

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	21/09/2021 16:05 (SGT)
Date of Accident	21/09/2021 12:25 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	ANG MO KIO SLIP ROAD TO CTE.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM565P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM WOAN PING
NRIC No	S1651739I
Email Address	wnpng@yahoo.com.sg
Mobile Phone No	(Phone) +65-97822289
Alternative Phone No	+65-97822289

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1000

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01006568
Cover Note Number	-

DRIVER

Name of Driver	SIM WOAN PING
NRIC No	S1651739I

Date Of Birth	18/11/1964
Occupation	Indoor
Date Of Driving Pass	15/07/1983
Driving experience	38 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97822289
Alt. Phone Number	+65-97822289
Email Address	wnpng@yahoo.com.sg
Address	BLK 226B COMPASSVALE WALK #10-315
Address complement	-
Postcode	542226
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 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 21/09/2021 AT 1225PM, AT SLIP ROAD FROM ANG MO KIO AVE 1 TOWARDS CTE. I, SMM565P (VEHICLE A) WAS AT THE GIVE WAY LINE. I INCHED FORWARD AND STOPPED BEFORE GIVE WAY LINE AS THERE IS ANOTHER VEHICLE APPROACHING. VEHICLE B, SFU1852U REAR -ENDED MY VEHICLE.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFU1852U
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

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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

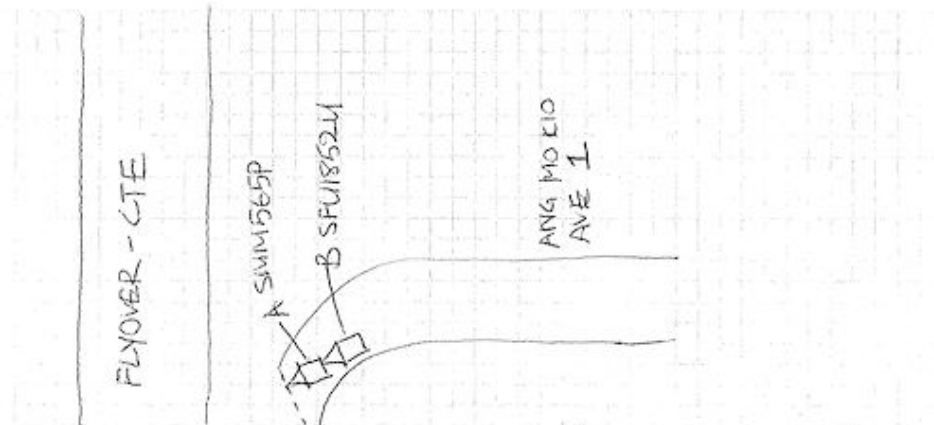
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

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

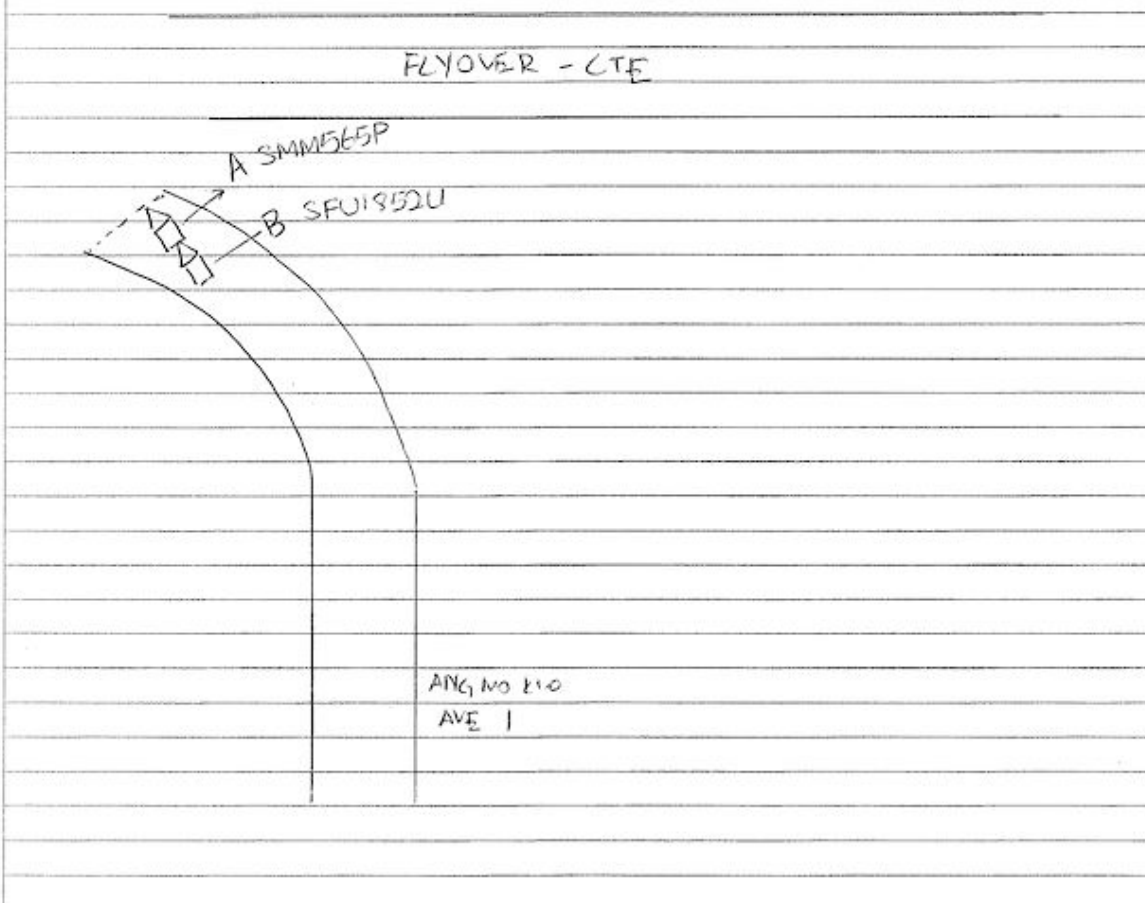
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 21/09/2021 at 12:25pm at slip road from ang mo kio avenue 1 towards CTE. I, SMM565P (vehicle A) was at the give way line. I inched forward and stopped before give way line as there is another vehicle approaching. Vehicle B, SFU1852U rear-ended my vehicle.



