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 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.	
	ACCIDENT STATEMENT
Date Of Report	14/07/2020 14:52
Date Of Accident	13/07/2020 21:10
Exact Location Of Accident	AIRPORT ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLK963X
Insured/Policyholder	
Name Of Registered Owner	TAN THIAM CHYE
NRIC No	S1258459H
Email Address	RONTAN57@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-90111341
Alternative Phone No	OFFICE-90111341
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6 VTI CVT
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
Dollar Number	D20MTDV0400209

Policy Number D20MTPV0100298 Cover Note Number 06/02/2020-05/02/2021

TAN YONG RUI, DARREN

Driver

NRIC No S9402182J Date Of Birth 15/01/1994 Occupation **INDOOR Date Of Driving Pass** 04/05/2013

Driving Experience 7 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91159130

Fax Number Contact Number

Name of Driver

EMail Address RONTAN57@SINGNET.COM.SG Address 67 HUME AVENUE #05-08

598744 Postcode

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 - 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)

2

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) 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?

YES

Remarks/ Reasons:

VIDEO WITH OWNER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKK859B

Vehicle Make/Model/Colour

MERCEDES BENS

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

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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
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
 - (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
- (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.
- 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

Date & Time

14/7/20 1238pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: Raluwaran. Anand

NRIC/FIN No .:

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Car A was your pare the condition	
Car A was very near the stop line, an Car B Sam on the brakes, car B saw as wo unable to brake in time.	d it changes to amber light and
to unable to lante in the Car B saw as	nd immediately braked hut was
by the Bight in Time.	
Important:	
You have been advised by the workshop that in the event that you wish to	- Reporting Only
DAYS CLAUSE WHEREBY MUST BE MADE WITH 114	- Claim OD
from the day of the occurrence.	
DECLARATION	- Claim OD/ TP at other workshop
I/WE declare the foregoing particulars are true in every respect.	

Policyholder's signature

SKETCH PLAN

Date & Time

12°48 m

BN

Driver's Signature (if driver not the policyholder) Date & Time

1235 M

Reporting Centre Personnel's Signature Name: Ralesuaran, Angna

Nric/Fin No.



THE 0461 6203 | Fax: 6221 2000 | Wabsiles were scrept On Flag No. 196956460E | GET Flag No. 1600060196

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER183) 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. : D20MTPV01000298 : TAN THIAM CHYE Insured

Motor Car (Registration No.) : SLK963X

COVE : Comprehensive - ExcelOrive GOLD

Policy Commencement Date : 06 FEBRUARY 2020 00:00 : 05 FEBRUARY 2021 23:59 **Policy Explry Date** Maximum Liability (Section I): Market value at time of loss

Excess* \$500 - Section |

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

per policy year)

: NA Voluntary Excess*

Windscreen Excess* : S\$100.00 - Waived if Repair at ExcelOrive Workshop

Loss of Use : Per Policy Schedule

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 idrawn 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.

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 that, the carnage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelOrive 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 ExcelOrive Prestige Plan, accident repairs to the Motor Car can be carried out at any workshop other than ExcelOrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sq or call our Emergency Hotline: (65) 6226-3323.

WWe HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Veterals (That-Party Rescs and Companisation) Act (Chapter 180) and Part IV of the Road Transport Act (1907 (Melaysia); and (2) the Policy failtre, conditions and exceptions of the Private Car Policy inf MTP-28

Sompo insurance Singapore Pte, Ltd.



Authorised Signatory

Date/Time of Issue: 11 DECEMBER 2019 15:39

INSCRIPTION STATES

Knop the Certificate in your Motor Cer,
Under the Motor Verticles (Trief-Party Risks and Companisation) Act (Chapter 180). It shall be unlessful for any person to use or encors vertices without a valid positive of lessorance under the Act.

On the take of the Motor Cer or if for any research his insurance is terminated during the continuous, the insurance must insure the Certificate of insurance has been lost or identifying, a chaptery declaration to that effect must be reis an offerior under the Motor Vertices (Tried-Party Risks and Companisation) Act (Chapter 195).

This Policy will cease to be yaird cross the Motor Cer has been sold to enother person. The Policy is not a research to the new or ed during the surrency. The insured must surrender the Certificate of insurance and the Publicy to Milyred, a statutory declaration to that effect must be made fracture to compay with the obligates

Intermediary Code & Name: 11K/05000 & DNS AGENCY CLCode: 22A DXNOPOHAJTYYOCPA

^{*} Subject to GST wherever applicable













































