

22/07/2019

ASS. REC. BY:

REF: CS3 | SMO19012064

*Cof3*

Special Instruction:

*9 &*

**ASSIGNMENT (Office)**

From (Person): *Goh Pau Loong* of *SMO*

Date/Time: *25/11/2019*

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No: *SJP 8716M*

Insured: *SLR15440*

at Workshop m/s *Hong Motor Services*

Tel: *6282 2052*

of *B1K 5035 Ang Mo Kio 2nd Park 2 #01-365*

Policy No: *D18MTPV01012470*

Claim No: *CMTD1903256*

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_

D.O.A *07/07/2019*

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: *9.3.19 9.49.41*

Person Contacted: *Ah Hui*

H.O.D. Endorsement: \_\_\_\_\_

Vehicle: IN/OUT

Date/Time	Action/Instruction ( X ) Estimate
	<i>SLR 15440 X</i>
	<i>SJP 8716M X</i>
	<i>Dismantle: 10/11/2019</i>
	<i>After repair: 15/11/2019</i>

*\$3000, 4 Days.*  
*(Red to 3500, 54/10)*  
*13/12/2019*

10/2017

ASS. REC. BY:

*ad.*

REF SMO

48080

PRS

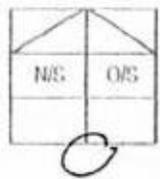
ASSIGNMENT

(-2024)

From: \_\_\_\_\_ Date: **9.7.2019**  
 Estimated Cost: \_\_\_\_\_  
 OD:  TP /  WS /  TP RES /  OD RES /  EVA /  INV /  MV  
 To Inspect Vehicle No: **SJP 8716M**  
 at Workshop no: **Hung Motor**  
 of **BK 5035 Amik Ind Bank 2 701-369**  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: \_\_\_\_\_

Veh No: **SJP8716M** Yr Reg: **15 Apr 2009**  
 Type:  M. Car /  M. Cycle /  Bus /  Van /  Lorry /  Taxi /  Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: **KIA Cerato Forte 1.6** 1591  
 Colour: **white** A/C:  Insured /  Std /  NI /  NA  
 Sp Reading: **226366** T/Radio:  Insured /  Std /  NI /  NA  
 Engine: \_\_\_\_\_  
 C/Mo: **KNATH221395035839**  
 Gen. Cond:  Good /  Fair /  Poor /  Burnt  
 Steering:  In order /  Jammed /  Leaked /  Burnt or  
 Brake:  In order /  Jammed /  Leaked /  Burnt or  
 Modi:  Nil /  S/Rim /  STU /  Rim or

(Policy Condition)  
 Remark: **The veh had commenced its repair at the time of inspection.**  
 Bel. or Market Value: **\$25K**  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? Yes or No  
 Est. Repairs: **4** days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No  
 CA / REV / REP. / 24 HRS \_\_\_\_\_  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Vehicle:  IN /  OUT



Tyre Size: F: **155/65R15**  
 R: **11**  
 BS / DUN / EXNOVA / GY / FS / LIZA /  MIC /  OHTSU /  PIR /  SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. **6** mm R/Bal. **6** mm  
 L/Bal. **6** mm L/Bal. **6** mm  
 D.O.A. \_\_\_\_\_ D.O.I. **09-07-19**  
 Survey held at **w/s** **5pm**  
 Des. of Damages:  Frit /  Keel /  O/S /  N/S /  U/C /  Rooftop or  
 The  U/C /  Chassis frame /  Body Structure affected due to collision.

Date / Time	Action / Instruction
	<b>CoE: 12469</b>
	<b>\$2000 - \$3000</b>
	<i>[Signature]</i>
	<b>10/7/2019</b>

Date/Time, File Pass to?  : Prel. Report  
 : Final Report  
 1) \_\_\_\_\_  
 Date/Time, File Return to? \_\_\_\_\_

Days Of Repair: **4**  
 Resurvey No. of Trip: **2**

Report Format: **PRS**  
 Lump Sum / I.B.I: (\$ \_\_\_\_\_)

Add Fee:  : Site Insp (\$ \_\_\_\_\_)  
 : Interview (\$ \_\_\_\_\_)  
 : Tech. Invs (\$ \_\_\_\_\_)  
 : Weekend (\$ \_\_\_\_\_)

