

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	01/10/2020 17:16
Date Of Accident	30/09/2020 21:00
Exact Location Of Accident	BEDOK HAWKER CENTER CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9411J
Insured/Policyholder	
Name Of Registered Owner	JOEHARI BIN AS'ARI
NRIC No	SXXXX558F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91829103
Alternative Phone No	OTHERS-91829103

Vehicle Particulars

Manufacturer	SUBARU
Model	XV-1.6 I-S AWD CVT (A)
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	D20MTPV01009583
Cover Note Number	

Driver

Name of Driver	JOEHARI BIN AS'ARI
NRIC No	SXXXX558F
Date Of Birth	22/07/1988
Occupation	INDOOR
Date Of Driving Pass	04/06/2013
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91829103
Fax Number	
Contact Number	OTHERS-91829103
Email Address	NOEMAIL

Address	BLK 706 YISHUN AVENUE 5 #02-194
Postcode	760706
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	COLLIDED INTO PARKED VEHICLE
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)	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

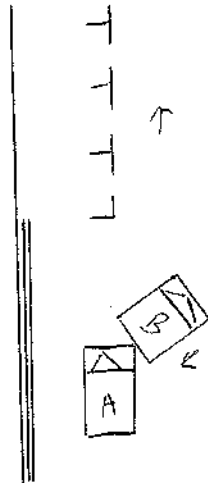
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBE228K
Vehicle Make/Model/Colour	MERCEDES BENZ C180
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



A - SLG 9411 J
B - SBE 228 K


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On stated date and time, I was exiting Bedok Hawker Centre Carpark. As I was travelling in the carpark, I saw vehicle B bearing (SBE 228 K) stop. Hence, I stopped my vehicle bearing (SLG 9411 J) as well. Seconds later, he started to reverse. I sounded my horn but he still reverse and collide onto my vehicle front right portion. We exchange particulars and decide to proceed with insurance claims.

DECLARATION

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


Policyholder's Signature


Driver's Signature

GEAR-ONTO ENGINEERING PTE LTD
620 UBI ROAD 3
SINGAPORE 400849
TEL: 6743 1148 FAX: 6743 8072
Reporting Centre Personnel's Signature


SKETCH PLAN


IMPORTANT NOTICE

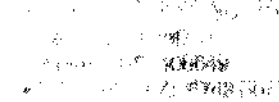
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established 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.:



Sompo Insurance Singapore Pte. Ltd.
 10 Raffles Place, 18th Floor
 Singapore Land Tower, Singapore 048623
 Tel: 6455 6955 | Fax: 6221 5323 | www.sompo.com.sg
 Co. Reg. No. 198905490E | GST Reg. No. 1020040296

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 180)
 ROAD TRANSPORT ACT 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : 020MTPV01009583
 Insured : JOEHARI BIN AGSARI
 Motor Vehicle (Registration No.) : SLD9411J
 Coverage : Comprehensive - ExcelDrive FOCUS
 Policy Commencement Date : 03 JULY 2020 14:36
 Policy Expiry Date : 02 JULY 2021 23:59
 Maximum Liability (Section I) : Market value at time of loss
 Excess* : \$800 - 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 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 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 5323.

WE HEREBY CERTIFY that this policy in which this Certificate is issued is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180) and Part IV of the Road Transport Act 1987 (Malaysia); and (2) the Policy terms, conditions and exclusions of the Private Car Policy ref MTP-29.

Sompo Insurance Singapore Pte. Ltd.

Authorized Signatory

Date/Time of issue : 03 JULY 2020 14:36

JIN LI PTE LTD
 2 Kallang Avenue #08-16A
 CT Hub S(339407)
 Off : 6444 4116
 Fax : 6444 0010

IMPORTANT NOTICE

1. This is a Certificate of Insurance.
2. Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180), it shall be unlawful for any person to use or allow to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act.
3. As the motor vehicle owner, please be aware that the insurance is provided under the Certificate of Insurance and the Policy is subject to the terms, conditions and exclusions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 180). Failure to comply with the conditions as an owner under the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 180).
4. This Policy will remain in force until the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary, Drive & Repair: 1508508 & JIN LI PTE LTD, 81 Coon, 27A XAOOZ/ANOMBRAY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8827558F



Name

JOEHARI BIN AS'ARI

Race

BOYANESE

Date of birth

22-07-1988

Country/Place of birth

SINGAPORE

Sex

M

S8827558F



REPUBLIC OF SINGAPORE DRIVING LICENCE



JOEHARI BIN AS'ARI


22 Jul 1988

04 Jun 2019




002187754F

6090637



NRIC No. S8827556F



Date of issue
29-12-2018


Address
APT BLK 706 YISHUN AVENUE 5
#02-194
SINGAPORE 760706

Class 1 Motor cycle without clutch pedal <= 300 kg with <= 7
passengers, excluding the driver and motor tractors/machines
without clutch pedal <= 300 kg 04 Jan 2019

Class 2 Motor cycle with clutch pedal with <= 7 passengers, excluding the
driver and motor tractors/machines <= 300 kg 03 Apr 2019

