

## 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	09/05/2019 13:27
Date Of Accident	09/05/2019 07:30
Exact Location Of Accident	AT LORONG CHUAN TOWARDS BARTLEY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4956P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THENG WEI JUN TIMOTHY
NRIC No	S8427199C
Email Address	TIMOTHY.THENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81578369
Alternative Phone No	OFFICE-81578369

### Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 SEDAN EU6 (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	D18MTPV01010960
Cover Note Number	16/06/2018 - 15/6/2019

### Driver

Name of Driver	THENG WEI JUN TIMOTHY
NRIC No	S8427199C
Date Of Birth	01/09/1984
Occupation	INDOOR
Date Of Driving Pass	30/04/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81578369
Fax Number	
Contact Number	OFFICE-81578369
Email Address	TIMOTHY.THENG@GMAIL.COM

Address	BLK 332A ANCHORVALE LINK #13-348
Postcode	S541332
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	2
Passenger 1	NAME: : LING SWEE SEE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 CHAI CHEE DRIVE , <b>POSTCODE:</b> 469045 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2448999 - <b>FAX NO:</b> 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT ATTACHED.

#### 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	SJS2436U
Vehicle Make/Model/Colour	NA
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA

Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

#### 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. 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.

Policyholder's Signature  
Date & Time:

9/5/19  
15:54H.

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

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

# Accident Sketch Plan

## SKETCH PLAN

Accident sketch plan on grid paper. Handwritten notes include "wrong chuan" and vehicle details:

A: SLP 4956 P  
B: SJS 24360

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe circumstances of the accident. Handwritten note: "Refer to Police Report."

Insurance Co: Sompo  
Vehicle No: SLP 4956 P  
Date of Accident: 09/05/2019

☐ Reporting Only  
☐ Own Damage Claim  
☒ Third Party Claim

## DECLARATION

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

Policyholder's Signature  
Date & Time: 9/5/19 13:54H

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

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



## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190509/2047

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

1 of 3

Report No. T/20190509/2047

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2019 11:13		Vide Report No.:		Station Diary No.: 11	
<b>Informant's Particulars</b>					
Name of Informant: THENG WEI JUN TIMOTHY			Address: APT BLK 332A ANCHORVALE LINK #13-348 SINGAPORE 541332		
ID Type / ID No.: NRIC NO / S8427199C			Contact No.: Home/Office: Mobile: 81578369		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 01/09/1984	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BUILDING MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/05/2019 07:30	Type of Location: Straight Road
Location: Along Road 1 LORONG CHUAN BARTLEY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJS2436U	Car				Slightly Damaged	0
SLP4956P	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Grey	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE  
POLICE FORCE**



T/20190509/2047

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

2 of 3

Report No. T/20190509/2047

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP4956P	TENET SOMPO INSURANCE PTE. LTD.	D18MTPV01010960	16/06/2018	15/06/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THENG WEI JUN TIMOTHY		ID No. S8427199C
Related Vehicle	SLP4956P (Car)		Contact No. 81578369
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave		NIL	Degree of Injury NIL

**Brief Details.**

ON 9/5/2019 AT ABOUT 7.30AM, I WAS DRIVING ALONG LORONG CHUAN TOWARDS BARTLEY ROAD ON THE HEAVY CONGESTED ROAD I WAS ON THE EXTREME LEFT LANE, AS THE TRAFFIC LIGHT WAS GREEN I DROVE PAST THE TRAFFIC LIGHT UPON PAST THE TRAFFIC LIGHT JUNCTION A VEHICLE SJS2436U FROM THE RIGHT SIDE CUT INTO MY LANE UPON DOING SO HE HIT ONTO MY FRONT RIGHT FENDER. HOWEVER HE DID NOT ALIGHTED TO MAKE A CHECK AND HE DROVE OFF AFTER THE ACCIDENT. THE DRIVER FROM MY OBSERVATION IS AN ELDERLY MALE DRIVER . I DID MAKE A CHECKED ON MY VEHICLE AND THERE WAS SCRATCHED MARKS ON THE POINT OF CONTACT



**SINGAPORE  
POLICE FORCE**



T/20190509/2047

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

3 of 3

Report No. T/20190509/2047

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: G / Sr Staff Sgt IMRAN BIN NORDIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902

Authentication Stamp  
NP168

Signature Of Informant: 
Date/Time: 09/05/2019 11:13
Classification Of Case: 

# Driver IC & Licence



Driver IC & Licence Pg. 1

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Apr 2004

NP 428A

Licence No: S8427199C

5519771

NRIC No. S8427199C

Date of issue  
27-08-2015

Address  
APT BLK 332A ANCHORVALE LINK  
#13-348  
SINGAPORE 541332



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.: 198905490E | 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.** : D18MTPV01010960  
**Insured** : THENG WEI JUN TIMOTHY  
**Motor Car (Registration No.)** : SLP4956P  
**Cover** : Comprehensive - ExcelDrive FOCUS  
**Policy Commencement Date** : 16 JUNE 2018 00:00  
**Policy Expiry Date** : 15 JUNE 2019 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$500 - Section I  
(Waived up to 50% or maximum S\$600 whichever is lower 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** : N.A.  
\* 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.

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.

*Stella*

Authorised Signatory

Date/Time of Issue : 13 JUNE 2018 17:12

JIN LI PTE LTD  
AVENUE #08-16A  
SINGAPORE 080077  
Tel : 6444 4116  
Fax : 6444 0010

**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 : 11J06508 & JIN LI PTE. LTD. CI Code: 22A \_0DM5W4PRM1MQKAH

Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