Survey Fee:	
Transportation:	
S + RS:	\$ _____
Photos:	
Others:	
TOTAL:	

## Nivitha (LKK Auto)

---

**From:** Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>  
**Sent:** Monday, 25 November 2019 10:52 AM  
**To:** Corene; sur@lkkauto.com; 'assignments@lkkauto.com'; Admin-D <admin-d@lkkauto.com> (admin-d@lkkauto.com); Admin-D <admin-d@lkkauto.com> (admin-d@lkkauto.com)  
**Cc:** Hui Ting  
**Subject:** Your ref : AJ.TK.6765.2019.HONG-PD ; Sompo ref : CMTD1903256 ; RE: Our client's vehicle no. SJP8716M (HONG); Your insured's vehicle no. SLR1544D - PRI  
**Importance:** High

### Without Prejudice

Dear Corene,

With reference to the above, we acknowledge receipt of your Letter of Demand and we will be conducting the paper resurvey for your client's vehicle, SJP8716M and kindly hold hands.

Please quote our ref : CMTD1903256 when replying, thank you.

To M/s LKK AUTO,

Your ref : CS3/SMO19012064/GCF3S2

With reference to the above, please assist to conduct the paper resurvey and forward the soft copy once ready, thank you.

Best Regards

**Gnoh Pau Loong**

Claims Division

D: 6329 5217 | T: 6461 6555 | F: 6221 3147



**SOMPO**  
**INSURANCE**

**A Century of Trust**

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: [www.sompo.com.sg](http://www.sompo.com.sg) | Facebook: [www.facebook.com/SompoSG](https://www.facebook.com/SompoSG)

Quick & Easy Claims Submission<sup>1</sup> & Product Purchase<sup>2</sup> via Sompo SG



or



Download now @

<sup>1</sup>For Travel, Personal Accident & Home Insurance | <sup>2</sup>For Travel, Personal Accident, Home & Private Motor Insurance

**Disclaimer:** This e-mail, including attachments, is intended for the person(s) or company named and may contain confidential and/or legally privileged information. Unauthorised disclosure, copying or use of this information may be unlawful and is prohibited. If you are not the intended recipient, please delete this message.

**Privacy Policy Notice:** Sompo Insurance Singapore Pte. Ltd. may collect, use and disclose your personal data for the purposes stated in our Privacy Policy. This may include disclosure to holding and associated companies, credit bureau, parties to whom

disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click [here](#) for our Privacy Policy.

---

**From:** Hui Ting <huiting@crossbordersllc.com>

**Sent:** Monday, 8 July, 2019 1:31 PM

**To:** Claims - Motor Survey <MotorSurvey@sompo.com.sg>

**Cc:** Corene <corene@crossbordersllc.com>

**Subject:** Our client's vehicle no. SJP8716M (HONG); Your insured's vehicle no. SLR1544D - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

---

WITHOUT PREJUDICE

Dear Sirs

1. Please find attached our PRI notice dated 8 July 2019 for your kind attention.
2. Please reply email to [corene@crossbordersllc.com](mailto:corene@crossbordersllc.com) & [huiting@crossbordersllc.com](mailto:huiting@crossbordersllc.com)

Thank You.

Regards

Huiting

TEL: 6438 1323 ext 2006

CrossBorders LLC  
133 New Bridge Road  
#23-03/04/05 Chinatown Point  
Singapore 059413  
Tel: (65) 6438 1323  
Fax: (65) 6438 2313

**CONFIDENTIALITY NOTICE**

This e-mail from CrossBorders LLC (including any attachment(s) to it) is confidential and may also be privileged and exempt from disclosure under applicable law. Accordingly, if you are not the intended recipient please notify us immediately, delete this e-mail (including any attachment to it) from your computer system and do not disclose or distribute it to any other person or continue to read this e-mail. Thank you.

