

# 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 .....	02/09/2021 15:43 (SGT)
Date of Accident .....	02/09/2021 08:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BUKIT TIMAH RD NEAR KING ALBERT MRT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLC710B
-----------------------------------	---------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SAN'S TOURS & CAR RENTALS & CAR RENTALS
Company Reg No .....	-
Email Address .....	PETER.SANSTOURS@GMAIL.COM
Mobile Phone No .....	(Phone) +65-88925489
Alternative Phone No .....	+65-88925489

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	X-trail
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
Transmission .....	Auto
CC .....	1997

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage .....	ThirdParty
Fleet Policy .....	Yes
Policy Number .....	D21MTRENT000216
Cover Note Number .....	-

### DRIVER

Name of Driver .....	NICOLA WATERS
Work Permit No .....	G3864551Q

Date Of Birth .....	18/07/1984
Occupation .....	Outdoor
Date Of Driving Pass .....	15/07/2015
Driving experience .....	6 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-88925489
Alt. Phone Number .....	-
Email Address .....	PETER.SANSTOURS@GMAIL.COM
Address .....	14, NAMLY GROVE, BUKIT TIMAH
Address complement .....	-
Postcode .....	267308
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Raining
Road Surface .....	Wet

#### 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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Male

#### 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 SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	CB6846R
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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 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:

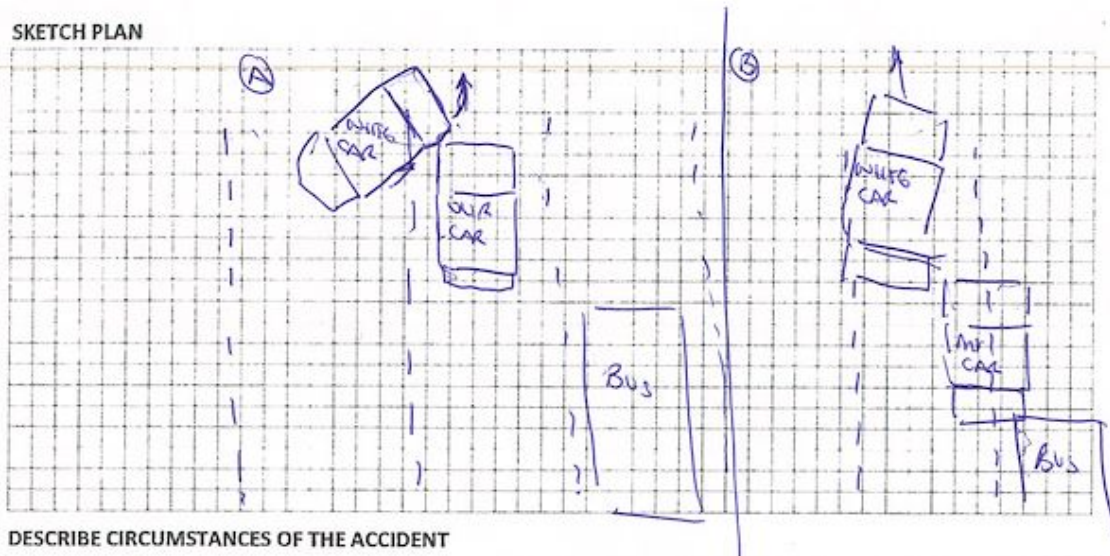
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 02/09/21  
12:00

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.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CHILDREN TO SCHOOL AT APPROXIMATELY 08:15 2<sup>ND</sup> SEPTEMBER 2011, WHEN A BUS COLLIDED WITH THE BACK OF MY CAR.

I WAS DRIVING ALONG BUKIT TIMAH ROAD NEAR KING ALBERT MRT STATION IN THE MIDDLE LANE. A WHITE CAR DRIVING IN THE LEFT LANE PULLED INWARD WITHOUT INDICATING OR ANY WARNING, NARROWLY AVOIDING THE FRONT OF MY CAR CAUSING ME TO INITIATE AN EMERGENCY STOP AND SOUND THE HORN AS A WARNING. THE WHITE CAR CONTINUED TO MOVE IN TO MY LANE AND I WAS FORCED TO MANEUVER IN TO THE RIGHT LANE TO AVOID COLLISION. A FEW SECONDS LATER I FELT THE BUMP INTO THE REAR LEFT HAND SIDE OF MY CAR. I CHECKED MY TWO CHILDREN WERE OK AND IMMEDIATELY GOT OUT OF THE CAR TO SEE THAT A BUS HAD DRIVEN IN TO THE BACK OF ME.

