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 <u>truthful and accurate</u> 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 aforesaid.

atoresaid.		
	ACCIDENT STATEMENT	
Date Of Report	08/10/2019 09:17	
Date Of Accident	07/10/2019 12:55	
Exact Location Of Accident	SHEARES AVE / MARINA BLVD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLJ9301C	
Insured/Policyholder		
Name Of Registered Owner	SONG MENG LIANG	
NRIC No	S1182528A	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97710150	
Alternative Phone No	OFFICE-97710150	
Vehicle Particulars		
Manufacturer	AUDI	
Model	A4	
Exact Purpose for which vehicle was being used at time of accident		
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	D18MTPV01020319	
Cover Note Number		
Driver		
Name of Driver	SONG SIHIJI REBEKAH	

Name of Driver SONG SIHUI REBEKAH

NRIC No S9047402B
Date Of Birth 06/12/1990
Occupation OUTDOOR
Date Of Driving Pass 26/01/2011

Driving Experience 8 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-82010001

Fax Number
Contact Number

EMail Address NOEMAIL

Address 15 HUME AVE #03-06

Postcode 598725

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

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)

3

involved in the accident

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)

NO

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

I HAD STOPPED MY VEHICLE (SLJ9301C) ALONG SHEARES AVE DUE TO RED TRAFFIC. WHEN I HEARD A BANG AT THE REAR OF MY VEHICLE. UPON ALIGHTING, I FOUND OUT THE VEHICLE (SLT5466J) HAD COLLIDED ONTO THE REAR OF MY VEHICLE AND ANOTHER VEHICLE (SME9930B) BEHIND (SLT5466J) WAS ALSO INVOLVED IN THE ACCIDENT.

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 **SLT5466J**

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

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

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SME9930B

VEHICLE C

PRIVATE CAR

TAN YANG PING KEVIN

S7528522A

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

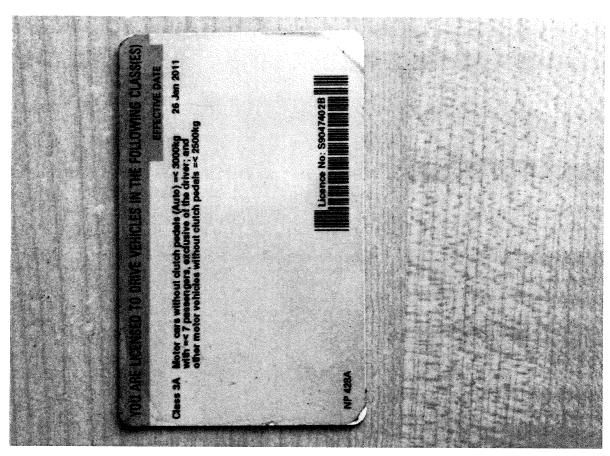
Sketch Plan #2 Pg. 1

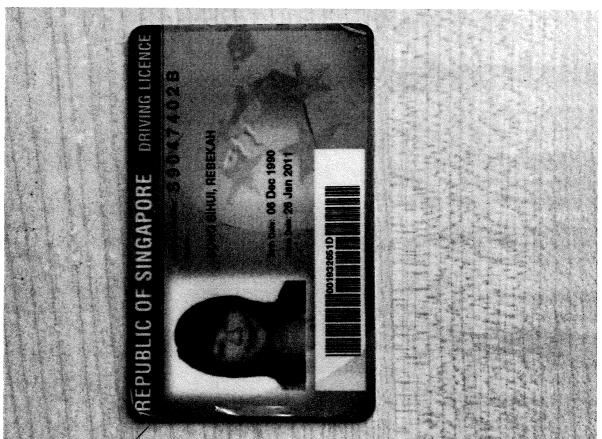
SKETCH PLAN		
A) SLI9301C		
B) SLT5466J	Approximation and a second and	
c)=M=9930B	CDBD	A
DESCRIBE CIRCUMSTANCES OF T	THE ACCIDENT	aanaa ka akaan maraa ka shaa ka see ahay ka aanaa dha shaanaa aha aa aa ka a sa ka sa ba'a ka sha
I had stopped	my reliide SI	I9301C along Sheares
Auguro due 1	allost box a	when I have a
bong at the r	car of my vehic	de Upon alighting.
found out th	e vehicle SLI	>4665 had collided
into the rear	of my relicle	and another relide
2ME 9930B b		LJ was also involved
The accident	(•	

AA AMBINAAN		
	,	
DECLARATION I/We declare the foregoing particulars	are true in every respect.	7 -
a d		
Policyholder's Signature Date & Tyme:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:











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.ag Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

