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.

	ACCIDENT STATEMENT	
Date Of Report	24/08/2020 17:17	
Date Of Accident	22/08/2020 17:50	
Exact Location Of Accident	REPUBLIC BLVD TWDS OPHIR RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS3772T	

Name Of Registered Owner WONG JENN HUEI

NRIC No S7081057C
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-96945568
Alternative Phone No OFFICE-96945568

Vehicle Particulars

Insured/Policyholder

Manufacturer MINI

Model COOPER S

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 D20MTPV01011049

Cover Note Number

Driver

Name of Driver WONG JENN HUEI

 NRIC No
 \$7081057C

 Date Of Birth
 09/12/1970

 Occupation
 INDOOR

 Date Of Driving Pass
 20/03/2002

Driving Experience 18 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96945568

Fax Number

Contact Number OFFICE-96945568

EMail Address NOEMAIL

Address 7 MARTIA ROAD #02-02

Postcode 424794

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)

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

ON THE STATED DATE AND TIME, I WAS TRAVELLING IN MY VEHICLE BEARING CAR PLATE (SLS3772T) ALONG REPUBLIC BLVD. WHILE I WAS ENTERING TO OPHIR ROAD AT THE SLIP ROAD, I COULDN'T BRAKE IN TIME AND COLLIDED ONTO A VEHICLE BEARING (SJW4859Z).

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 SJW4859Z

Vehicle Make/Model/Colour

VEHICLE B PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Details Of Properties

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
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- 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

Driver's Signalure

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

akhkar Gearrholand agai 175

SME

Sketch Plan #2 Pg 1

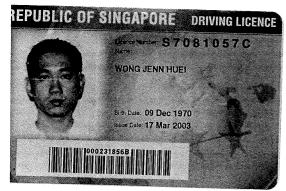
	Sketch Plan #2 Pg. 1	
SKETCH PLAN		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
A: SLS 37727		
b: SJW 4859Z		
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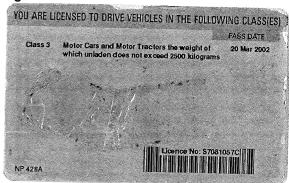
DECLARATION		
I/We declare the foregoing particular	s are true in every respect.	
	/ /	
Policyholder's Signature Date & Time:	Driver's Signature (Il driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

White Statebolatorn 93

NRIC/FIN No.:

Driving License Pg. 1









Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no: 34377

Date of Accident: 326320



Singapore Land Tower, Singapore 046623 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg Co. Reg. No.: 1989054906 | GST Reg. No.: M200903196

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) **ROAD TRANSPORT ACT 1987 (MALAYSIA)** ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No.

: D20MTPV01011049

Insured

· WONG JENN HUEL

Motor Vehicle (Registration No.): SLS3772T

Coverage

: Comprehensive - ExcelDrive GOLD

Policy Commencement Date

: 20 AUGUST 2020 00:00

Policy Expiry Date

: 19 AUGUST 2021 23:59

Maximum Liability (Section I)

: Market value at time of loss

Excess'

: \$600 - Section I

Voluntary Excess*

: N.A

Windscreen Excess*

: S\$100.00 for each and every applicable claim.

' 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 Vehicle 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 Vehicle 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 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 (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 Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle 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 Vehicle 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 exceptions of the Private Car Policy ref MTP.29

Sompo Insurance Singapore Pte. Ltd.

Lui Do

Authorised Signatory

Date/Time of Issue: 07 AUGUST 2020 12:24

IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle;
Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter189), 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 Vehicle of if for any reason the Insurance is terminated during its currency, the Insurance 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);
This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name: 11104805 & I-N-S MANAGEMENT CI Code: 22A FHDHHK4IKB0LKIAA











Accident Photo



Accident Photo

