

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	26/06/2019 15:46
Date Of Accident	26/06/2019 10:15
Exact Location Of Accident	ALONG CTE TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3984R
Insured/Policyholder	
Name Of Registered Owner	TEO LAY HEOH
NRIC No	S1178906D
Email Address	ALICE_TEO@SYNTECHCHEM.COM
Mobile Phone No	(LOCAL) +65-96897010
Alternative Phone No	OTHERS-96897010

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
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	D19MTPV01000963
Cover Note Number	

Driver

Name of Driver	TEO LAY HEOH
NRIC No	S1178906D
Date Of Birth	04/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1977
Driving Experience	41 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96897010
Fax Number	
Contact Number	OTHERS-96897010
EEmail Address	ALICE_TEO@SYNTECHCHEM.COM

Address	BLK 539 ANG MO KIO AVENUE 10 #04-2573
Postcode	560539
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	5
Was any body injured in the Accident?	NO
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.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20190626/2095.

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	SLJ891A
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMK1420C

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SML3207J

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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number

SLF2164Z

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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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: 26/6/13

Driver's Signature

(If driver is not the policyholder)

Date & Time:

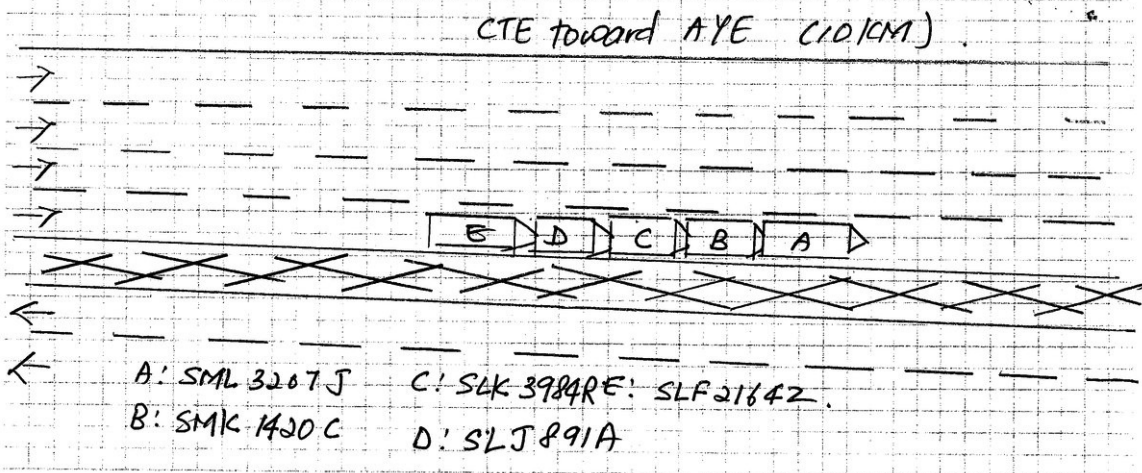
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Yee Choo
10583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 26/06/2019 at about 1015am, I was travelling along CTE toward AYE near 101km. There was heavy traffic in front of me and I drive slowly behind the lane. Suddenly, my front vehicle no: SMK 1420C applied e-brake to stop and I also managed to stop behind. Unfortunately my rear vehicle no: SLJ 891A could not stop and collided onto my rear portion and the impact caused me to move forward and collided onto my front vehicle. After the accident, I noticed that there were 5 vehicles involved. The police officer asked me to check on my car camera for the SD card but I noticed that my SD card was lost and I suspected somebody had stolen my card.

DECLARATION

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

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

See Choo
10583A



**SINGAPORE
POLICE FORCE**



T/20190626/2095

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190626/2095

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2019 15:35	Vide Report No.: F/20190626/0075	Station Diary No.: 21
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Informant's Particulars

Name of Informant: TEO LAY HEOH			Address: APT BLK 539 ANG MO KIO AVENUE 10 #04-2573 SINGAPORE 560539		
ID Type / ID No.: NRIC NO / S1178906D			Contact No.: Home/Office: Mobile: 96897010		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 63	Date of Birth: 04/01/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES CONSULTANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2019 10:15	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY TOWARDS AYE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF2164Z	Car					0
SLJ891A	Car					0
SLK3984R	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Black		0
SMK1420C	Car					0



**SINGAPORE
POLICE FORCE**



T/20190626/2095

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 3

Report No. T/20190626/2095

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SML3207J	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK3984R	TENET SOMPO INSURANCE PTE. LTD.	D19MTPV0100096 3	16/01/2019	15/01/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO LAY HEOH	ID No.	S1178906D
Related Vehicle	SLK3984R (Car)	Contact No.	96897010
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	Slight

Brief Details.

On 26/06/2019, at about 10.15am, I was travelling along CTE towards AYE near 10km. There was heavy traffic in front of my car SLK3984R and I drove slowly behind the lane. Suddenly my front vehicle SMK1420C applied e-brake to stop and I also managed to stop behind. Unfortunately, my rear vehicle SLJ891A could not stop and collided onto my rear portion and the impact caused my vehicle to move forward and collided onto my front vehicle. After the accident, I noticed that there were 5 vehicles involved vide F/20190626/0075. Purpose to lodge this report is for traffic police investigation and also for insurance claim.



**SINGAPORE
POLICE FORCE**



T/20190626/2095

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/20190626/2095

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 /

Sr Staff Sgt AZMI BIN MOHAMED HAMZAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/06/2019 15:35

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 KOH SENG KEVIN

Contact No: 66472073

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

SOMPO Sampo 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.: 198905450E | 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. : D19MTPV01000963
Insured : TEO LAY HEOH
Motor Car (Registration No.) : SLK3984R
Cover : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 15 JANUARY 2019 00:00
Policy Expiry Date : 15 JANUARY 2020 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$400 - 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 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

Sampo Insurance Singapore Pte. Ltd.
Stella
Authorised Signatory
Date/Time of Issue : 01 JANUARY 2019 16:38

IMPORTANT NOTICE