

## 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	02/04/2019 17:33
Date Of Accident	27/03/2019 23:45
Exact Location Of Accident	BLK 83 WHAMPOA DR MSCP LEVEL 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB362P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW SAUW KHIE
NRIC No	S7775901H
Email Address	SEBASTIAN.LOW88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93893431
Alternative Phone No	OTHERS-93893431

### Vehicle Particulars

Manufacturer	BMW
Model	320I-2.0 ABS D/AB 2WD 2DR GAS/D (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?	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	D18MTPV01007338
Cover Note Number	25/04/2018 - 24/04/2019

### Driver

Name of Driver	LOW SAUW KHIE
NRIC No	S7775901H
Date Of Birth	05/09/1977
Occupation	INDOOR
Date Of Driving Pass	30/01/2012
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93893431
Fax Number	
Contact Number	OTHERS-93893431
EEmail Address	SEBASTIAN.LOW88@GMAIL.COM

Address	83 WHAMPOA DRIVE #07-290
Postcode	320083
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	CHAIN COLLISION
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	3
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 29 JALAN BAHAGIA , <b>POSTCODE:</b> 320029 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2507999 - <b>FAX NO:</b> 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT & 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	SHA7384X
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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJJ7813D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

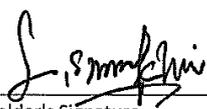
**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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 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.

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Policyholder's Signature  
Date & Time:

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

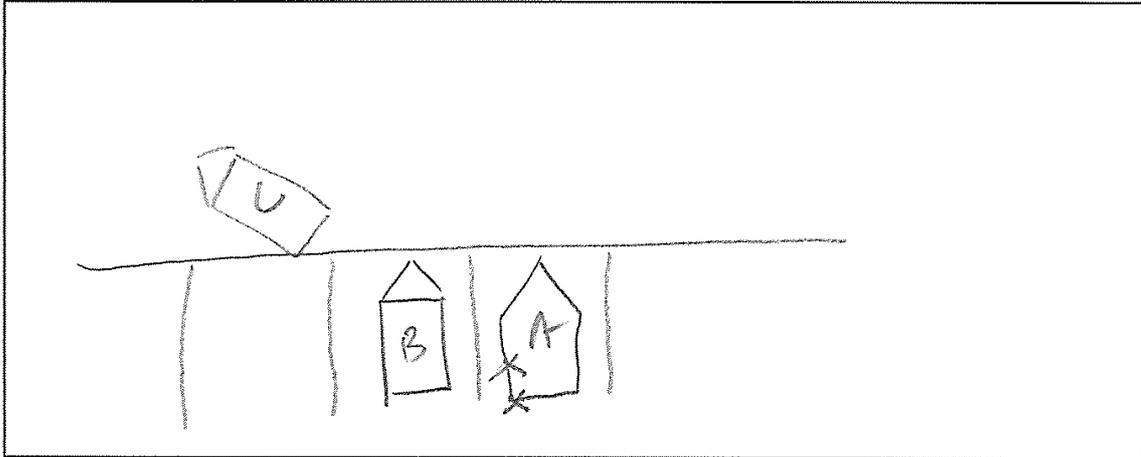
\_\_\_\_\_  
Reporting Centre Personals Signature  
Name:  
NRIC/FIN No.:



Sketch Plan Pg. 2

Date of accident: 29/03/19 Time: 00:00 Location: Blk 93 Wampoa PR MSCP  
 My Vehicle A: JKB362P Vehicle B: SHA7384X Vehicle C: 8JJ7B13D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to the police report.*

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.

*[Signature]*  
 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.:

MARKED BY: [Signature]

AH LIM MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



T/20190329/2110

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

1 of 3

Report No. T/20190329/2110

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/03/2019 14:36	Vide Report No.: E/20190327/0175	Station Diary No.: 28
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Informant's Particulars			
Name of Informant: LOW SAUW KHIE		Address: APT BLK 83 WHAMPOA DRIVE #07-290 SINGAPORE 320083	
ID Type / ID No.: NRIC NO / S7775901H		Contact No.: Home/Office: Mobile: 93893431	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 05/09/1977	Type of Informant: Vehicle Owner
Race: Chinese		Language:	Institution / School Name:
Occupation: PROPERTY AGENT		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/03/2019 00:00	Type of Location:
Location: WHAMPOA DRIVE BLK 83 WHAMPOA DR MULTI-STORY CARPARK LEVEL 2 NEAR to exit				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB362P	Car					0



**SINGAPORE  
POLICE FORCE**



T/20190329/2110

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

2 of 3

Report No. T/20190329/2110.

