#### 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	19/11/2020 16:50	
Date Of Accident	18/11/2020 16:15	
Exact Location Of Accident	BUKIT BATOK EAST AVE 3	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

Vehicle Registration Number	SJW1211L
Incurred/Delieubelder	

Insured/Policyholder

Name Of Registered Owner HUA GUAN HONG

NRIC No SXXXX807G

Email Address HUAGUANHONG@HOTMAIL.COM

Mobile Phone No (LOCAL) +65-98211147
Alternative Phone No OFFICE-NOPHONE

**Vehicle Particulars** 

Manufacturer MITSUBISHI

Model LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR

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 D20MTPV01002601

Cover Note Number

Driver

Name of Driver HUA GUAN HONG
NRIC No SXXXX807G
Date Of Birth 06/05/1976

Occupation INDOOR
Date Of Driving Pass 17/12/2007

Driving Experience 12 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98211147

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address HUAGUANHONG@HOTMAIL.COM

Address BLK 229 BUKIT BATOK EAST AVE 3 #09-108

Postcode 650229

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)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 2

NAME: : HUA YI ZOE

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CLEMENTI N.P.C

Police Station Address ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO THE POLICE REPORT NO.T/20201119/2047

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 SKP216E

Vehicle Make/Model/Colour TOYOTA CAMRY

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver LOW YEW SIM
NRIC/Passport Number SXXXX431D
Contact Number 90234554

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

### Consent under the Personal Data Protection Act (PDPA) Any false reporting may be referred to the Police for investigation The Basic and acceptance of this Form by insurance companies is not an admission of policy Rability on the part of the insurance This Form must be sympleted by the Pullsybulder and/or the Authorised Oriver Please report <u>sponsolly</u> the details of the accident to speed up the claims process Information provided must be as truthful and accurate as possible. Any wiful mi interested parties. facts may allow insurance companies to regudiate policy liability.

IMPORTANT NOTICE

SKETCH PLAN

Net B: Skp 3168

withholding of material

## The report will be forwarded by the insurers of the GIA Records Manager Association of Singapore (IGA) for archiving and that copies of this report will for a fee be made evailable upon application by

# By the lodgment of this report to the insurers, you hereby consent to the archang of this report at the centre and to copies of the report being made available aforesaid.

I understand, acknowledge, agree and content 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. Montetary Authority of Singapore and any relevant gover Personal Information to all insureris) who have insured vehicle(s) involved in this accident (all insureris) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers", the Insurers' lawyers/law firms, the irpolded by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such agency/authority (such as the police), for the purpose(s)

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.

(H) carrying out and/or dealing with my instructions or responding to any enquiries by rise;

(hd administrating my daims (including the mailing of correspondence, statements, invoices, reports or custops 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 administrating, processing, handling and/or dealing with my claims (collectively the "Purposes")

my Personal Information may/can be disclosed by any of the insurers and/or Gals to their third party service providers or agents/including their tawyers/am firms), which may be sited outside of Singapore, for one or more of the above Purposes beintsu avec own (s) abunding to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and which(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted

E

my Personal information will also be collected and used to comple claims history for the purpose of fraud detection. investigation and management in present and all future claims

the information so collected under (id) above may be shared i disclosed

Ē d

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 tristed; or

(ii) für complyog with requirements under any regulations, laws or court orders near an angele was rest a schen transman for an requirement according to their court or angele.

DHESKIN SOUGH SERVICE AND AN HEIGHT

Atler's Signature

16:30 hrs. 19-Nen-John

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



#### Sketch Plan #2

To built Batole SKETCH PLAN (entra) Veh A: SJWINIL 1 Veh B: SKP216E Burit Bator East ARY Buich Batok 16 12 BUKIT Batok East Ale 3 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer To Police Report No. T/20201119/2047 DECLARATION

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

19-Nov-2020

Policyholder's Signature

Date & Time:

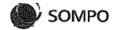
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: ( the Las



50 Raffles Place, #95-01/05 Singapore Land Tower, Singapore 048023 Tel: 6461 6555 1 Fax: 6221 3302 1 Website: www.sompc.com.eg Co. Reg. No.: 1805054906 f GST Reg. No.: M200903165

#### Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189) 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.

: D20MTPV01002601

Insured

: HUA GUAN HONG

Motor Car (Registration No.) : SJW1211L

Cover

: Comprehensive - ExcelDrive GOLD

Policy Commencement Date : 03 MARCH 2020 00:00 : 02 MARCH 2021 23:59

Policy Expiry Date

Maximum Liability (Section I): Market value at time of loss

Excess\*

: \$500 - Section !