DECLARATION

I/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: 02/09/11  
12:00

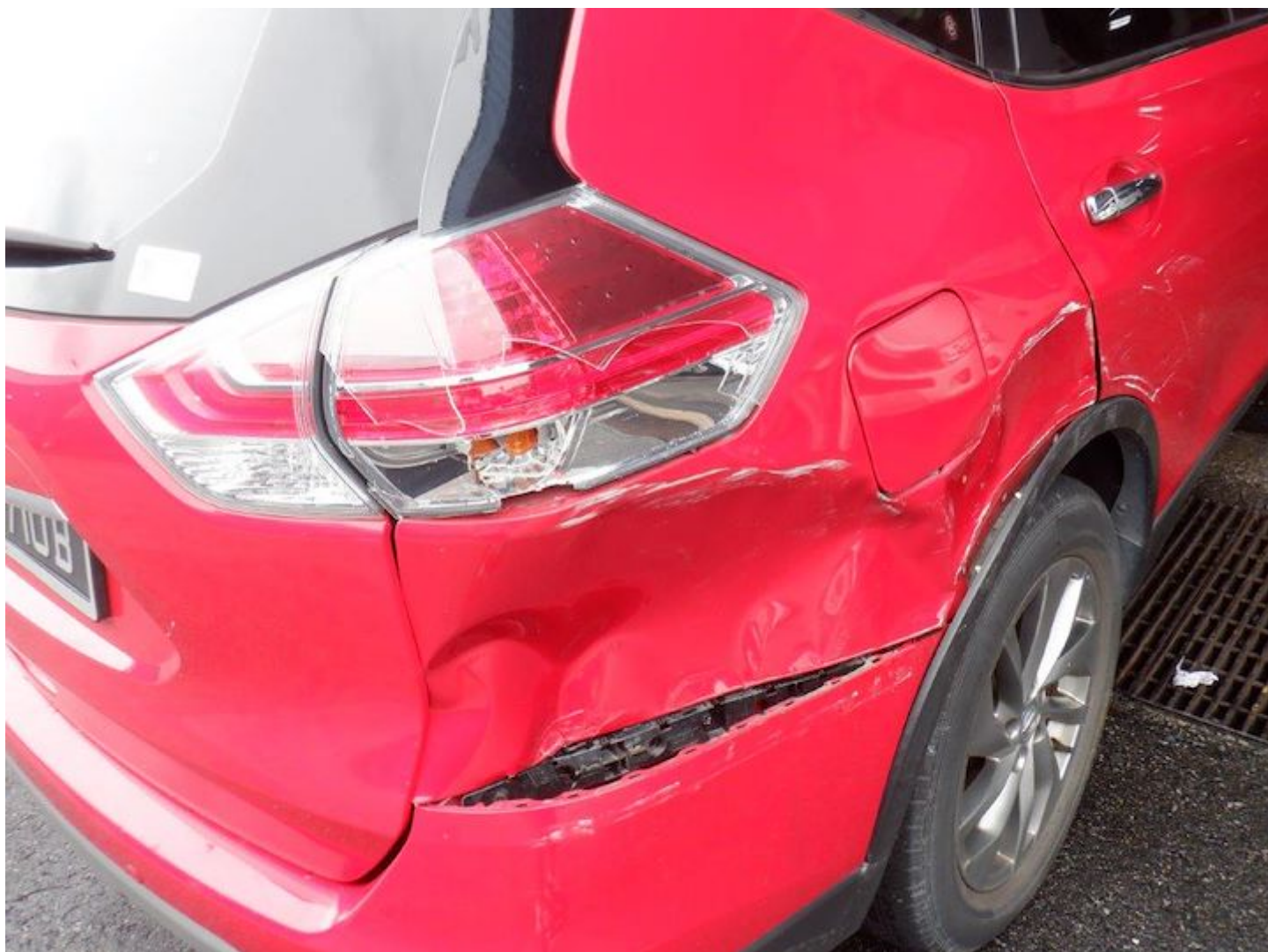
CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