CONTINUATION OF REPORT

**Brief Details.**

On 28/03/2019 at around 1000hrs, noticed a note left by a traffic police.

I took the note and later on the day, I called TP IO Jeff Tan and he informed that my vehicle was involved in a case of accident.

However I was not at scene when the incident took place as such I am unable to give any facts pertaining to the incident.

I was only advised to lodge a police report with regards to some scratch marks found on the rear passenger side door and near the left side of the taillight area.

I am currently lodging this report for record and insurance claim purpose.



SINGAPORE  
POLICE FORCE



T/20190329/2110

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

3 of 3

Report No. T/20190329/2110

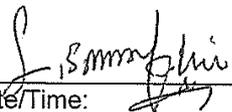
CONTINUATION OF REPORT

**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: E / Sgt 3 KUBENDIRAN 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178

Signature Of Informant: 
Date/Time: 29/03/2019 14:36
Classification Of Case:

Authentication Stamp  
NP168  




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.: 199905400E | GST Reg. No.: M200003196

**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. : D18MTPV01007338  
 Insured : LOW SAUW KHIE  
 Motor Car (Registration No.) : SKB362P  
 Cover : Comprehensive - ExcelDrive GOLD  
 Policy Commencement Date : 25 APRIL 2018 00:00  
 Policy Expiry Date : 24 APRIL 2019 23:59  
 Maximum Liability (Section I) : Market value at time of loss  
 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\* : 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.

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, 1967 (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 : 17 APRIL 2018 12:52

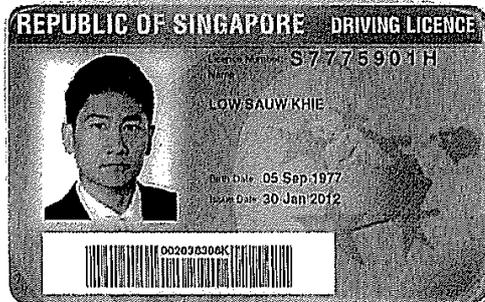
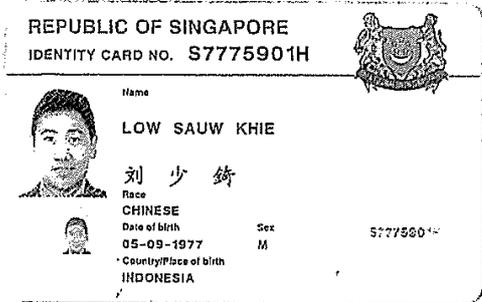
**IMPORTANT NOTICE**

- 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 : 11M04705 & MWP INSURANCE AGENCY CI Code: 22A L4WDZZH4\_TLT0VIA

Sketch Plan Pg. 7

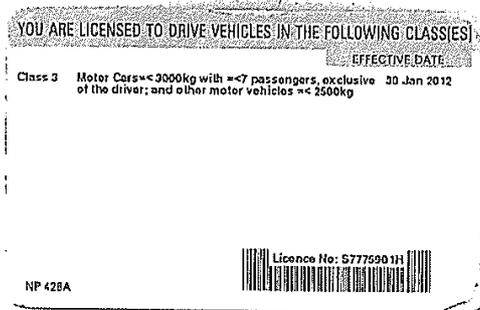
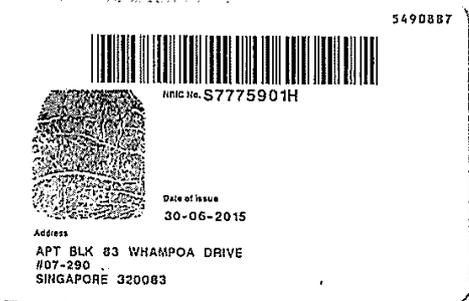
Sketch Plan Pg. 4



Apax  
~~no video~~ no injury  
 video - ~~yes~~ NO  
 clear & dry.

