# **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.

- 4. The issue and acceptance of this is form by instrained 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 18/04/2019 15:53 (SGT) Date of Accident 18/04/2019 13:25 (SGT) Exact Location of Accident PIE(Changi) Before Upp Serangoon Exit (Exit15) Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SBG72G

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIM POH ANN NRIC No. S6822089J Email Address **NOEMAIL** Mobile Phone No (Phone) +65-90287272 Alternative Phone No (Phone) +-90287272

## VEHICLE PARTICULARS

Manufacturer Proton Model **EXORA A 1.6 (A)** 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? Yes Vehicle Category Private car Transmission CC

## **INSURANCE COMPANY**

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D18MTPV01007167 Cover Note Number

# DRIVER

Name of Driver CHUN KIAN TUCK KELVIN NRIC No. S8514751Z

Date Of Birth	12/05/1985
Occupation	Outdoor
Date Of Driving Pass	25/01/2010
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Office) +65-97993451
Alt. Phone Number	-
Email Address	ahda85@hotmail.com
Address	BLK 113C MCNAIR ROAD #25-250
Address complement	-
Postcode	324113
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relative
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
1 Insurance Company of Other Vehicle Owned by Driver 1	-
Vehicle Registration Number of Other Vehicle Owned by Driver 2	
Insurance Company of Other Vehicle Owned by Driver 2	_
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver 3	-
insurance Company of Other Verlicle Owned by Driver 3	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collinian Change/grans lane
Weather Conditions	Collision - Change/cross lane
Road Surface	Clear
Trodu Guriace	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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	No
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 10/04/2010 ADOLIND 12/25DM LVMAC TDAVELLING ALONG	DIE TOMARDO OLIANOL TRAFFIO MACAMOVINIO CLOWIV
ON 18/04/2019 AROUND 13:25PM, I WAS TRAVELLING ALONG AFTER CHECKED ON BLIND SPOT AND TRAFFIC NO ON-COM	
CHANGING LANE, VEHICLE B ON FRONT SUDDEN STOP AND	ING VEHICLE, I PROCEED CHANGE TO LEFT LANE. WHILE  I COLL D NOT STOP ON TIME AND COLLIDED WITH REAR
RIGHT PORTION OF VEHICLE B.	TOOGED NOT OTOT ON TIME THE COLLIDED WITHTHEAM
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	-
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	VNIQ2021
Vehicle Manufacturer	YN8202L
V Chiloro Ividification	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	YIN YOUJUN
NRIC No	G8248897P
Contact Number	-
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2
PASSENGER 1	
Name Gender	- -

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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.
- 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:
  - 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.
- 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:
  - 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: 1810A13019

3:01pm

Reporting Centre Personnel's Signature

Name: Jessy Soe NRIC/FIN No.: G2031072W

SKETCH PLAN	Vehicle A:	286 45 G	Veh	nicle E	3: YN8	2903 F	
		CTE Spp (AMK) Stangar	1	1	1	PIE (Changi)	
			B	A			
DESCRIBE CIRC	UMSTANCES O	THE ACCIDENT					

Date of Accident: 18/04/2019 Time of Accident: 1:25pm
On 1810412019 oround 1:25pm, I was travelling along PIE towards Changi.  Traffic was moving slowly. After checking on blind spot and traffic no ancoming vehicle, I proceed change to left lane. While changing lane, vehicle B on front sudden stup and I could not stop on time and collided with rear right portion of vehicle B.

DECLARATION

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

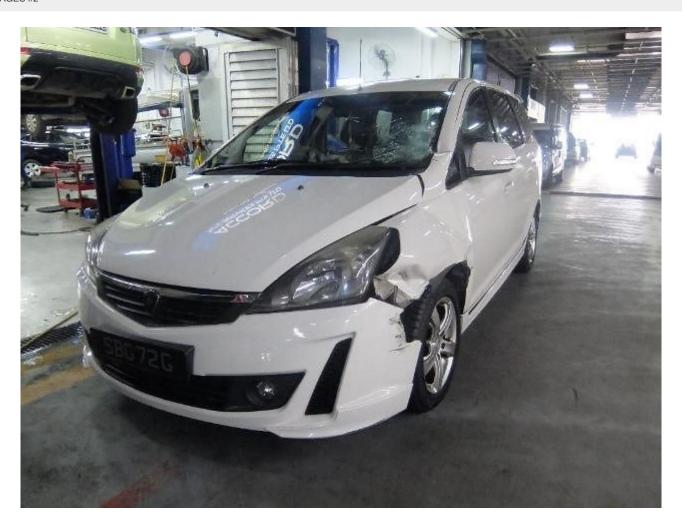
Policyholder's Signature Date & Time: Driver's Signature (if driver is not the policyholder) Date & Time: 18 04 3019

3:01 pm

Reporting Centre Personnel's Signature Name: Jessy Soe

NRIC/FIN No.: G2031072W



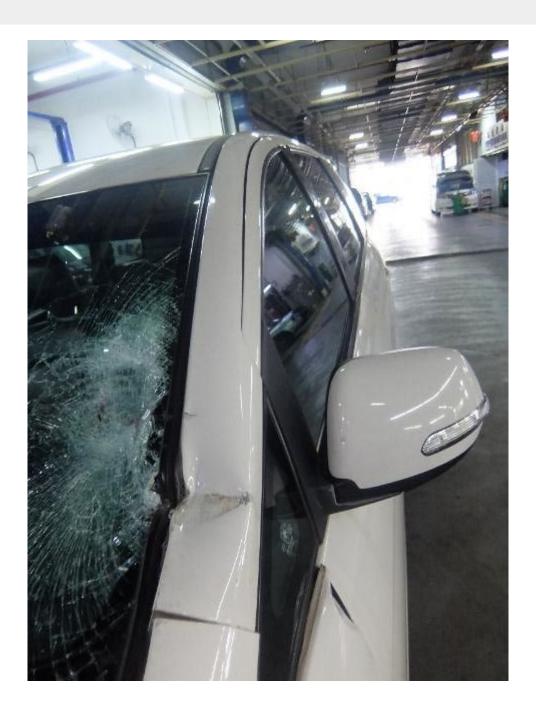


















#### Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, 705-01/96 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 1 Fax: 6221 3302 1 Website: www.sompo.com.sg Co Reg. No.: 198905490E | GST Reg. No.: M200903196

#### Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1967 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cert No./Policy No.

: D18MTPV01007167

: LIM POH ANN

Motor Car (Registration No.) : SBG72G

Cover

: Comprehensive - ExcelDrive GOLD

Policy Commencement Date : 26 APRIL 2018 00:00

Policy Expiry Date

: 25 APRIL 2019 23:59

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

: \$375 - 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

Windscreen Excess\*

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

Loss of Use

: Per Policy Schedule

Persons or Classes of Persons entitled to drive\*

- 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 Car 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 Car prior to the death and such permission had not been

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car 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 Car. And provided further that the Motor Car 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,

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 Car within 24. hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car 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 Car 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.

IWW HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Meter 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.27

Sompo Insurance Singapore Pte, Ltd,

# **Authorised Signatory**

Date/Time of Issue: 13 APRIL 2018 16:16

### IMPORTANT NOTICE

- Keep the Certificate in your Motor Car;
  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;
  On the safe of the Motor Car 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);
  This Peticy will coase to be valid once the Motor Car has been sold to another person. The Policy is not transferable to the new owner of the Motor Car.

Intermediary Code & Name: 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22A LRNDBBQ4PB0TMCIA

<sup>\*</sup> Subject to GST wherever applicable