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

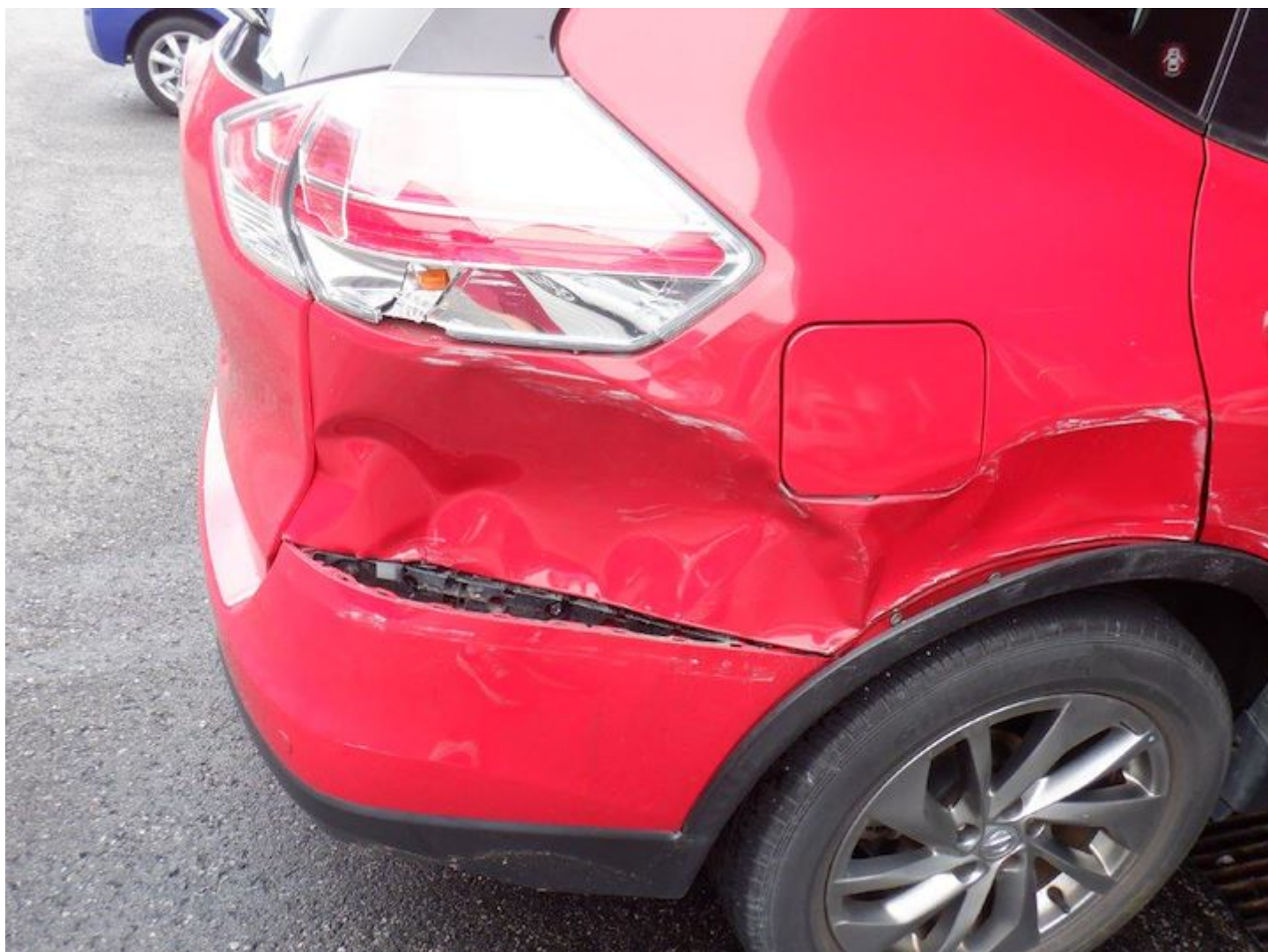


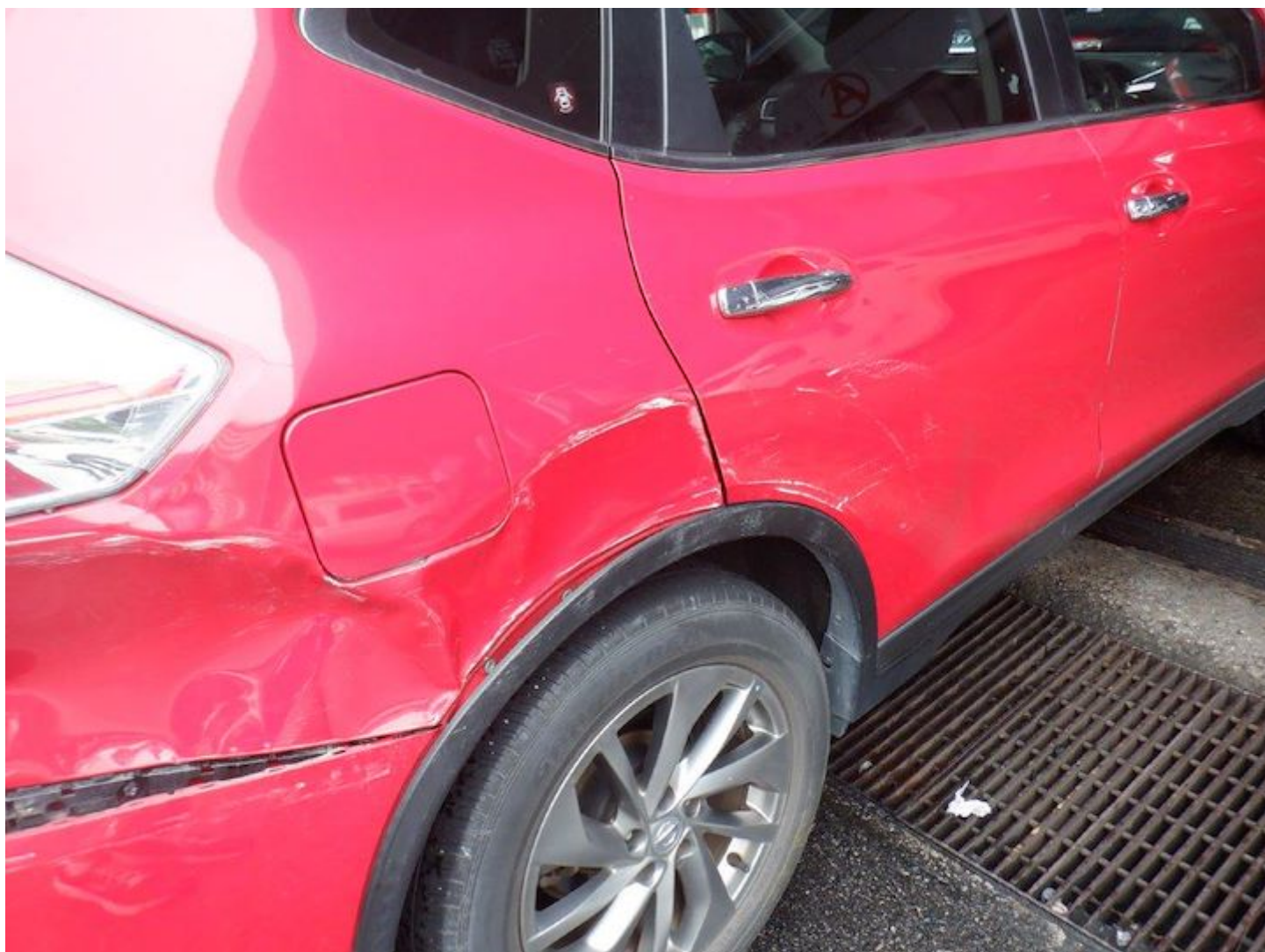














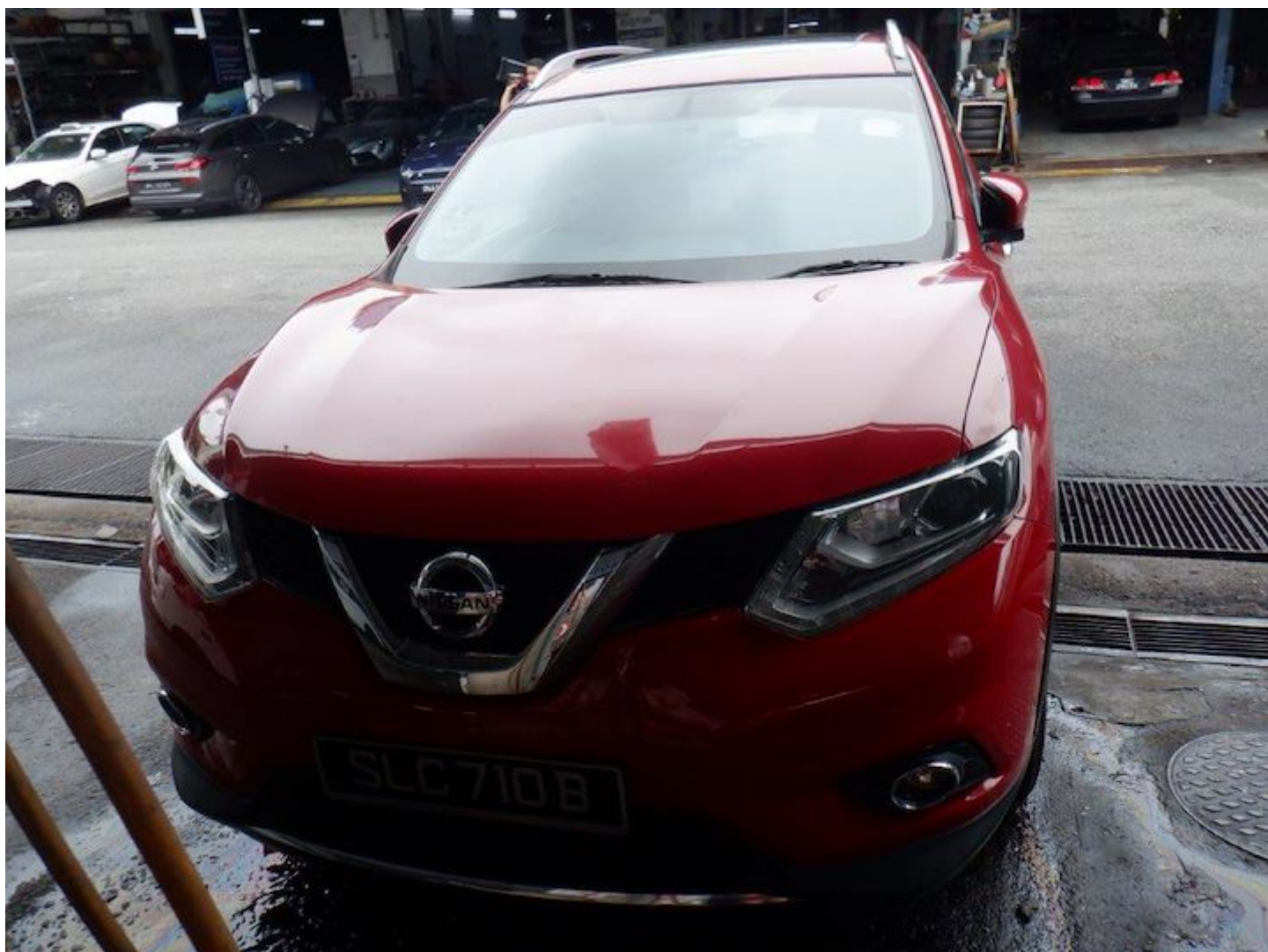


















SU HONGS PRAVE, PRAVE  
Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg  
Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

### 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. : D21MTRENT000216

1. Registration No. : SLC710B

2. Insured Name : SAN'S TOURS & CAR RENTALS

3. Commencement Date : 29 APRIL 2021 00:00

4. Expiry Date : 28 APRIL 2022 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 & 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.sompo.com.sg](http://www.sompo.com.sg) for list of Accident Reporting Centers.

I/We 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 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.



Date/Time of Issue : 12 MARCH 2021 09:10

\*Limitation rendered inoperative by section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

#### IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
- 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. 189).
- 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.
- 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 to be issued to an individual, or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11H16207 & HOWDEN PREMIER CI Code: 26C D3KDPSM42YT1TSA