**CrossBorders LLC DOES NOT ACCEPT SERVICE OF COURT DOCUMENTS OR NOTICE OF ANY PROCEEDINGS BY FACSIMILE OR EMAIL**

## 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	08/07/2019 13:44
Date Of Accident	07/07/2019 23:30
Exact Location Of Accident	KPE (CTE) AFTER PIE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8716M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN ENG LYE
NRIC No	S1134808D
Email Address	RON@RNN.COM.SG
Mobile Phone No	(LOCAL) +65-93637453
Alternative Phone No	OTHERS-93637453

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-1.6 (A)
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2019-V0082370-VDP-R008
Cover Note Number	

### Driver

Name of Driver	TAN HONG MING
NRIC No	S9132455E
Date Of Birth	08/09/1991
Occupation	INDOOR
Date Of Driving Pass	28/01/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93637453
Fax Number	
Contact Number	
EMail Address	RON@RNN.COM.SG

Address	BLK 513C YISHUN ST 51 #09-353
Postcode	763513
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	COLLISION - CHANGE/CROSS LANE
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 SKETCH PLAN

#### Attachment(s)

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

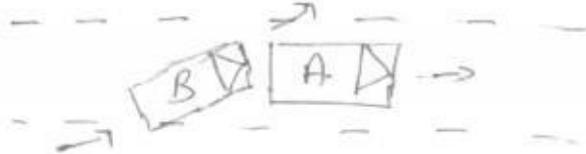
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR1544D
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE ZHEN YI
NRIC/Passport Number	
Contact Number	93388293
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

Ⓐ SJ P 8716 M.  
Ⓑ SLR 1544 D.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on mentioned date and time, I was travelling along KPE towards TPE on lane 2. After PEE exit, suddenly Veh B collided onto my vehicle rear portion. After the accident impact, we got down from our vehicle to exchange particulars. Veh B driver claim that her passenger distracted her as the passenger vomitted in the rear seat. She look back and didn't realise her vehicle swerve left and collided onto my vehicle.

DECLARATION

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

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**

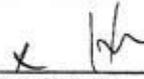
**IMPORTANT NOTICE**

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:

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

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

For Customer Service please visit  
1 Pickering Street  
#01-01 Great Eastern Centre  
Tel: +65 6248 2888 Fax: +65 6327 3080



### Certificate of Insurance

ORIGINAL

Road Transport Act 1987 (Federation of Malaysia)  
The Motor Vehicles (Third-Party Risks) Rules, 1959 (Federation of Malaysia)  
The Motor Vehicles (Third-Party Risks and Compensation) Act. (Cap.189 of the Revised Edition) (Republic of Singapore)  
The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960. (Republic of Singapore)

FORM MX1

Policy No. : 2019-V0082370-VDP-R008 Risk# : 0001  
Policy Type : Drive And Save Plus Cover : Comprehensive

DESCRIPTION OF VEHICLES:  
Vehicle Registration : SJP8716M  
Vehicle Make & Model : KIA CERATO FORTE

Name of Insured : TAN ENG LYE

Period of Insurance : 15-04-2019 (0000HRS ) to 14-04-2020

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

- (a) The Policyholder.  
The Policyholder may also drive a motor car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.
- (b) Any other person who is driving on the Policyholder's order or with his/her permission.
- (c) In the event of the death of the Policyholder; i) any member of the Policyholder's family, or a paid driver who has been driving the car during the lifetime of the Policyholder & permission to drive had not been withdrawn prior to the death of the Policyholder; (ii) any other person who has been given permission to drive the vehicle prior to the death & such permission had not be withdrawn by the Policyholder.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle 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 Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and for the Policyholder's business.  
The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any other trade or business or use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of the Company

Authorized Signature

GPCSM77

03-04-2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## 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	08/07/2019 17:25
Date Of Accident	07/07/2019 23:35
Exact Location Of Accident	KPE TUNNEL TWDS UPP PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1544D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE IK LIN BENJAMIN
NRIC No	S7923798A
Email Address	JUZ4BEN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91862707
Alternative Phone No	OTHERS-93388293
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT LED EU6
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	D18MTPV01012470
Cover Note Number	01/08/2019 TO 31/07/2019

### Driver

Name of Driver	LEE ZHEN YI
NRIC No	S9236763J
Date Of Birth	08/09/1992
Occupation	INDOOR
Date Of Driving Pass	01/10/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93388293
Fax Number	
Contact Number	OTHERS-91862707
EMail Address	JUZ4BEN@YAHOO.COM

