# **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 18/10/2021 15:45 (SGT) Date of Accident 18/10/2021 13:00 (SGT) Exact Location of Accident Ang Mo Kio Street 43, Singapore Additional Location Information **OSCP** Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Subaru

Vehicle Registration Number SG77720P

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner RICHARD LOH CHEE FOO NRIC No. S1539975I Email Address richard\_crl032@yahoo.com.sg Mobile Phone No (Phone) +65-91814419 Alternative Phone No +65-91814419

#### VEHICLE PARTICULARS

Manufacturer

Model Forester Variant FORESTER 2.0XT CVT AWD SR 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 - Reporting only Vehicle Category Private car Transmission Auto CC 1998

#### **INSURANCE COMPANY**

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D21MTPV01010761 Cover Note Number 28/08/2021 - 27/08/2022

## DRIVER

Name of Driver RICHARD LOH CHEE FOO NRIC No S1539975I

Date Of Birth 09/12/1962 Occupation Indoor Date Of Driving Pass 25/10/1986 Driving experience 35 YEARS Gender Male Mobile Number (Phone) +65-91814419 Alt. Phone Number +65-91814419 Email Address richard\_crl032@yahoo.com.sg Address **54 SELETAR TERRACE** Address complement Postcode 806945 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 Was anybody injured in the Accident? 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 PLS REFER TO THE SKETCH PLAN BY DRIVER ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number

 Vehicle Registration Number
 SMD6064B

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private hire

 Name of Driver
 CHUA THIAM POH

 NRIC No
 \$1688359Z

 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.
- 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.
- 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 the purpose of the collective 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.
- (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

1800 13.48 pm

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.

in Motor

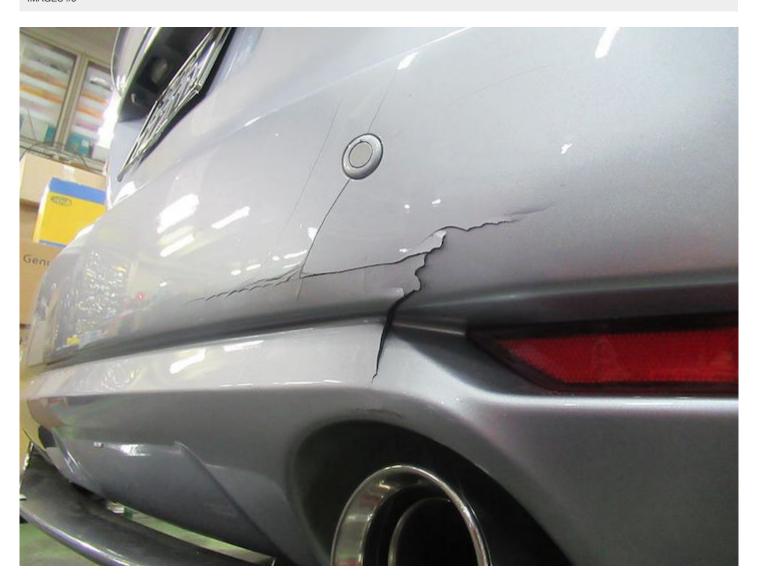
ETCH PLAN			
Ang Mokro	Con	D	- -
Seller emediation	O THE ACCIDENT		
After clear light after		arpark off I stopped to Werce gear 164B hir	
Remarks: Please forward My workshop : Email address : & myself :	Lim Motor		op Reporting Only
Remarks: Please forward My workshop: Email address: & myself: Email address: Email address:	d a copy of my efile accident	report to :	op Reporting Only ubmit own damage claim under
My workshop : Email address : & myself : Email address : Mote : Please take note tl you own policy. Kindly ch	d a copy of my efile accident hat your insurer have 14 days	report to : timeframe for you to s or more information.	