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

Voluntary Excess\*

per policy year)

: N.A

Windscreen Excess\*

: S\$100.00 - Waived if Repair at ExcelDrive Workshop

Loss of Use

: Per Policy Schedule

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

- The Insured.
- Any other person who is driving on the Insured's order or with his permission.
   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.

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.

#### 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 3323.

If We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the previsions 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-28

Sompo Insurance Singapore Pte. Ltd.



#### Authorised Signatory

Date/Time of Issue: 11 FEBRUARY 2020 09:39

#### IMPORTANT NOTICE

- Keep the Certificate in your Motor Car;
  Under the Motor Vehioles (Third-Party Risks and Compensation) Act (Chapter 189), 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 Car or if for any reason the Insurance is terminated during its currency, the Insured must sumender 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 offinous under the Motor Vehicles (Third-Party Risks and Compensation) Act (Deepier 189);
  This Policy will cease to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.

intermediary Code & Name: 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22A FFHDS5K44TTBDC\_A

<sup>\*</sup> Subject to GST wherever applicable

#### Police Report 1 Pg. 1





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 4

Report No. T/20201119/2047

#### REPORT OF A TRAFFIC ACCIDENT

19/11/2020 13:36		ade:	Vide Report No.:	Station Diary No.: 44		
Informant	's Particu	lars				
Name of Informant: HUA GUAN HONG			Address: APT BLK 229 BUKIT BATOK EAST AVENUE 3 #09-108 SINGAPORE 650229			
ID Type / ID No.: NRIC NO / S7664807G Nationality:			Contact No.: Home/Office: Email:	Mobile: 98211147		
MALAYSIAN           Sex:         Age:         Date of Birth:           Male         44         06/05/1976			Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: ENGINEER			Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/11/2020 16:15	Type of Location: X-Junction
BUKIT BATO	K EAST AVENUE 3			
Weather:		Road Surface:		Road Speed Limit:
Clear		Dry		
Clear Traffic Flow:		Dry Traffic Control: Traffic Light - Work	ing	Traffic Volume:

Details of V	ehicle Invo	lved				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJW1211L	Car	MITSUBISHI	LANCER 1.6 GLX AUTO ABS AIRBAG 2WD 4DR	Grey	Totally Damaged	0
SKP216E	Car	ТОУОТА	CAMRY 2.0	Silver	Slightly Damaged	0

#### Police Report 2 Pg. 1





2 of 4

Police Station Of Origin: Clementi N.P.C

Report No. T/20201119/2047

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW1211L	TENET SOMPO INSURANCE PTE.	D20MTPV0100260	03/03/2020	02/03/2021
	LTD.	1		

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					(A)
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA				
Driver						
Name	HUA GUAN HONG			ID No.		S7664807G
Related Vehicle	SJW1211L (Car)			Contact No.		98211147
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disci				
No. of Days granted Medical Leave NIL		Degree of Injury NIL				
Driver						
Name	LOW YEW SIM			ID No		S7425431D
Related Vehicle	SKP216E (Car)		V 10000	Contact No.		90234554
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discl	narge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

#### Brief Details.

On 18/11/2020 at about 1615hrs, I was driving my grey Mitsubishi Lancer car, reg no: SJW1211L on the centre lane along Bukit Batok East Ave 3 towards Bukit Batok Central direction. Infront of my car was a silver Toyota Camry car, reg no: SKP216E.

When we were reaching the traffic light junction of Bukit Batok East Ave 3 and Bukit Batok East Ave 4, the traffic light started to turn to Amber. The car infront of me stopped his car on the stop line. I tried to brake and stop my car however it continue to move and hit onto the rear of the said Toyota Camry.

We then came out of our car to check on each other. We exchanged particulars and took photo of the damages. None of us required the Police or Ambulance assistance. Due to the collision, the front bumper of my car was damaged and it was towed away to my workshop while the rear bumper of the said car was slightly damaged. There is no car-camera install in my car.

I am lodging this report for my record purpose and for insurance claims.

#### Police Report 3 Pg. 1





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

Report No. T/20201119/2047

3 of 4

CONTINUATION OF REPORT

#### Police Report 4 Pg. 1





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

4 of 4 Report No. T/20201119/2047

#### 0-8729999 CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sr Staff Sgt ABDUL KHABIR BIN MOHAMED YUSOF	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	19/11/2020 13:36
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEULUINGAPORE	
Contact No.: 65476 51 POLICE FORCE	SN 37
Authentication Stamp NP168	
SIGNATURE	AND



