VERSION: 1 (22/02/2021 14:04 (SGT))

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 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 22/02/2021 14:04 (SGT) Date of Accident 20/02/2021 17:19 (SGT) Exact Location of Accident Near 1 Lor Chuan, Singapore 556818 Additional Location Information CTE BEFORE BRADDELL EXIT NEXT TO AUSTRALIAN **SCHOOL** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Peugeot

Vehicle Registration Number SKZ8282H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner KHOO YONG BOON NRIC No S7820953D Email Address kyb@tht.com.sg Mobile Phone No (Phone) +65-82288282 Alternative Phone No +65-82288282

VEHICLE PARTICULARS

Model 308 Variant Exact purpose for which vehicle was being used at time of Private use Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car

Manufacturer

INSURANCE COMPANY

Name of Insurance Company Sompo Type of Coverage Comprehensive Fleet Policy Policy Number D20MTPV01007116 Cover Note Number

DRIVER

Name of Driver YEO HUI LING NRIC No S7818958D Date Of Birth 14/07/1978

| Occupation | Indoor |
|--|---|
| Date Of Driving Pass | 29/01/2002 |
| Driving experience | 19 YEARS AND 1 MONTH |
| Gender | Female |
| Mobile Number | (Phone) +65-96965637 |
| Alt. Phone Number | - |
| Email Address | yhl1407@gmail.com |
| Address complement | 1 YOUNGBERG TERRACE #08-07 |
| Address complement Postcode | - |
| Postcode Is the driver the policyholder? | 357741 |
| If No, Relationship of the Driver with the Insured | No Crouse |
| Does Driver Own Other Vehicles? | Spouse |
| Vehicle Registration Number of Other Vehicle Owned by Driver | No |
| venicio registration realists of other venicio owned by Briven | - |
| Insurance Company of Other Vehicle Owned by Driver | - |
| GENERAL INFORMATION OF THE ACCIDENT | |
| | |
| Type of Accident | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |
| | |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? | NI- |
| Number of vehicles involved in the accident | No 3 |
| 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) | ı |
| soliciting/offering accident claims assistance? | No |
| | |
| DETAILS OF POLICE ACTION | |
| DETAILED OF T OCIOE ACTION | |
| Was the assidant raparted to the police? | N |
| 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 ATTACHED. LORRIANCE FROM SOMPO H | IAD GIVEN WAIVER FOR VEHICLE TO SEND IN FOR PHOTO |
| TAKING ON 22/2/21 | |
| | |
| ATTACHMENT(S) | |
| | |
| Are accident photos available for attachment? | Voc |
| Was there any video captured by Car Camera? | Yes No |
| Was there any audio recorded? | No |
| | INO |
| DETAILS OF OTHER | VEHICLE PROPERTY 1 |
| DETAILS OF OTHER | VEHICLE PROPERTY 1 |
| Vohicle Registration Number | CMDOCCOM |
| Vehicle Registration Number Vehicle Manufacturer | SMP9869M |
| Vehicle Model | Nissan |
| Vehicle Variant | X-trail |
| Vehicle Colour | - |
| Vehicle Category | - Private car |
| Name of Driver | Private car BOEY NGAI LOONG NICHOLAS FRANCIS |
| - | S6828479H |
| | 000E0 17 01 1 |

(Phone) +65-93645993

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

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number | UNKNOWN |
|---|--------------------|
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | Gray |
| Vehicle Category | Commercial vehicle |
| 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

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- 7. By the lodgment of this report to the insurers, you hereby content to the archiving of this report at the centre and to copies of the report being made available aforesaid
- 8. Convent under the Personal Data Protection Act [PDPA]

Lunderstand, 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 litms, 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 discinstire of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/multipackages); 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 arcident 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 gents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of feaud detection, (d) invostigation and management in present and all future claims.
- the information so collected under (d) above may be shared f disclosed:
 - (i) to all inscress 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

Oriver's Stockstore

(If driver is not the policyholder) Date & Time: 22/2/2021,1131/4

Reporting Centre Postennel's Signature

MRIC/FIN No :

| SKCICH PLAN |
|--|
| A= Whenown Carry Van |
| B = SMP 9819M |
| Australian A B S A A C=Skz828DH |
| International C 12 1 1 1 2 - SKZWZWZH |
| School |
| |
| |
| |
| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT |
| On 20th January 2021, 1719hr 1 was driving my car (SKZ82824) |
| along CTE (on left is the Australian International school singapore) technique to my lane and meant to exit CTE towards Potong passin along |
| of me when the car in front (SMP 9869M) applied Isudden brake |
| which caused the collision. I understand Imm owner SMP 98/94 |
| that another arey van cutted cut into his lane from left which |
| stopped swooping that award stup agrand to contract emergency broken |
| As 911 parties (driver of SMP 9889M and his 2 passangers) continued |
| that there are no injuries including myself, are agreed on not calling for medical assistance and left the seems scene |
| J. T. C. |
| |
| |
| |
| |
| |
| |
| |
| |
| DECLARATION We declare the foregoing particulars are true in every respect. |
| and and all |
| olicyholder's Signature Driver's Signature Reporting Centre Personnel's Signature |
| ate & Time: (If driver is not the policyholder) Name: Date & Time: 20 In In In Indian New York No. |
| 22/2/200 - 1/2/21,1152hr |
| 1315 |



50 Rathes Piece, 405-01/06 Singapore Line Taxon: Singapore 0/95/27 Tel: 6461 6555 | Fest 6221 3302 | www.sompo.com sg Co. Reg., No.: 1998005/998 | GST Ave. No.: N.2000000078 and the second s

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)

Certificate/Policy No.

: D20MTPV01007116

Insured

: KHOO YONG BOON

Motor Vehicle (Registration No.): SKZ8282H

: Comprehensive - ExcelDrive PRESTIGE

: 30 MAY 2020 00:00

Policy Commencement Date Policy Expiry Date

: 29 MAY 2021 23:59

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

: \$400 - Section I

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

per policy year)

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.
- 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 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, donestic and pleasure purpose and for the insured a business. The Policy does not cover use for him 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 Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelOrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelOrive 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) 6228 3323.

I/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 Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, canditions and exceptions of the Private Car Policy on fATP.28

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue: 12 MAY 2020 09:18

IMPORTANT NOTICE

- Keep the Certificate in your Motor Vehicle,
 Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unitswill for any person to use or cause to person any other person to use a
 Motor Vehicle or life person of use a
 Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insurance motor 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 offer must be made. Failure to comply with this obligation
 is an differing under the Motor Vehicle Certificate and Compensation) Act (Chapter 185):
 This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not smarterable to the new owner of the Motor Vehicle.

Intermediary Code & Name: 11102001 & IPP FINANCIAL ADVISERS PTE LTD CI Code: 22A L_HD8MV42YTB1KPA