PRIVATE CAR POLICY SCHEDULE

Intermediary Code: 11F02709

Policy No.: D18MTPV01020319

2,037.13

(50.93)

(48.38)

S\$ 919.25

S\$ 64.35

S\$ 983.60

(1,018.57)

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

: SONG MENG LIANG

: 15 HUME AVE #03-06 SINGAPORE 598725

Address

oir tri

: PASTOR

Business/Profession INSURED DETAILS

Date of Birth & Age: 30 MAY 1956 & 62 years old

Martial Status : MARRIED

PREMIUM DETAILS

Less No Claim Discount (50%)

Less Loyalty Discount(5%)

Premium (incl. GST)

Less Offence free Discount (5%)

Premium

Total

Add others

Driving Experience in : 44 years

Gender: Male

Singapore

Identification Type: NRIC(Singaporean)

Identification No.: S1182528A

Period of Insurance

: 29 DECEMBER 2018 00:00 TO 28 DECEMBER 2019 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

Chassis No.

Engine No.

Type of Body

Coverage

Excess

Vehicle Registration No.

Vehicle Make & Model

Year of Registration

Engine Capacity/Tonnage

: SLJ9301C

: WAUZZZF42HA056388

: CVN021969

: AUDI A4 1.4

: 1395

: SALOON

: 2016

: NIL

Seating Capacity (including driver) Estimated value of Vehicle

: 5

: Market value at time of loss

Hire Purchase Owner

Comprehensive - ExcelDrive PRESTIGE

: \$ 400 - Section I

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

Voluntary Excess

: N.A

Additional Excess

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

Un-named All Other Drivers

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

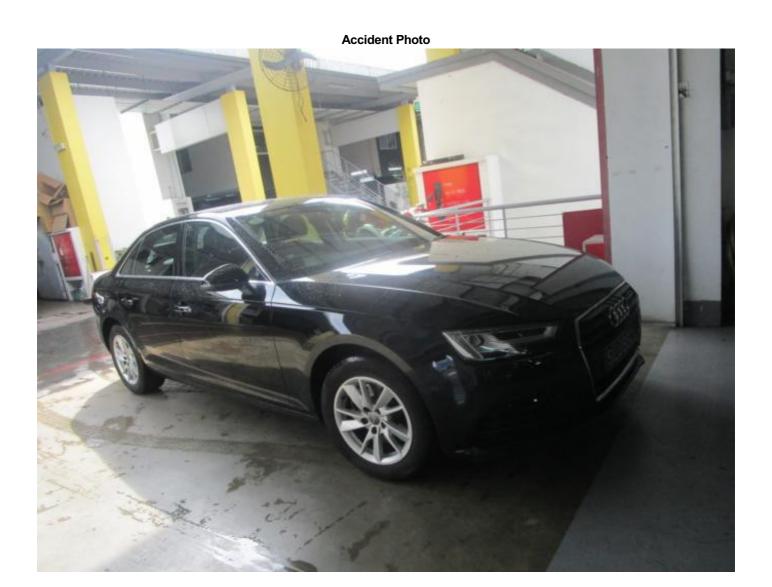
Endorsement E - Excess Clause

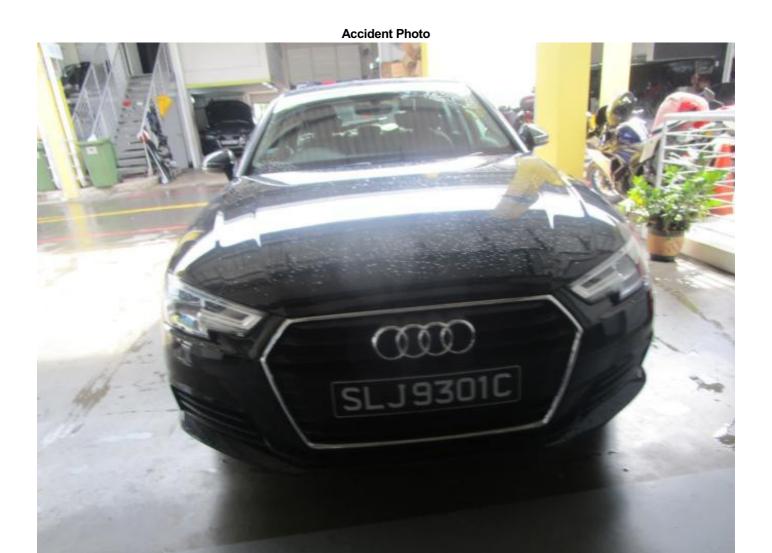
Endorsement H - Total Loss Endorsement M - Inclusion Of Special Perils

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

Intermediary Copy













Accident Photo COORT Rev State Association Accident Photo Coortinate State Association State Association