S / No. 9000172553

License No: S8827556F



Accident Photo



Accident Photo



Accident Photo



Accident Photo



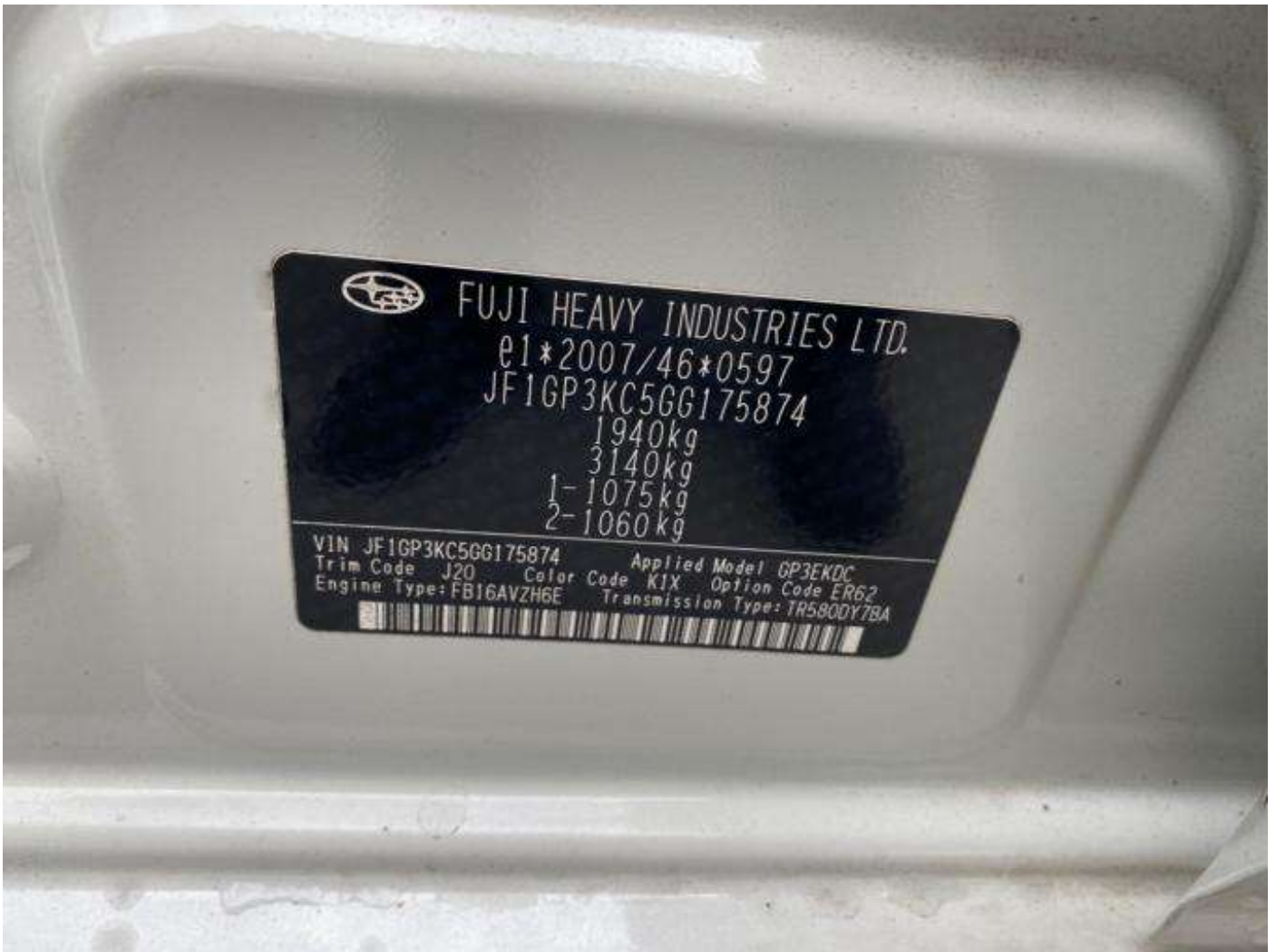
Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MC0300085751-01 Vehicle Registration No: SLG 9411J
Name(as shown in NRIC) : JOEHARI BIN AS'ARI NRIC/FIN/Passport No : SXXXX558F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 706 YISHUN AVENUE 5 #02-194 Singapore(760706)
Contact (Tel) : - Mobile No. : 91829103
Email Address : NOEMAIL
Date of Accident : 30-09-2020 Time of Accident : 12:00
Place of Accident : BEDOK HAWKER CENTER CARPARK.
Insurance Company : SOMPO INSURANCE SINGAPORE PTE LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To AMEND ACCIDENT DATE , 01-09-2020 , to 30-09-2020 .

Policyholder / Driver's Signature
Date:

COMFORTDELGRO ENGINEERING PTE LTD
320 LIAI ROAD, #
SINGAPORE 400022
TEL: 6744 2076 FAX: 6744 0072

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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
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ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLD320085751-01 Vehicle Registration No : SLG 9411J
Name (as shown in NRIC) : JOEHARI BIN AS'ARI NRIC/FIN/Passport No : SXXXX558 F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 706 YISHUN AVENUE 5 #02-194 Singapore (760706)
Contact (Tel) : _____ Mobile No. : 91829103
Email Address : NOEMAIL
Date of Accident : 30-09-2020 Time of Accident : 12-00
Place of Accident : BEDOK HAWKER CENTER CARPARK
Insurance Company : SOMPO INSURANCE SINGAPORE PTE LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To AMEND ACCIDENT DATE . 01-09-2020 . to 30-09-2020 .

To AMEND ACCIDENT TIME . 12-00hrs to 21-00hrs .

Policyholder / Driver's Signature
Date:

COMFORTDELAND ENGINEERING PTE LTD
32A USI ROAD, #
SINGAPORE 48600
TEL: 67401157 FAX: 67401154

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