

## 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	28/10/2020 15:12
Date Of Accident	27/10/2020 17:45
Exact Location Of Accident	CORNER OF FARRER RD AND HOLLAND RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC7165R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAN'S TOURS & CAR RENTALS
Co Reg No	-
Email Address	RONNIE@SANSTOURS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67349922

### Vehicle Particulars

Manufacturer	KIA
Model	SORENTO 2.4 AT ABS D/AB 2WD 5DR HID SR
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D20MTRENT000453
Cover Note Number	

### Driver

Name of Driver	MEGAN POWERS FOX
Work Permit No	G3477513W
Date Of Birth	20/08/1975
Occupation	INDOOR
Date Of Driving Pass	06/10/2010
Driving Experience	10 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91171891
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	3A QUEENS ROAD
Postcode	266782
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : ETHAN
	GENDER: : MALE

#### 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

PLEASE 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	GBE178U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PALANIMUTHU AKILAU
NRIC/Passport Number	G8432461U
Contact Number	91062393
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### 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 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: 28/10/20

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/10/20

CITY AUTO PTE LTD

818, 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Bldg  
Singapore 575842  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

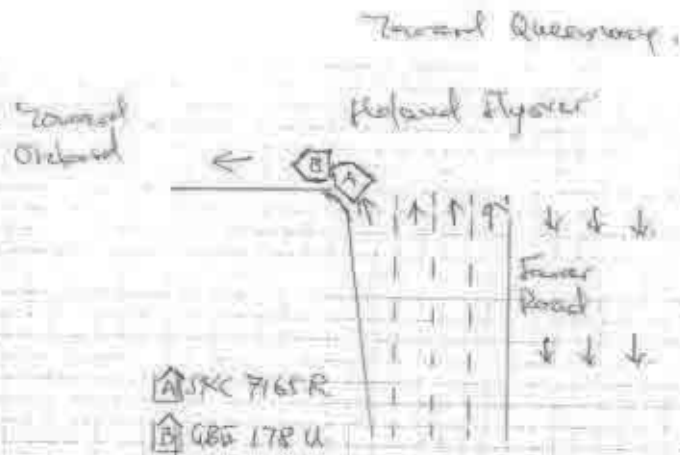
Reporting Centre Personnel's Signature

Name:

NRIC/HIN No.:

# Accident Sketch Plan

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Truck in front of my car stopped waiting to make left turn onto ~~Orch~~ Holland Rd. Truck moved forward onto road. I looked over right shoulder to be sure road was clear, moved forward and hit rear of truck that had stopped once making turn.

## DECLARATION

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

  
 Policeholder's Signature  
 Date & Time: 28/10/20

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 28/10/20

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)

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



Sampo Insurance Singapore Pte. Ltd.

30 Raffles Place, #05-01/06  
Singapore Land Tower, Singapore 048623  
Tel: (65) 6555 1188 / Fax: 6221 3302 / www.sampo.com.sg  
Lic. Reg. No.: 98805400E / GST Reg. No.: 9050003098

## Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 199)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1999 (MALAYSIA)

Cert No./Policy No. D20MTRENT000463  
1. Registration No. SKC7165R  
2. Insured Name SAN'S TOURS & CAR RENTALS  
3. Commencement Date 27 SEPTEMBER 2020 00:00  
4. Expiry Date 26 SEPTEMBER 2021 23:59  
5. Coverage Third Party  
6. Excess \$1500 - Section II

## 7. Persons or Classes of Persons entitled to drive\*

b) Any person who is driving on the Insured's order or with their permission.  
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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

## 8. Limitations as to use\*

a) Use for the carriage of passengers or goods in connection with the Insured's business.  
b) Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- 1) Use for racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

## 9. ExcelDrive Workshops &amp; Accident Reporting

It is a condition precedent to liability that the Policyholder shall, together with the Motor Vehicle, call at the Company's Accident Reporting Center and report the accident within 24 hours of the accident or by the next working day thereof.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6461 6555

Visit [www.sampo.com.sg](http://www.sampo.com.sg) for list of Accident Reporting Centers.

WHO HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 199) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sampo Insurance Singapore Pte. Ltd.

Date/Time of Issue : 24 AUGUST 2020 19:52

\*Limitation rendered inoperative by section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 199) and section 95 of the Road Transport Act, 1987 (Malaysia), and not to be included under these headings

## IMPORTANT NOTICE

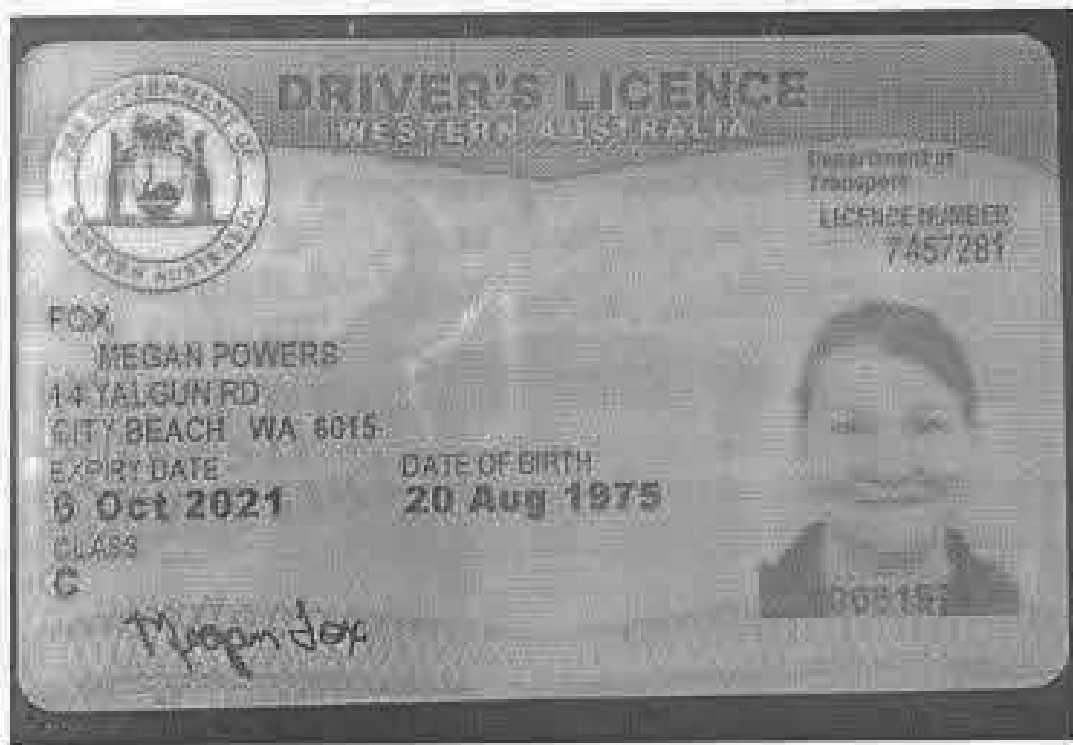
1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 199), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under this Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the insurance is terminated during its currency, they 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 (Cap. 199).
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the vehicle.
4. 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 issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.

Intermediary Code & Name : 11H15207 & ROWDEN PREMIER CI Code : 28C D3K05SM4KYLBTSB

Driving License

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Identification Card

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Identification Card

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



기아자동차(주) KIA MOTORS CORPORATION  
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