~~3rd party~~  
~~Apax~~  
~~LP - 9113 2757~~

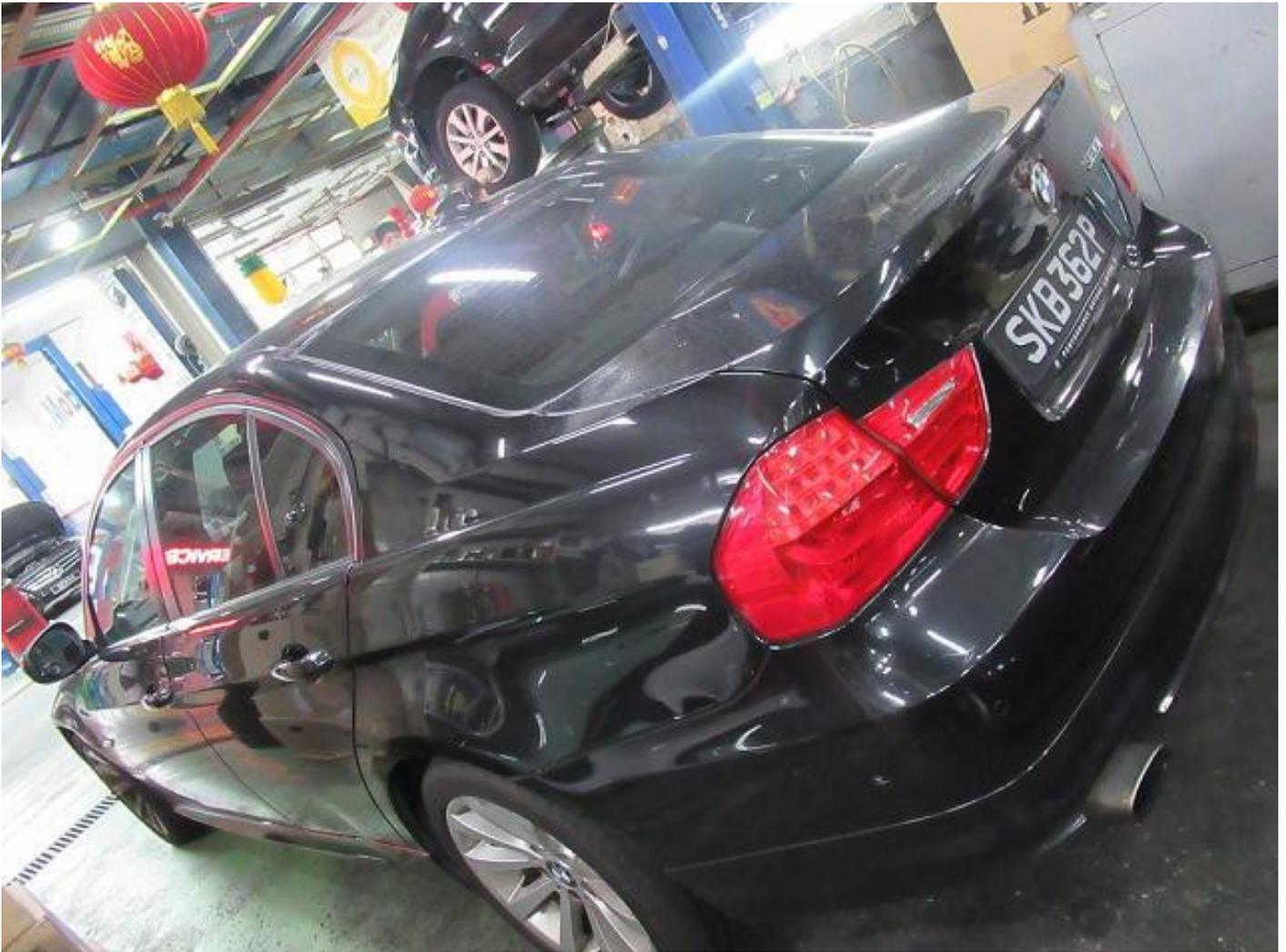
93893431



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



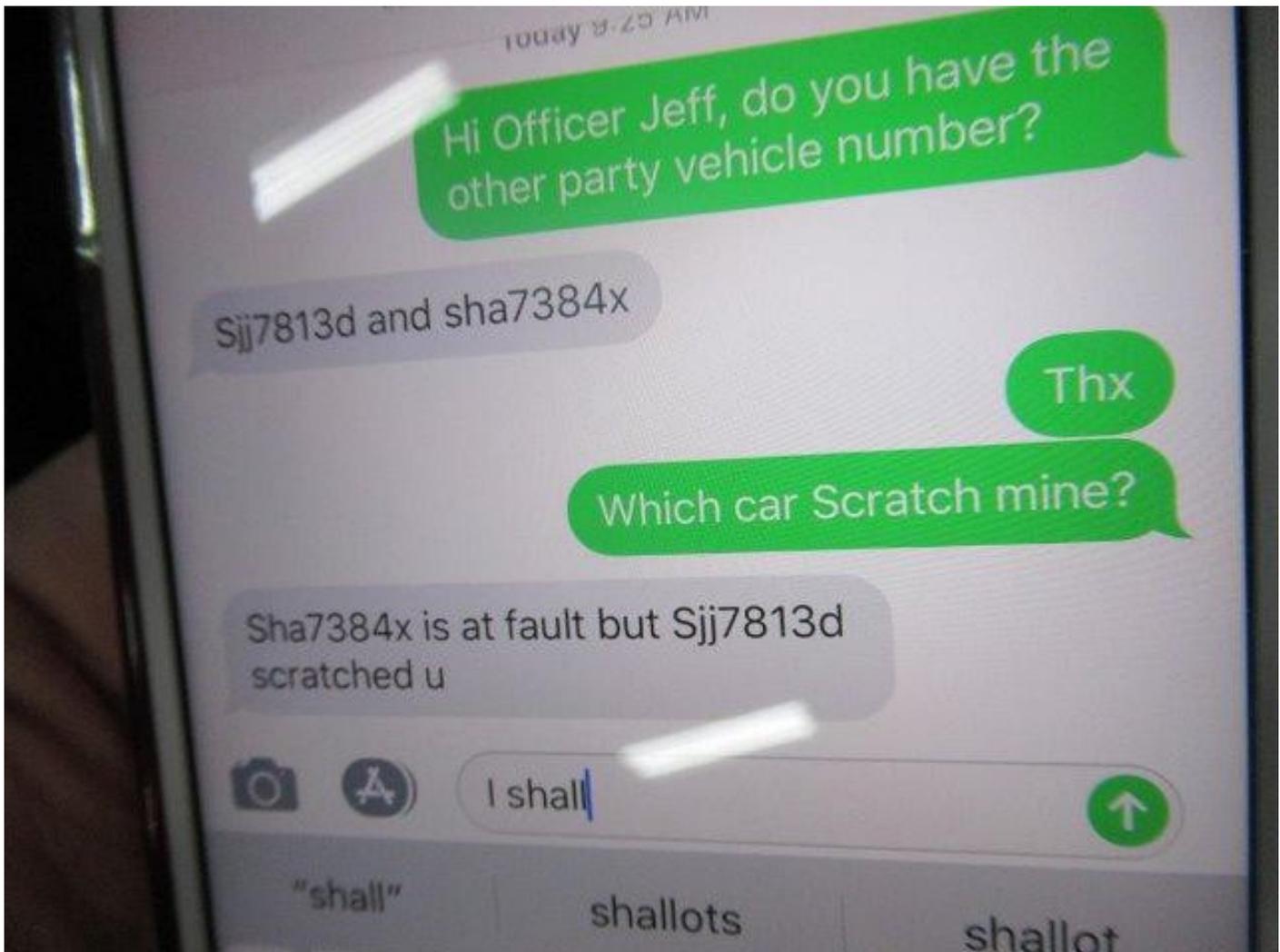
Accident Photo



Accident Photo



POLICE STATEMENT



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MACM19042982 Vehicle Registration No: SKB 362P
Name(as shown in NRIC) : Low Saww Khie NRIC/FIN/Passport No : S7775901M
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate
Address : Singapore( )
Contact (Tel) : Mobile No. : 93898431
Email Address : sebastian.low88@gmail.com
Date of Accident : 27/03/2019 Time of Accident : 23:45
Place of Accident : Blk 83, Whampoa Drive MSCP level 2.
Insurance Company: Sompo insurance.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

The actual date of accident was on 27/03/2019 @ 11:45pm

Policyholder / Driver's Signature
Date:

AM LINN MOTOR COMPANY
No. 10 Ampuloh Road, Ampuloh Park 2A
#01-00 AMK Autopoint Singapore 580047
Tel: 6433 1244 Fax: 6433 6170
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: