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

| aforesaid. | sent to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 05/08/2020 12:56 |
| Date Of Accident | 01/08/2020 17:50 |
| Exact Location Of Accident | HOUGANG AVE 7 & UPP SERANGOON RD JUNCTION |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SDB8820P |
| Insured/Policyholder | |
| Name Of Registered Owner | ANNIE LAU LI PENG |
| NRIC No | SXXXX311G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98764549 |
| Alternative Phone No | OFFICE-98764549 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CIVIC |
| 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 D20MTPV01000174

Cover Note Number

Driver

Name of Driver JONATHAN LIM CHUNG HIAN

NRIC No SXXXX263F

Date Of Birth 28/04/1976

Occupation INDOOR

Date Of Driving Pass 22/11/1997

Driving Experience 22 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98764549

Fax Number

Contact Number

EMail Address NOEMAIL

Address 5 RIVERVALE CRESCENT #04-01

Postcode 545084

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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? YES

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS STOPPING AT THE JUNCTION OF HOUGANG AVE 7 & UPPER SERANGOON RD TOWARDS HOUGANG AVE 5. WHILE WAITING FOR TRAFFIC LIGHT TO TURN GREEN, VEHICLE B SUDDENLY HIT ONTO THE REAR PORTION OF MY VEHICLE.

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 SHD4254S

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

JONATHAN LIM CHUNG HIAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SDB8820P

Sketch Plan Pg. 1

SKETCH PLAN

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- 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:
 - 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:

=10/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

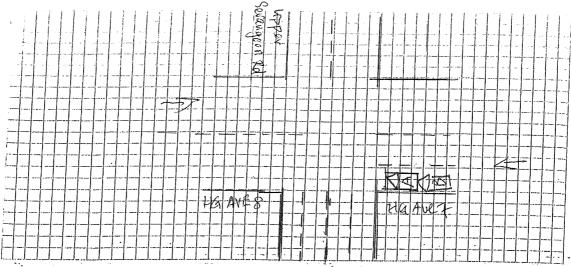
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

MY COR

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | and uppor Serangoon & |
|---|---|
| | I was stopping at the Junetion of thrugang Ave I towar |
| | and upper Serangeon & I was stopping at the Junetion of thrugang Are I toward Hougang Are & while than Warting for Traffic light to turn green, Vertiche B Suddenly Hit opply the rear potion of any vehicle. |
| | green, Vehiche B Syddenly Hit onto the rear potion of |
| | and vehicle. |
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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)

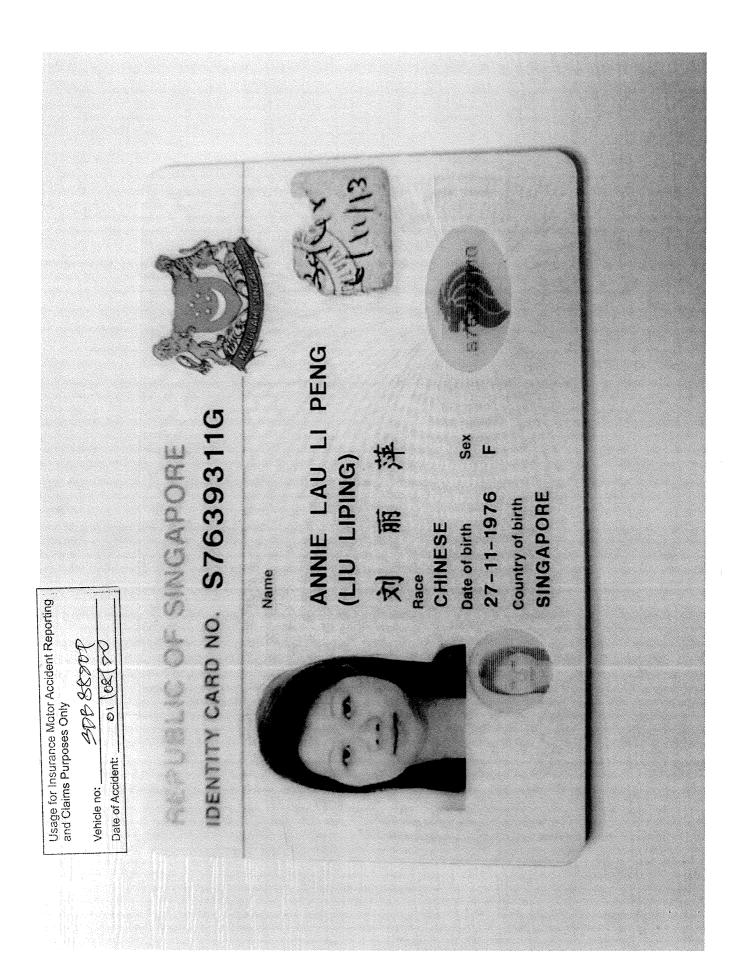
Date & Time:

