

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	04/09/2021 12:09 (SGT)
Date of Accident	03/09/2021 16:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP82K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	POH LAY HOON
NRIC No	S1788698C
Email Address	joplh@singnet.com.sg
Mobile Phone No	(Phone) +65-96172287
Alternative Phone No	+65-96172287

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLC250 AMG LINE 4MATIC AUTO
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1991

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MTPV01015548
Cover Note Number	21/11/2020 TO 20/11/2021

DRIVER

Name of Driver	POH LAY HOON
NRIC No	S1788698C

Date Of Birth	12/10/1967
Occupation	Indoor
Date Of Driving Pass	24/02/1989
Driving experience	32 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96172287
Alt. Phone Number	+65-96172287
Email Address	joplh@singnet.com.sg
Address	54 JALAN ANGGEREK SINGAPORE 369488
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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?	Yes
Police Station Name	Aljunied Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002809999
Alt. Police Station Phone No	(Fax) +65-62815960
Police Station Address	Blk 13 Joo Seng Road #01-69 Singapore 360013
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS2973A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90067616
Address	-
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	SMC4049P
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90621309
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	POH LAY HOON
Gender	Female
Phone No	(Phone) +65-96172287
Address	54 JALAN ANGGEREK SINGAPORE 369488
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	YSL ALJUNIED CLINIC & SURGERY PTE LTD
Injured person in which vehicle?	SJP82K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN PASSENGER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HOSPITAL
Injured person in which vehicle?	SMC4049P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

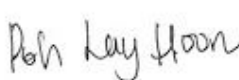
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.