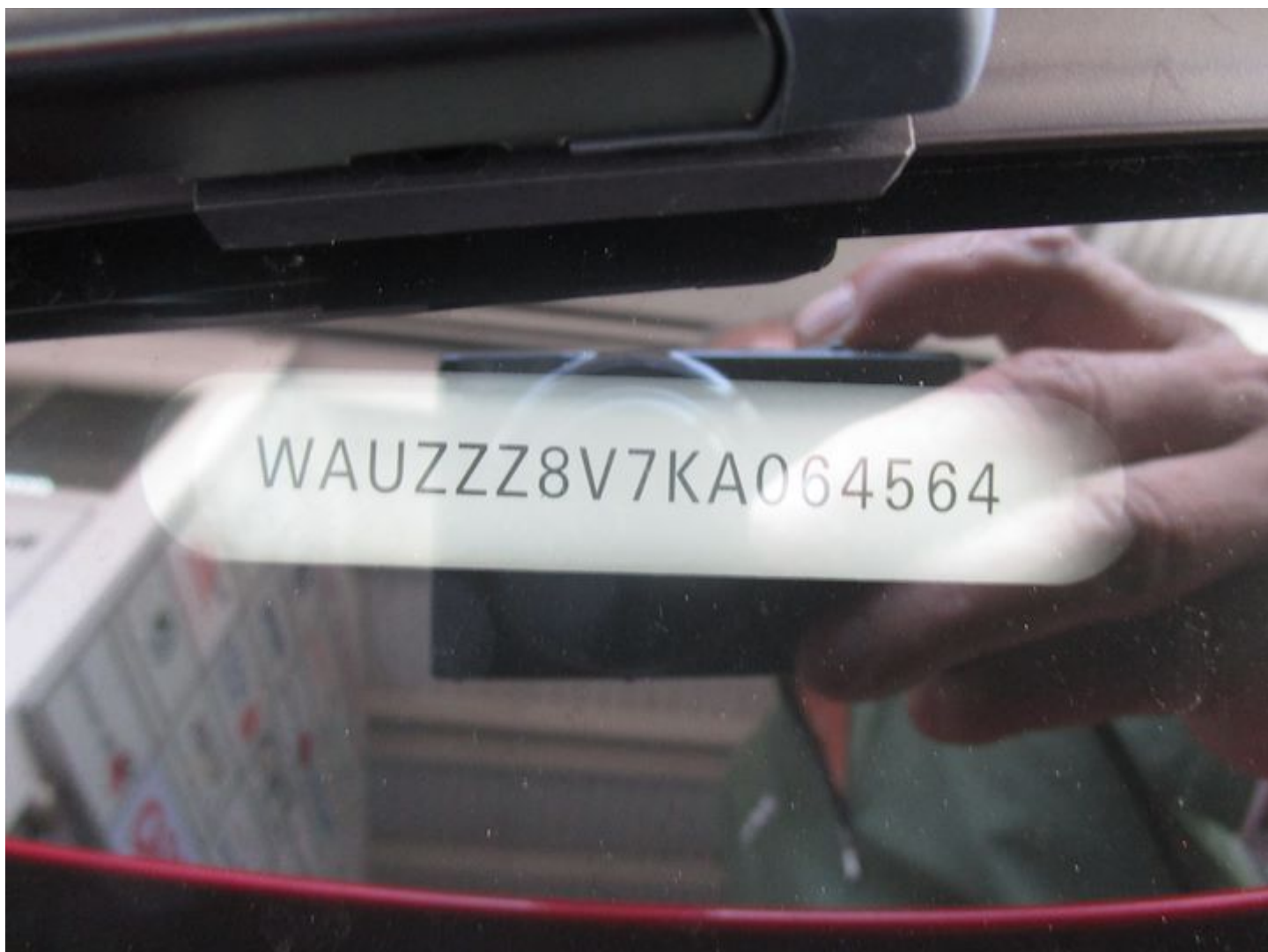
Declaration

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















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS1Y219L000A Vehicle Registration No: SMN565P
 Name (as shown in NRIC): Sim Wan Ping NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 21/09/2017 Time of Accident: 1225
 Place of Accident: Ang mo Kio Slip rd to cre.
 Insurance Company: Somp

(B) ADDITIONAL INFORMATION /AMENDMENTS:

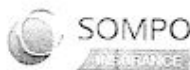
I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

to amend owner email address.

 Policyholder / Driver's Signature
 Date:

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

GIARS Addendum Form



Sompo Insurance Singapore Pte. Ltd.

Singapore Branch Office
Tel: 6461 8155 Fax: 6221 2312 www.sompo.com.sg
C6 Reg. No. 158905490E C6 Reg. No. M30092319E

PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11P04308

Policy No. : D21MTPV01006568

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.30

Insured : SIM WOAN PING
Address : 228B COMPAASSVALE WALK
#10-315
SINGAPORE 542226

Business/Profession : EXECUTIVE

INSURED DETAILS

Date of Birth & Age : 18 NOV 1964 & 56 years old

Marital Status : MARRIED

Driving Experience in : 37 years

Gender : Female

Singapore

Identification Type : NRIC(Singaporean)

Identification No. : S16517391

Period of Insurance : 14 JUNE 2021 00:00 TO 13 JUNE 2022 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. : SMM565P
Chassis No. : WAUZZZ8V7KA064564
Engine No. : CHZC29352
Vehicle Make & Model : AUDI A3 1.0
Engine Capacity : 1000
NCD Entitlement : 50%
Year of Registration : 2019
NCD Protection : Yes
Estimated value of Vehicle : Market value at time of loss
