

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 Submission 06/01/2021 15:01 (SGT)
Date of Accident 05/01/2021 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information KAKI BT RD 4 & AVE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJU9978R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ng chwee seng
NRIC No S1248436D
Email Address CHWEESENG@GMAIL.COM
Mobile Phone No (Phone) +65-92372333
Alternative Phone No (Office) +65-92372333

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Sompo
Type of Coverage Comprehensive
Fleet Policy No
Policy Number d20mtpv01002489
Cover Note Number -

DRIVER

Name of Driver ng chwee seng
NRIC No S1248436D
Date Of Birth 15/09/1957
Occupation Outdoor

Date Of Driving Pass	09/12/1976
Driving experience	44 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92372333
Alt. Phone Number	(Office) +65-92372333
Email Address	CHWEESENG@GMAIL.COM
Address	3 BEDOK RESERVIOR VIEW #12-02
Address complement	-
Postcode	478927
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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

REFER TO ATTACHED REPORT

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	SMU9084J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
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 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. 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' 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.



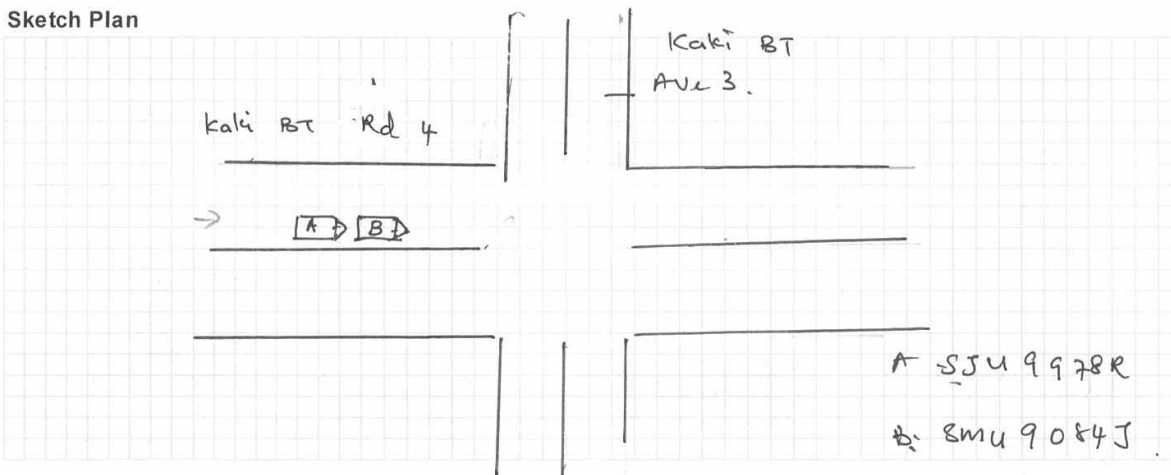
Policyholder's Signature/ Date & Time



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



Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I was stationary at the traffic junction due to red light. When the light change green, I started to move slowly but did not realised vehicle B in front has not move. As a result hit onto the rear of vehicle B.

Declaration

We declare the foregoing particulars are true in every respect.

Chiner Seg

Policyholder's Signature / Date &
Time 6/1/21 2:05pm

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

Witnessed by Reporting Centre
Personnel






















Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | Website: www.sompo.com.sg
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

PRIVATE CAR POLICY SCHEDULE
Intermediary Code : 11S10801

Policy No. : D20MTPV01002489

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. MTP.28

Insured : NG CHWEE SENG
Address : NO 3 BEDOK RESERVOIR VIEW
#12-02
SINGAPORE 478927

Business/Profession : PROPERTY AGENT

INSURED DETAILS

Date of Birth & Age : 15 SEP 1957 & 62 years old
Driving Experience in Singapore : 23 years
Identification Type : NRIC(Singaporean)
Marital Status : MARRIED
Gender : Male
Identification No. : S1248436D

Period of Insurance : 15 FEBRUARY 2020 00:00 TO 14 FEBRUARY 2021 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS

Vehicle Registration No. : SJU9978R
Chassis No. : MR053ZEC107111990
Engine No. : 3ZZ4542242
Vehicle Make & Model : TOYOTA COROLLA 1.6
Engine Capacity/Tonnage : 1598
Type of Body : SALOON
Year of Registration : 2006
Seating Capacity (including driver) : 5
Estimated value of Vehicle : Market value at time of loss
Hire Purchase Owner : NIL

PREMIUM DETAILS

Premium : 2,143.00
Less No Claim Discount (50%) (1,071.50)
Less Offence free Discount (5%) (53.58)
Less EDG Discount (10%) (101.79)
Add others :
Less Loyalty Discount(5%) (45.81)
Total : S\$ 870.32
GST : S\$ 60.92
Premium (incl. GST) : S\$ 931.24

Coverage : Comprehensive - ExcelDrive GOLD

Excess : \$ 500 - Section I
(Waived up to S\$1,000 if accident repair is done at ExcelDrive Workshops for the first claim per policy year)

Voluntary Excess : N.A

Additional Excess : Named Young and/or Inexperienced Drivers or Elderly Drivers - \$1,500
Un-named Young and/or Inexperienced Drivers or Elderly Drivers - \$3,000
Un-named All Other Drivers - \$500

The terms shall be defined as follows:

'Young Drivers' shall be defined as drivers (including the Insured) who are below 25 years old.

'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 2 years of driving experience in Singapore

'Elderly Drivers' shall be defined as drivers (including the Insured) who are above 70 years old.

Paragraph 2 of Endorsement E in the policy will not apply to insured's spouse provided he/she is 25 years old & above but less than 70 years old &/or has 2 or more years driving experience.

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

Endorsements Applicable : Endorsement D - Young and/or Inexperienced or Elderly Drivers Excess
Endorsement E - Excess Clause
Endorsement H - Total Loss
Endorsement M - Inclusion Of Special Perils
Endorsement P6 - Riot And Strike Endorsement
Endorsement V - No Claim Discount Protection
Endorsement Y2 - ExcelDrive Gold Plan
Endorsement Z - Loss of Use Benefit