Policyholder's Signature / Date & Time

 10:32am
4/9.21
Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

→ PIE

A: SJP82K

B: SMS 2973A

C: SMC 4049P

CB IB AP

refer to attached police report

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

Bob Layman

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

Witnessed by Reporting Centre Personnel





























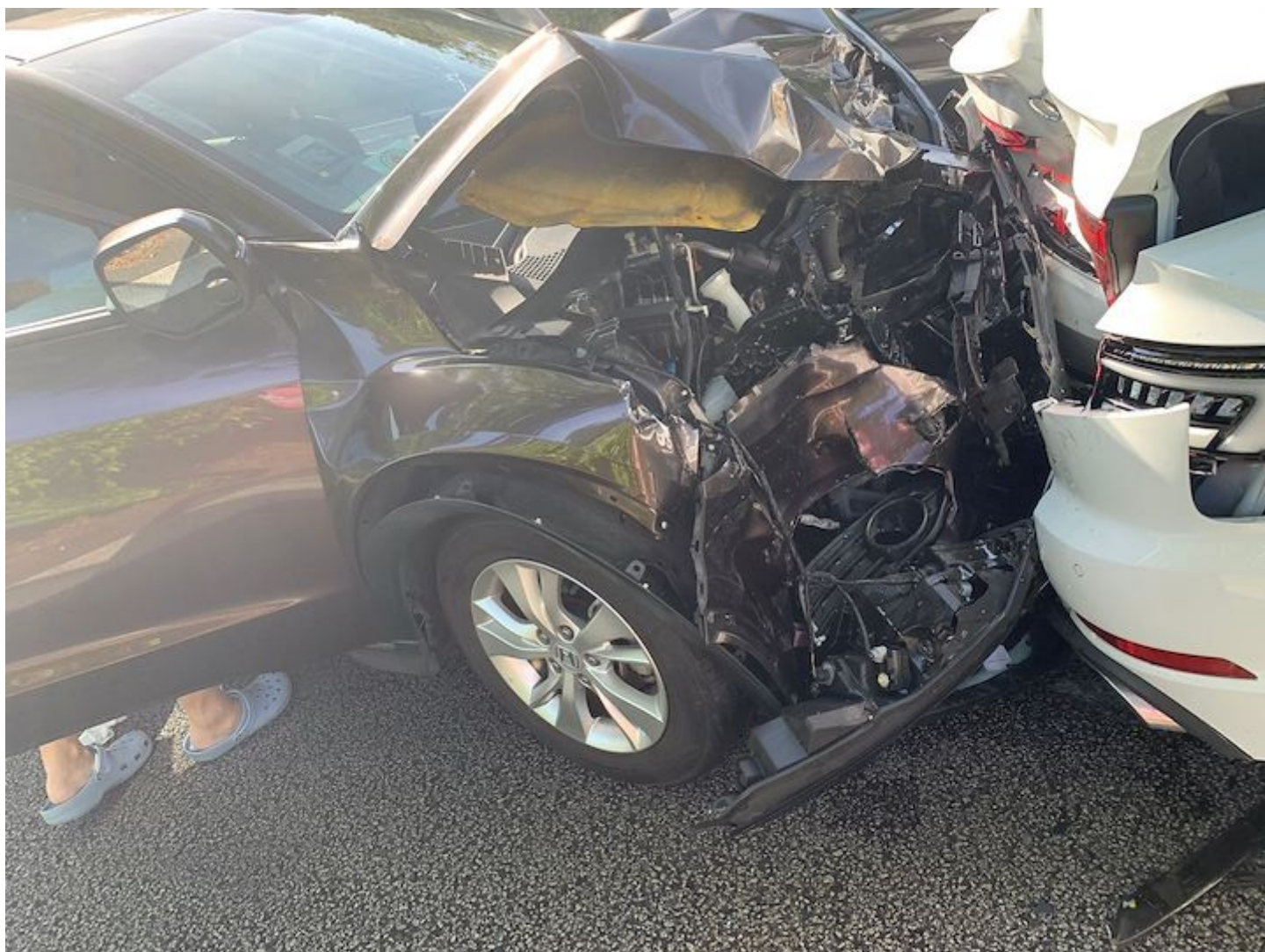


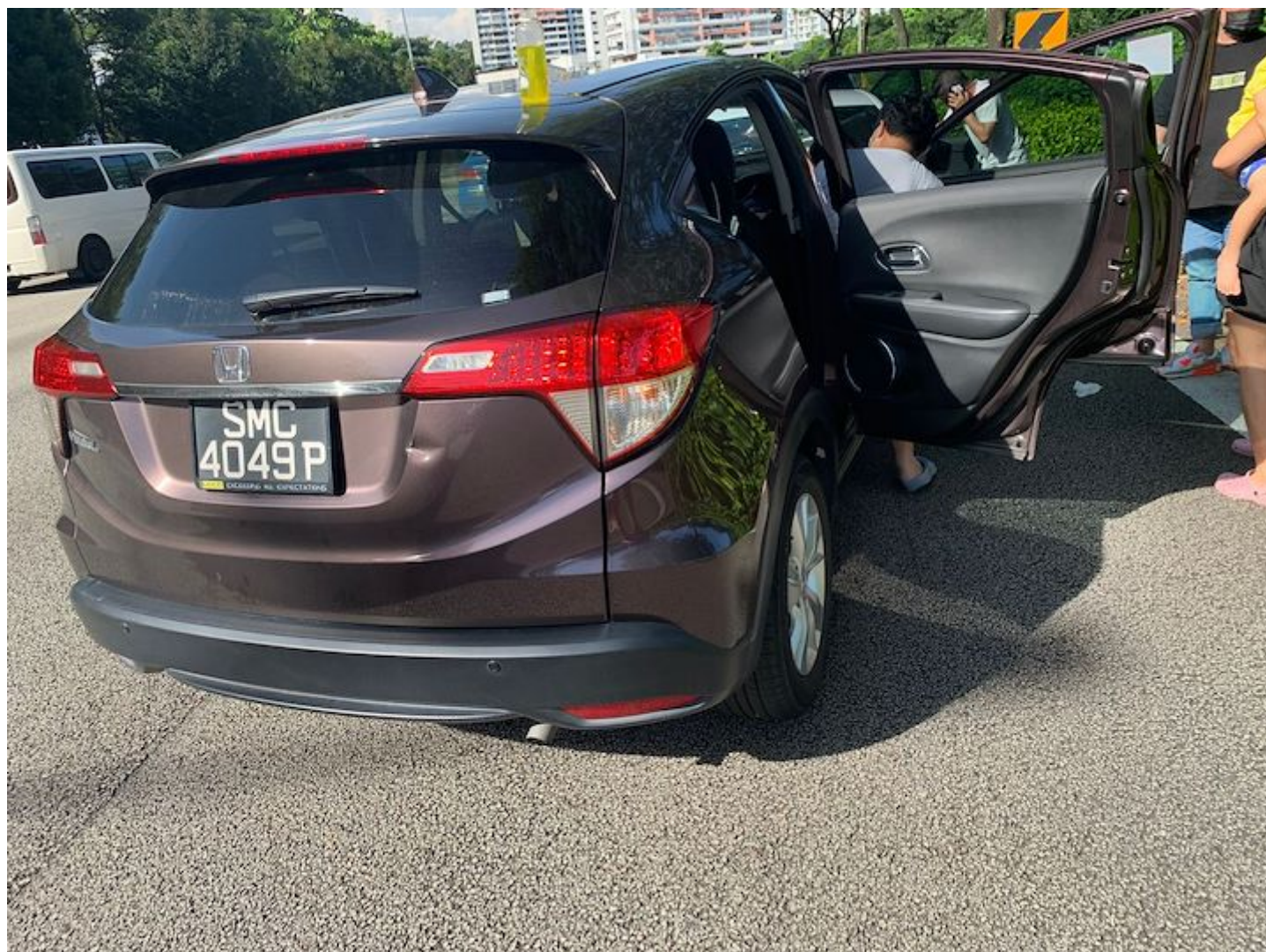


















**SINGAPORE
POLICE FORCE**



T/20210903/2119

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

1 of 3

Report No. T/20210903/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/09/2021 20:54	Vide Report No.: G/20210903/0160	Station Diary No.: 18
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Informant's Particulars

Name of Informant: POH LAY HOON			Address: 54 JALAN ANGGEREK SINGAPORE 369488	
ID Type / ID No.: NRIC NO / S1788698C			Contact No.: Home/Office: Mobile: 96172287	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 53	Date of Birth: 12/10/1967	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: ASSISTANT MANAGER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/09/2021 16:35	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP82K		MERCEDES BENZ	GLC250 AMG LINE 4MATIC AUTO	Black		0
SMC4049P						3
SMS2973A						0



**SINGAPORE
POLICE FORCE**



T/20210903/2119

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Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

Report No. T/20210903/2119

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP82K	TENET SOMPO INSURANCE PTE. LTD.	D20MTPV0101554 8	21/11/2020	20/11/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	POH LAY HOON		ID No.	S1788698C
Related Vehicle	SJP82K		Contact No.	96172287
Hospital/Clinic	YSL ALJUNIED CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/09/2021		Date Discharge	03/09/2021
No. of Days granted Medical Leave	02		Degree of Injury	NIL

Brief Details.

On the 03/09/2021 at about 4.35pm, I was driving my vehicle no: SJP 82K on PIE towards Changi (39km), exit to BKE. At that point of time, I was at the first lane and a vehicle which was in front of me jammed brake. Hence, I also jammed brake and manage stop completely without collided with the front vehicle. Subsequently, I felt an impact from the rear. I realized that I was in involved in a chain collision with other two vehicles (SMS 2973A & SMC 4049P) from the rear. I suffered head and neck pain from the accident. I went to seek medical attention at YSL Aljunied Clinic & Surgery on my own and 2 days MC was given to me. I am lodging the report as instructed by the traffic police.



