

