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 13/10/2021 12:53 (SGT) Date of Accident 12/10/2021 12:00 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information **TWDS SLE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML6355U

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner TAN JEN JIE JOSHUA

NRIC No S9141288H

Email Address blackhwakdown005@hotmail.com

Mobile Phone No (Phone) +65-92289796

Alternative Phone No +65-92289796

VEHICLE PARTICULARS

Manufacturer Honda

Model Shuttle

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 1500

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number D21MTPV01007223

Cover Note Number

DRIVER

Name of Driver TAN JEN JIE JOSHUA NRIC No S9141288H

Accident report SS1Y21AD0001

Date Of Birth 05/11/1991 Occupation Indoor Date Of Driving Pass 10/07/2012 Driving experience 9 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-92289796 Alt. Phone Number +65-92289796 Email Address blackhwakdown005@hotmail.com Address BLK 950 HOUGANG STREET 91 #15-320 Address complement Postcode 530950 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 Hit by fallen tree / Other objects Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I AM TRAVELLING ON THE REAR LEFT OF VEHICLE B WHEN SOME STONES FROM VEHICLE B FLEW AND HIT ONTO MY VEHICLE'S FRONT PORTION. I TRIED TO SWERVE AND SLOW DOWN TO AVOID THE FLYING DEBRIS BUT STILL NOT ABLE TO AVOID COMPLETELY. I OVERTOOK THE SAID VEHICLE B TO ASK HIM TO STOP AND EXCHANGE DETAILS BUT DRIVER CARRY ON WITH DRIVING. I EXITED THE HIGHWAY AND CONTACTED THE COMPANY HONGHILL PTE LTD WHOSE VEHICLE BELONGS TO AND INFROM THEM OF THE DAMAGE DONE TO MY VEHICLE. A REPRESENTIVE FROM THE COMPANY HONGHILL PTE LTD BY THE NAME OF MR TAN (+6594561816/68533038) GAVE HIS CONSENT TO CLAIM AGAINST THEIR INSURANCE POLICY ON THE FULL REPAIR OF MY VEHICLE (SML6355Ú) UNDER THE INDEPENDENT WITNESS OF MY ALVIN (+6597981616). I HAVE VIDEO FOOTAGES OF THE ACCIDENT DATED 12/10/2021. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

XE800Y

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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)

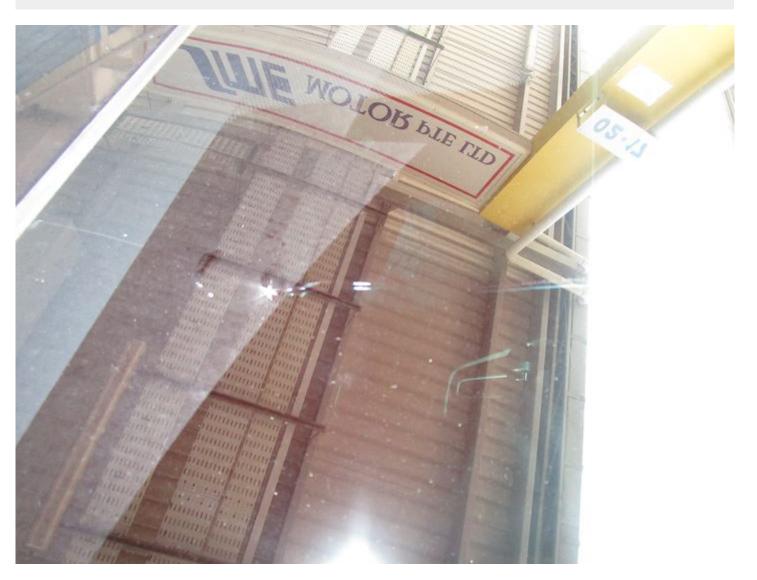
Lunderstand, acknowledge, agree and consent that:

- (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' 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	Driver's Signature (If driver is not the policyholder) / Date & Time		Witnessed by Reporting Centre Personnel	
Sketch Plan				
I B				
16				
IAI				
A				

