

## 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	17/12/2019 16:16
Date Of Accident	14/12/2019 16:20
Exact Location Of Accident	ALONG SELETAR WEST LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD62U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAW KIM SIAH
NRIC No	S1651964B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90604765
Alternative Phone No	OFFICE-90604765

### Vehicle Particulars

Manufacturer	AUDI
Model	A7
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?	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	D19MTPV01013387
Cover Note Number	

### Driver

Name of Driver	LAW KIM SIAH
NRIC No	S1651964B
Date Of Birth	01/02/1964
Occupation	INDOOR
Date Of Driving Pass	03/05/1985
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90604765
Fax Number	
Contact Number	OFFICE-90604765
Email Address	NOEMAIL

Address	BLK 669B EDGEFIELD PLAINS #18-660
Postcode	822669
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

#### 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

VEHICLE A WAS TRAVELLING ON SECOND LANE OF SELETAR WEST LINK. SUDDENLY, VEHICLE A SKIDDED TO MY LANE AND CAUSES A COLLISION AND BOTH OUR VEHICLES SKIDDED.

#### 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	SKH2743D
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)	

**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.

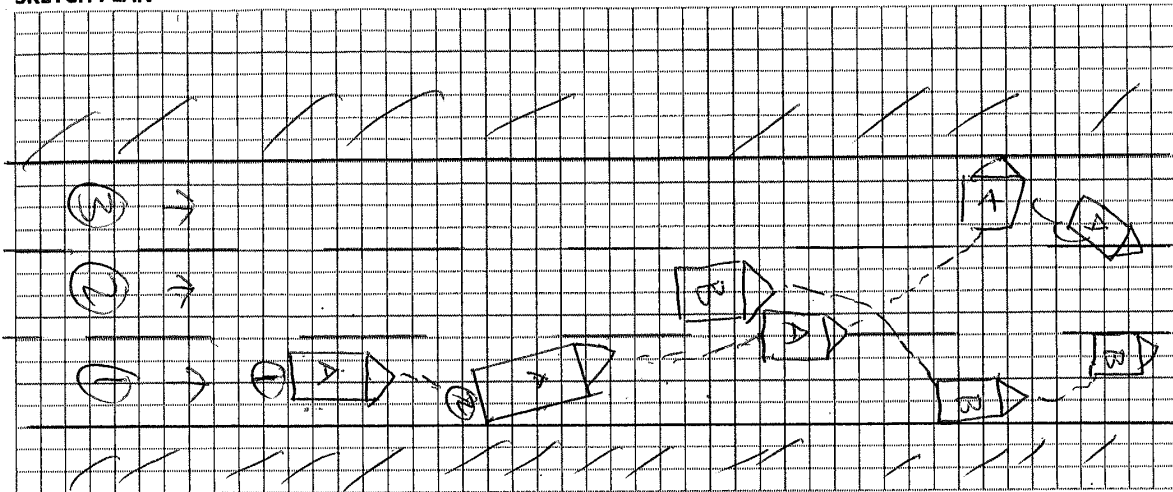
Policyholder's Signature  
Date & Time:

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

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

BLUWEL

**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I vehicle A was travelling on second lane of  
 Seletar West link. Suddenly vehicle A skidded to  
 my lane and causes a collision and both our  
 vehicles skidded.

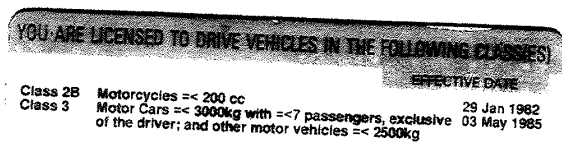
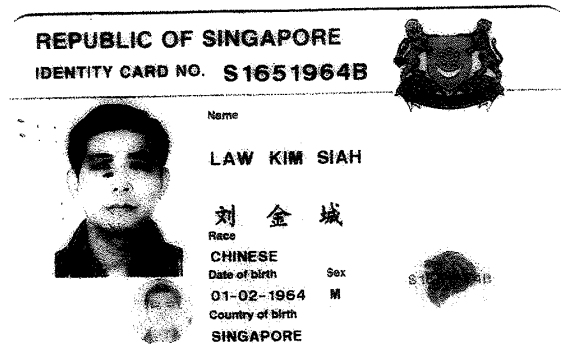
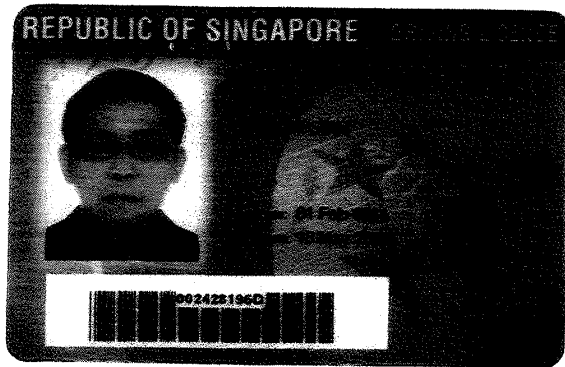
**DECLARATION**

