

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	11/05/2020 13:56
Date Of Accident	09/05/2020 11:15
Exact Location Of Accident	BUKIT PANJANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC586T
Insured/Policyholder	
Name Of Registered Owner	NIU JING
NRIC No	S8466066C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83402063
Alternative Phone No	OFFICE-83402063

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI
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	D19MTPV01013001
Cover Note Number	

Driver

Name of Driver	NIU JING
NRIC No	S8466066C
Date Of Birth	02/04/1984
Occupation	INDOOR
Date Of Driving Pass	09/04/2012
Driving Experience	8 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-83402063
Fax Number	
Contact Number	OFFICE-83402063
EEmail Address	NOEMAIL

Address	BLK 538 JELAPANG ROAD #24-30
Postcode	670538
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	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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

ON THE STATED DATE AND TIME, I WAS TRAVELLING ON MY VEHICLE ALONG BUKIT PANJANG ROAD. AS I SLOWED DOWN AND EVENTUALLY CAME TO A FULL STOP AT THE JUNCTION, I FELT AN IMPACT FROM THE REAR. I ALIGHTED TO REALISED THAT I WAS REAR ENDED BY VEHICLE B BEARING CAR PLATE NUMBER (SH9287M).

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	SH9287M
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	NIISBARI BIN MEDAN @ NEN WARI
NRIC/Passport Number	
Contact Number	
Address	

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

Sketch Plan


SKETCH PLAN


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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.:

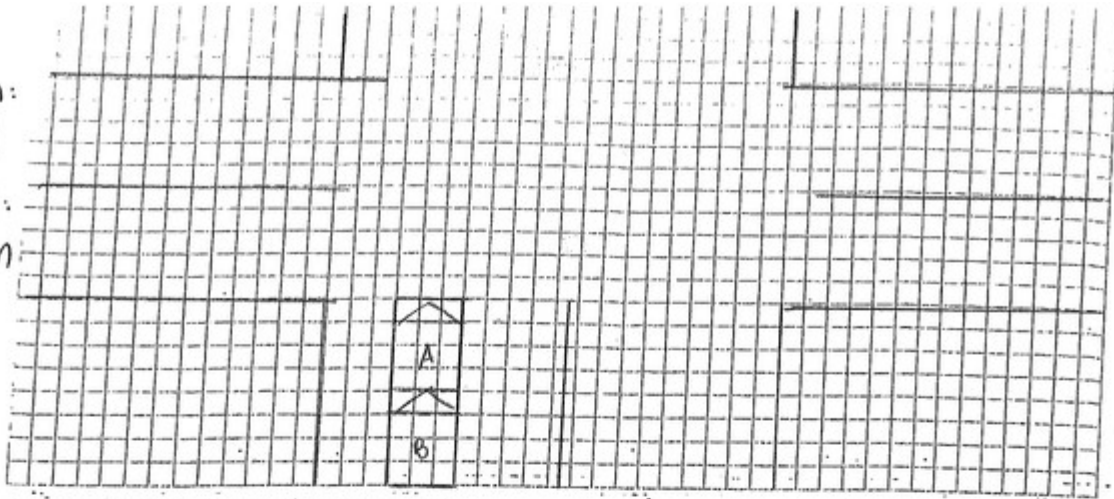
my car

Vehicle A:

SLC 5867

Vehicle B:

SH9287M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was traveling on my vehicle on Bukit Pandan Rd.

As I slow down and eventually came to a full stop at the junction, I felt an impact from the rear.


I alerted to realise that I was rear ended by Vehicle B bearing carplate number SH9287M.

DECLARATION

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


Policyholder's Signature
Date & Time:

201405 01 01 14:00:00


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

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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8466066C



Name

NIU JING

牛 静

Race

CHINESE

Date of birth

02-04-1984

Country/Place of birth

CHINA

Sex

F

S8466066C

Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no:

SLC 5867

Date of Accident:

09/05/2020



NRIC No. S8466066C



Nationality

CHINESE

Date of issue

11-07-2018

APT 8LK 538 JELAPANG ROAD #24-30
SINGAPORE 670538

NRIC No: S8466066C

Date: 03/04/2019

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 8 4 6 6 0 6 6 C
Name:

NIU JING

Birth Date: 02 Apr 1984

Issue Date: 02 Aug 2018



002830612J

Usage for Insurance Motor Accident
and Claims Purposes Only

Vehicle no: 21C 5867

Date of Accident: 01/05/90

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 3

Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 09 Apr 2012
passengers, exclusive of driver; and other motor
vehicles with unladen weight $\leq 2500\text{kg}$



Licence No. 5846064C

REP 4316A

Usage for Insurance Motor Accident Reporting
and Claims Purposes Only

Vehicle no:

210 5867

Date of Accident:

02/05/20

Date of Issue : 05 SEPTEMBER 2019
Intermediary Name : FINANCIAL ALLIANCE PTE LTD
Producer Code & Name : FNA04031 & YAN KUOYIN MAX
User Code : FNA04031/FNA04031
Old Policy No. : NIL

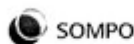
Signed on this 05th day of September 2019
for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.

[Signature]

Authorised Signatory
CI Code : 22A

24-HOUR EMERGENCY HOTLINE
Tel: (65) 6226 3323

Specialised from 24 Hours Mobile Accident Response Service (MARS) will:
- Take photographs of the vehicle involved.
- Assist the driver to complete the accident statement and arrange for e-filing to General Insurance Association of Singapore (GIA) within 24 hours
- Arrange towing service if necessary to the nearest ExcelDrive Workshop
* When overseas, inform the operator that you would like to place a collect call, or call on reverse charge basis.



Sompo Insurance Singapore Pte. Ltd.
50 Raffles Place, #05-01/02 Singapore Land Tower, Singapore 048623
Tel: (65) 6226 3323 / Fax: (65) 6226 3322 / Email: asia.sompo@sompo.sg
Co. Reg. No. 1907005-P0001 / GST Reg. No. M100402005

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. : D19MTPV01013001
Insured : NIU JING
Motor Car (Registration No.) : SLC586T
Cover : Comprehensive - ExcelDrive FOCUS
Policy Commencement Date : 05 SEPTEMBER 2019 06:45
Policy Expiry Date : 04 SEPTEMBER 2020 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$400 - Section I
(Waived up to 50% or maximum \$5000 whichever is lower if accident repair is done at ExcelDrive Workshops for the first claim per policy year)
Voluntary Excess* : N/A
Windscreen Excess* : \$5100.00 - Waived if Repair at ExcelDrive Workshop
Loss of Use : N/A
* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

- The Insured.
 - Any other person who is driving on the Insured's order or with his permission.
 - In the event of the death of the insured,
 - 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
 - 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 thereafter.

All accident repairs to the Motor Car must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. If 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 exclusions of the Motor Car Policy ref 01013001.

Sompo Insurance Singapore Pte. Ltd.

[Signature]

Authorised Signatory

Date/Time of Issue : 05 SEPTEMBER 2019 06:45

IMPORTANT NOTICE

- Keep the Certificate in your Motor Car.
- 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.
- On the sale of the Motor Car or 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 valid declaration to that effect must be made. Failure to comply with the obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).
- 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 : 11F0505 & FINANCIAL ALLIANCE PTE LTD CI Code : 22A RFIH0P64RMUDOP4



Sompo Insurance Singapore Pte. Ltd.

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Co. Reg. No. 1907005-P0001 / GST Reg. No. M100402005

Accident Photo



Accident Photo



Accident Photo



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