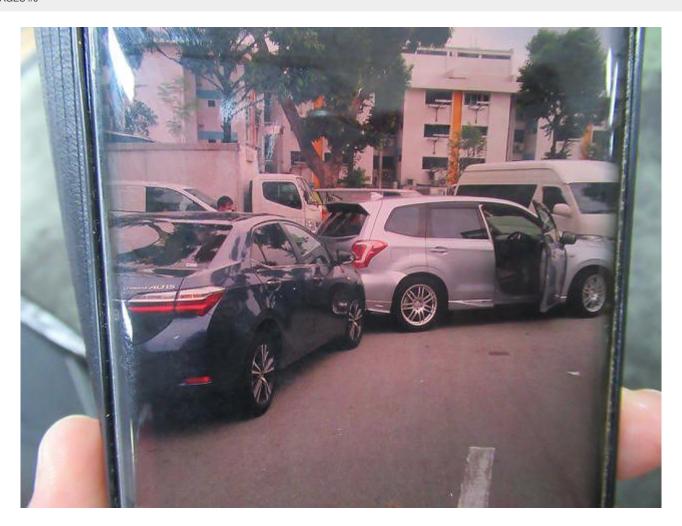






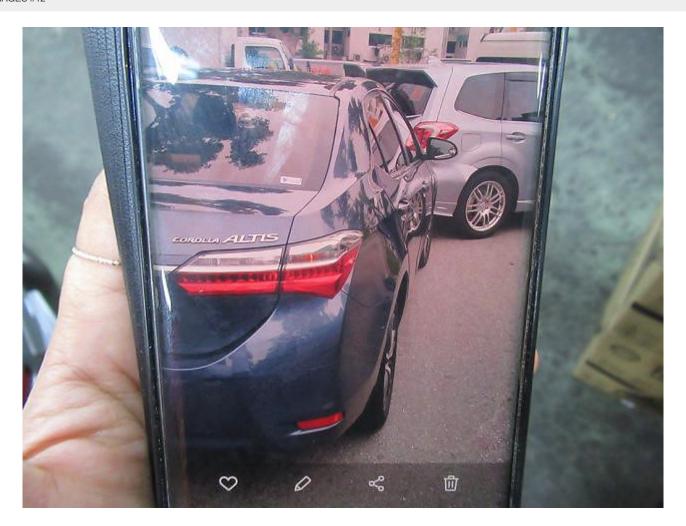


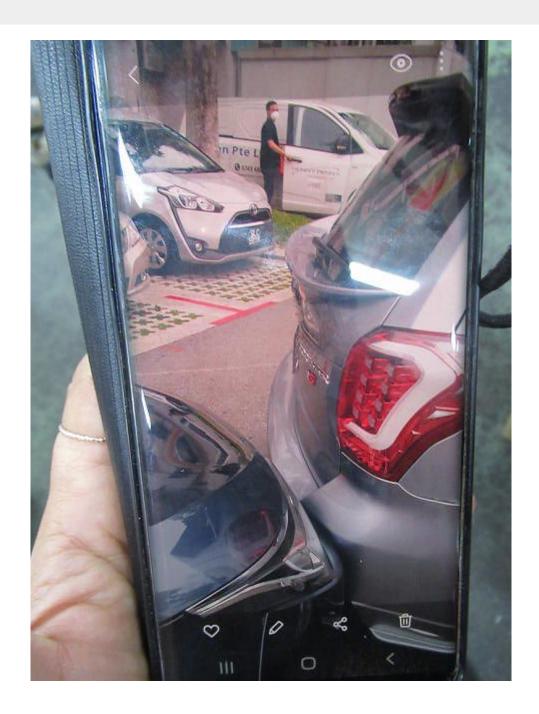














Sompo Insurance Singapore Pte. Ltd.

50 Rathes Place, #03-03 Singapore Land Tower, Singapore 049623 Tel: 6461 6555 | Fax: 6221 3302 | www.sempo.com.sg Co. Reg. No. 1969054906 | 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. : D21MTPV01010761 : RICHARD LOH CHEE FOO Insured

Motor Vehicle (Registration No.): SGZ7720P

Coverage : Comprehensive - ExcelDrive PRESTIGE

Policy Commencement Date : 28 AUGUST 2021 00:00 Policy Expiry Date : 27 AUGUST 2022 23:59 Maximum Liability (Section I) : Market value at time of loss

Excess\* : \$700 - 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\*

- 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.

tWe 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

Sempo Insurance Singapore Pte. Ltd.

Lui 20

#### Authorised Signatory

Date/Time of Issue: 29 JULY 2021 10:09

## IMPORTANT NOTICE

- Keep the Certificate in your Motor Vehicle,
  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 sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must sumender the Certificate of Insurance and the Peticy to
  the insurance company. If the Certificate of Insurance has been last 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 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: 11I04805 & I-N-S MANAGEMENT CI Code: 22A FWDZLK4PND0DORAN