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

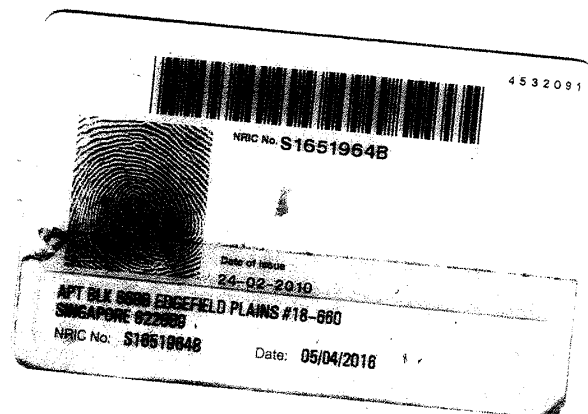
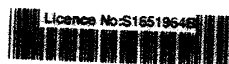
Policyholder's Signature  
 Date & Time:

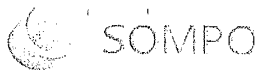
Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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



NP 428A





Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/02 Singapore Land Tower, Singapore 048058  
 Tel: 6561 8555 Fax: 6561 8502 Website: www.sompo.com.sg  
 Co. Reg. No.: 193905402E CRP Reg. No.: M20090319C

## MOTOR COVER NOTE

Cover Note No. : D19MTPV01013387  
 Issue Date & Time : 14 SEPTEMBER 2019 00:00

Name of Insured: LAW KIM SIAH

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for the period stated below. This is a temporary Cover Note and shall be valid for a period of FOURTEEN (14) days from date of issue. This Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Make & Model of Vehicle		Cubic Capacity	Used only for the following purposes	
AUDI A7 SB 3.0 TSFI QUATTRO		2995	For Private Use	
Engine Number - CGW0333210		Chassis Number - WAUZZZ4G2CN049987		
Regn Number - SMN9252C	Estimated Value - Market value at time of loss		Excess -	S\$ 1,200.00 - Section I
Period of Insurance - 14 SEPTEMBER 2019 TO 13 SEPTEMBER 2020				
Hire Purchase - HL BANK				

We hereby certify that this Cover Note is issued in accordance with the provisions of  
 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)


## Important Notice:

Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.

Intermediary Code : 11104805

SOMPO INSURANCE SINGAPORE PTE. LTD

DLDZPO4KJMLMMPAJ

  
 Authorised Signatory

10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

18 Sep 2019

Our ref 1809190203N061007170

LAW KIM SIAH  
APT BLK 669B EDGEFIELD PLAINS  
#18-660  
SINGAPORE 822669

Dear Sir/Madam

**You Have Successfully Replaced Vehicle Registration No. SMN9252C  
With SKD62U**

You have successfully replaced your vehicle registration number. The vehicle, whose previous number was SMN9252C, now has the number SKD62U.

The vehicle details after the transaction are:

Transaction No. : 20190918174824049494  
Vehicle Registration No. : SKD62U (Previously SMN9252C)  
Vehicle Make : AUDI  
Vehicle Model : A7 SB 3.0 TFSI QUATTRO  
Chassis No. : WAUZZZ4G2CN049987  
Engine No./ Motor No. : CGW023310 / -

**What You Need To Do:**

- You must show the new number SKD62U on your vehicle by 21 Sep 2019.

Please change the number plates on this vehicle to show SKD62U by 21 Sep 2019. Otherwise, it is an offence and the penalty is a fine of up to \$2,000 or imprisonment of up to 6 months, or both.

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