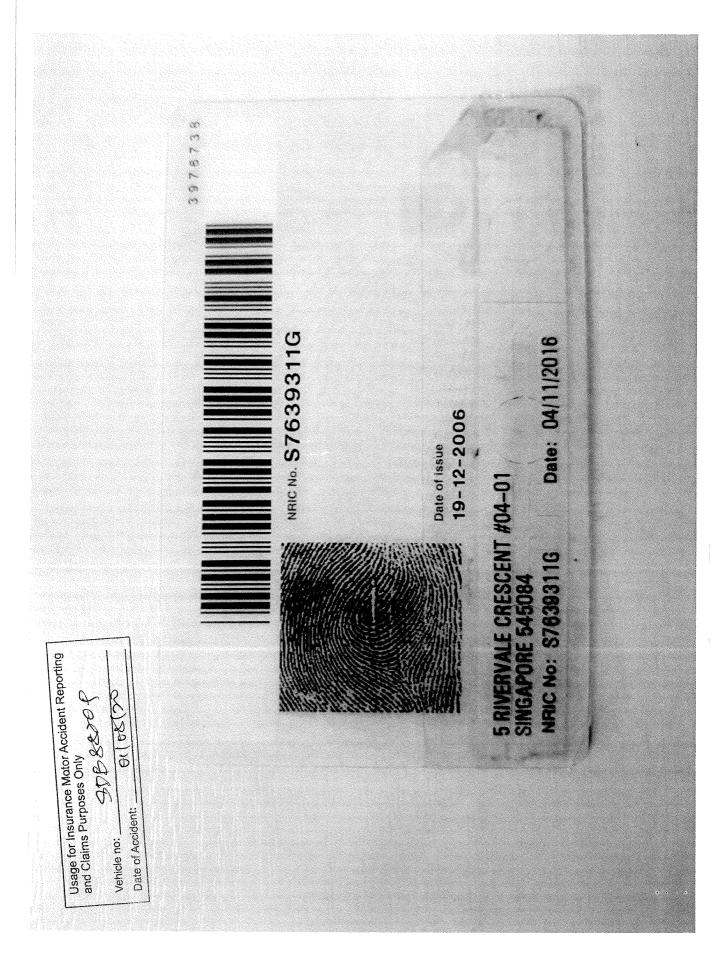
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

WHAT SHOUGHPLATERING M3





Identification Card Pg. 1





Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no:

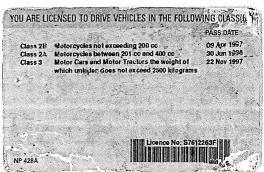
SDB Stoop

Date of Accident:

01/08/20

Driving License Pg. 1





Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no: _

Date of Accident:



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

PRIVATE CAR POLICY SCHEDULE

Intermediary Code: 11C81800 Policy No.: D20MTPV01000174

Marital Status: MARRIED

Gender: Female

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 : ANNIE LAU LI PENG

Address

: BLK 211A COMPASSVALE LANE

#10-192 SINGAPORE 541211

Business/Profession : EXECUTIVE

INSURED DETAILS

Date of Birth & Age: 27 NOV 1976 & 43 years old

Driving Experience in : 13 years

Singapore

Identification Type: NRIC(Singaporean) Identification No.: S7639311G

: 04 JANUARY 2020 00:00 TO 03 JANUARY 2021 23:59 Period of Insurance Persons or Classes of Persons entitled to drive: Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS PREMIUM DETAILS

Vehicle Registration No. : SDB8820P Premium 1,779.37 Chassis No. : JHMFD46206S200732 Less COE / PARF Discount (5%) (88.97)Less No Claim Discount (50%) Engine No. (845.20) : R16A11000829 Less Offence free Discount (5%) (42.26)Vehicle Make & Model : HONDA CIVIC 1.6L VTI Less EDF Discount (15%) (120.44)Engine Capacity/Tonnage : 1595 Add others : Less Buy Up Excess Type of Body : SALOON (40.00)

Less Loyalty Discount(5%) (32.13)Year of Registration : 2007 Total S\$ 610.37 Seating Capacity (including driver) : 5 GST S\$ 42.73 Estimated value of Vehicle : Market value at time of loss -

Premium (incl. GST) S\$ 653.10 Excluding COE / PARF

Hire Purchase Owner : NIL

Coverage : Comprehensive - ExcelDrive FOCUS

Excess \$ 500 - Section 1

(Waived up to 50% or maximum S\$600 whichever is lower if accident repair is done at ExcelDrive

Workshops for the first claim per policy year)

Voluntary Excess Buy Up: \$400 - Section I

In consideration of the premium discount granted, the Insured shall bear the additional Voluntary Excess specified above. The additional Voluntary Excess will not be waived for repairs at ExcelDrive Workshops.

Named Un-named Voung and/or Inexperienced Drivers or Elderly Drivers - \$1,500
Voung and/or Inexperienced Drivers or Elderly Drivers - \$3,000
Un-named All Other Drivers - \$500

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

Additional Excess

: 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 U - COE and PARF value (Not insured)









Accident Photo







