# **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 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 the research of this report will for a fee the made available upon application by interested parties. 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 Submission	29/12/2020 11:13 (SGT)
Date of Accident	28/12/2020 14:18 (SGT)
Exact Location of Accident	Near 107 Jalan Bukit Merah, Block 107, Singapore 160107
Additional Location Information	LOWER DELTA RD AFTER DELTA RD (AFTER AYE CHANGI
	EXIT)
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number	FBP5086L
INSURED/POLICYHOLDER	

Yamaha

Is company?	No
Name Of Registered Owner	SIM YEOW MENG
NRIC No	S6915080B
Email Address	SIMYEOWMING@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97593796
Alternative Phone No	+65-97593796

# VEHICLE PARTICULARS

Manufacturer

Model	Xmax
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Private use
Are you claiming under your own insurance policy for repair to	
your vehicle?	No - Reporting only
Vehicle Category	Motorcycle

# **INSURANCE COMPANY**

Sompo
ThirdPartyFireTheft
No
D20MTMC01002593
-

## DRIVER

Name of Driver	SIM YEOW MENG
NRIC No	S6915080B
Date Of Birth	05/05/1969

Occupation Outdoor Date Of Driving Pass 11/06/2002 Driving experience 18 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-97593796 Alt. Phone Number +65-97593796 Email Address SIMYEOWMING@HOTMAIL.COM Address BLK 253 JURONG EAST ST 24 Address complement #03-265 Postcode 600253 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver 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 the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE SKETCH PLAN FOR ACCIDENT DETAIL. 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	SJK8892M
Vehicle Manufacturer	_
Vehicle Model	_
N/1:1 N/ : .	_
	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

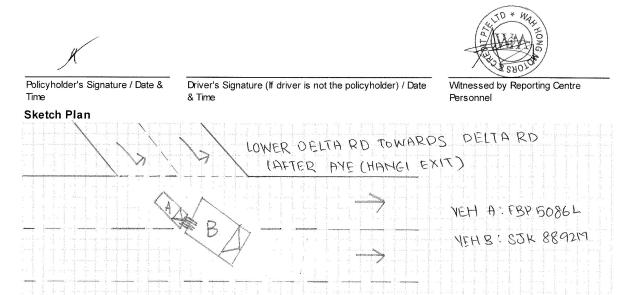
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident
On 28/12/2020 at about 14.18 pm, I was driving my behiche
FBP 5086L along Lowr Delta to words Delta Rd Cafter
the ATE CHAMAI EXIT)
A Vehicle SJE 8892M in front of me stopped
and I died not mamages to breke on time attend hit ento
Vehicle SJKS892m are nar right

# Declaration

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

Witnessed by Reporting Centre Personnel

















03-04-20;13:39 ;

1/ 1

Sompo Insurance Singapore Pte. Ltd. 50 Raifins Place, #05.01,905
Singapora Land Tower, \$-ngapora Ladd
Toil: 6461 6555 | Fax: 6273 3302 | www sommo counts
Co, Rang No. 198005490E | OST Rep. 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)

Cert No Policy No.

: D20MTMC01002593

insured

: SIM YEOW MENG

Motor Vehicle (Regn No.)

: FBP5086L

Cover

: Third Party, Fire & Theft

Policy Commencement Date

: 17 APRIL 2020 00:00 : 16 APRIL 2021 23:59

Policy Explry Date

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

: \$500 - Section I

Named Driver 1

; SIM YEOW MENG

HIRE PURCHASE OWNER

: YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive SIM YEOW MENG

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 registration under the Road Traffic Act (Chapter 276) has not been assetted at the time of the cooldant loss of demand. its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

- Use only for social, domestic and pleasure purposes and

  (a) by the insured in person in connection with his business or profession or

  (b) in connection with the insured's business or profession

The Policy does not cover

- (ii) Use for hire or reward
  (ii) Use for racing pacemaking, reliability trial or speed-testing
  (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
  (iv) Use for any purpose in connection with the Motor Trade

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.

For list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6461 6555.

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 Comp (Chapter 189) and Part IV of the Transport Act, 1987 (Maleysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.03)

Sompo Insurance Singapore Pte. Ltd.

Lui &

Authorised Signatory

Date/Time of Issue: 03 APRIL 2020 13:38

#### IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle;
Under the Motor Vehicles (Third-Pary Risks and Compensation) Act (Chepter 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 Vehicle or if for any reason the insurance is terminated during its currency, the insured 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 decisration to that effect must be made. Failure to comply with this obligation is an officer outfor the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
This Policy will cease to be valid once the Motor Vehicle chas been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code; MY3 FXDOSQ4J4TTBMPAJ