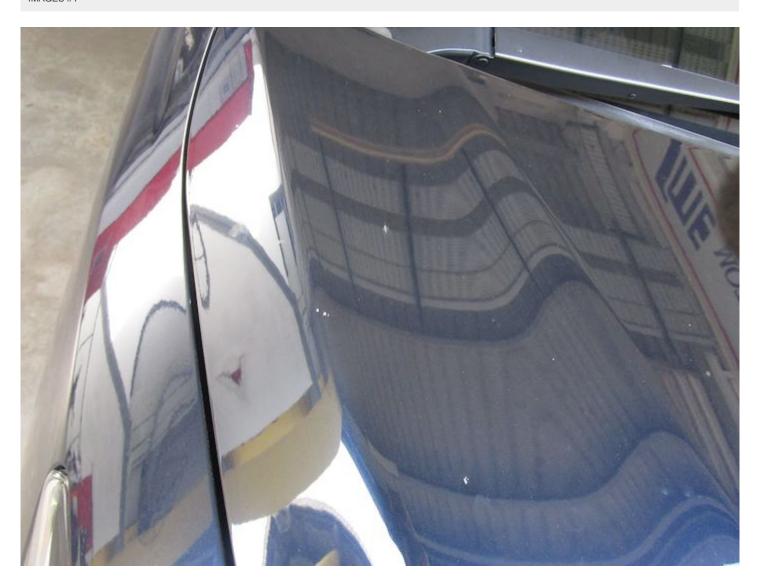
Describe Circumstances of the Accident

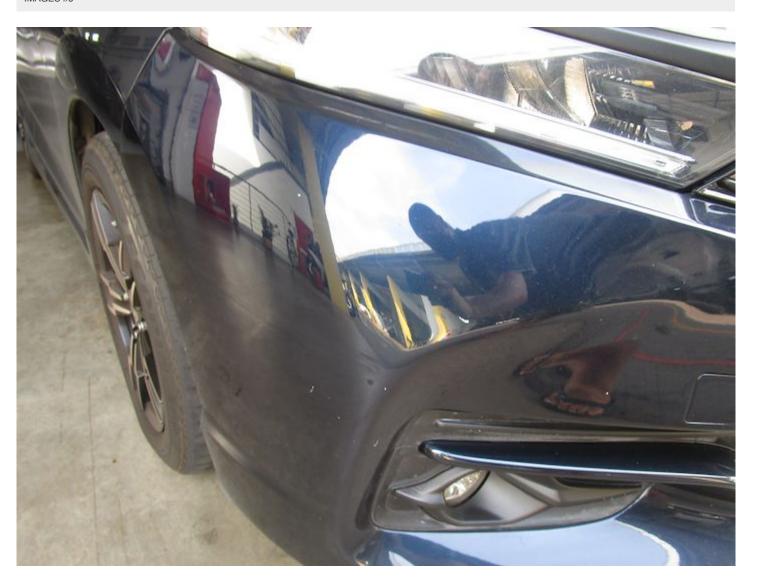
	Hen are but ones my velue	
	w down to avoid the flying debris but still in	
I overfook the said vehic	le B to ask him to contact slop and exchange dela	alls but dover carry on with
	my and contacted the company HONGHELL PRE LTD	whose vehicle belongs to and
informed them of the damage do	one to my vehicle.	
A Representative from the o	empany "HONGHILL PRE LTD' by the name of MA	TAN (+65 9456 1816 / 68533033)
save his consent to claim a	aginst their ingurance, policy on the full remains of	my vehicle SMI 635511 under
the interested where of	gainst their insurance policy on the full repairs of MR AWIN (465 9798 1616). I have video footings	es of the accident dated 12th ort and
The magaziness of	1410 1010) 1 410 1010)	5 01 0 House H. 1814 2 1 201
	- Harris	
1/82		
NO 100 1000		
Declaration		
I/We declare the foregoing particular	s are true in every respect.	
_ /		
V		
dr_		
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel



















Sompo Insurance Singapore Pte. Ltd.

50 Rattles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel. 6461 6555 | Fac: 6221 3302 | www.sompo.com.: Co. Reg. No.: 198905490E | GST Reg. No.: M29090319

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.

: D21MTPV01007223

: TAN JEN JIE JOSHUA

Motor Vehicle (Registration No.): SML6355U

Coverage

: Comprehensive - ExcelDrive PRESTIGE

Policy Commencement Date

: 29 MAY 2021 00:00

Policy Expiry Date

: 28 MAY 2022 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.

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.
- 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.30

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue: 18 MAY 2021 17:06

IMPORTANT NOTICE

- Keep the Conflicate in your Motor Vehicle;
 Under the Moor 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 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 effence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).
 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: 11R04409 & ROBIN TAN TENG WAI CLCode: 22A 2DPPO4N FBBKZAH

Subject to GST wherever applicable