Hire Purchase Owner : NIL

PREMIUM DETAILS

Premium after applicable discount(s) : S\$ 1,155.12
GST : S\$ 80.86
Premium (incl. GST) : S\$ 1,235.98

Coverage : Comprehensive - ExcelDrive PRESTIGE

Excess : \$ 500 - Section I

Voluntary Excess : N/A

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

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old
'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of driving experience in Singapore roads.

Windscreen Excess : S\$100.00 for each and every applicable claim.

Endorsements Applicable :
Endorsement AA1 - ExcelDrive Prestige Plan
Endorsement D1 - Young and/or Inexperienced Drivers
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 Z - Loss of Use Benefit

Additional Cover : NIL

Named Drivers : 1. Name : SIM WOAN PING
Date of Birth & Age : 18 NOV 1964 & 56 years old
Driving Experience in Singapore : 37 years

Date of Issue : 04 MAY 2021

Intermediary Name : PROFESSIONAL INVESTMENT ADVISORY SERVICES PTE LTD

Producer Code & Name : PS105090 & VALERIE KHOO SI LING

User Code : JACQUECH/MABEL

Old Policy No. : NIL

Signed on this 07th day of May 2021
for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.

Authorised Signatory

CI Code : 22A

24-HOUR EMERGENCY HOTLINE

Tel: (65) 6226 3323

Specialist from 24 Hours Mobile Accident Response Service (MARS) will

- Take photographs of the vehicle involved.
- Assist the driver to complete the accident statement and arrange for a filing to General Insurance Association of Singapore (GIA) within 24 hours
- Arrange towing service if necessary to the nearest ExcelDrive Workshop
- When overseas, inform the operator that you would like to place a collect call or call on reverse charge basis