**SINGAPORE
POLICE FORCE**



T/20210903/2119

3 of 3

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

Report No. T/20210903/2119

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
E /
Sgt 2 LAM WENG HONG,
ANDREW

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/09/2021 20:54

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MARIAH BINTI ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: G/20210903/0160

I, JE7 KHAR
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1 ROAD / 32GB / MICRO SD
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S17088698C POH LAY HOON
(Name, NRIC or Passport No. / Rank and No.)

of JE7 54 JALAN ANGGEREK S/369498
(Address / Police Station / NPC / NPP)

on 03/09/2021 at _____
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Poh Lay Hoon S17088698C
(Signature)
(Name, NRIC or Passport No. / Rank and No.)

Received by:

JE7 7130212 KHAR
(Signature)
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03
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)

Certificate/Policy No. : D20MTPV01015548
Insured : POH LAY HOON
Motor Vehicle (Registration No.): SJP82K
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 21 NOVEMBER 2020 00:00
Policy Expiry Date : 20 NOVEMBER 2021 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$600 - Section I
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.
2. Any other person who is driving on the Insured's order or with his permission.
3. 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, 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 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 ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle 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.

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, conditions and exceptions of the Private Car Policy ref MTP.29

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 16 NOVEMBER 2020 11:27

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (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;
- o 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 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 (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11B06503 & BES LINKS CI Code: 22A DHDOZH2IKBD06NA4