Address	929 BUKIT TIMAH #07-21
Postcode	589642
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	2
Passenger 1	NAME: : LEE IK LIN BENJAMIN
	GENDER: : MALE

#### 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 SKETCH PLAN

#### 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	SJP8716M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HONG MING
NRIC/Passport Number	S9132455E
Contact Number	93371621
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

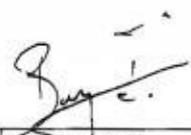
IMPORTANT NOTICE

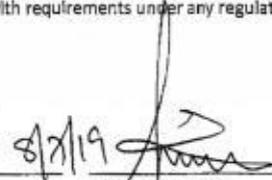
Sompo  
Vehicle: SLR (B440)

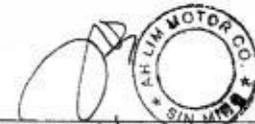
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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: 8/7/19

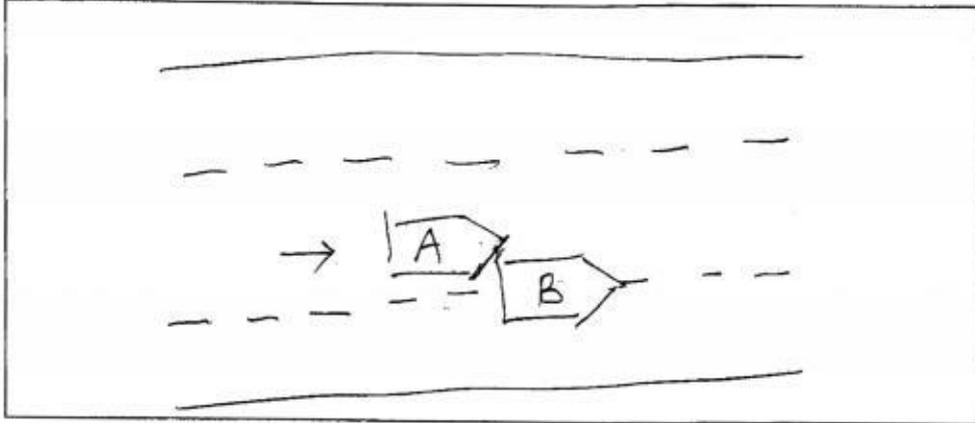
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name: Nalin  
 NRIC/FIN No.: 81719

Sketch Plan Pg. 2

Date of accident: 7 July 2019 Time: 2335h Location: KPE tunnel, after PIE exit  
 My Vehicle A: SLR1544D Vehicle B: SJP8716M Vehicle C: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving down KPE, towards Upp Paya Lebar Rd exit, in the middle lane. At about 2335h, a Kia on the right lane filtered into the middle lane in front of me. As the distance between the two cars was small, I did not have enough time to react and hit the left side of his car.

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 : juz4ben@yahoo.com

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. Vehicle: SLR1544D

Bing  
 8/7/2019

Policyholder's Signature  
 Date & Time:

[Signature]  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

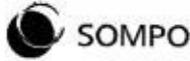
[Signature]

Reporting Centre Personnel's Signature  
 Name: Mel  
 NRIC/FIN No.: 817/2019



AH LIM MOTOR COMPANY

Driver's Particulars Pg. 1



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/02 Singapore Land Tower, Singapore 048628  
Tel: 6481 8655 | Fax: 6231 3302 | Website: www.sompo.com.sg  
Co. Reg. No.: 196905490E | GST Reg. No.: M200903195

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, 1969 (MALAYSIA)

Cert No./Policy No. : D18MTPV01012470  
Insured : LEE IK LIN BENJAMIN  
Motor Car (Registration No.) : SLR1544D  
Cover : Comprehensive - ExcelDrive PRESTIGE  
Policy Commencement Date : 01 AUGUST 2018 00:00  
Policy Expiry Date : 31 JULY 2019 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$500 - 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, 1987 (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 : 10 JULY 2018 12:08

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 : 11F02505 & FINANCIAL ALLIANCE PTE LTD | CI Code : 22A\_FAD5ZW4RIMQMOKAW

Accident Photo



Accident Photo



Accident Photo



Accident Photo

