

# 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 ..... 28/10/2021 16:52 (SGT)  
Date of Accident ..... 27/10/2021 18:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF WILKINSON ROAD & GOODMAN ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMV943J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE PENG SHARMAYNE  
NRIC No ..... S1779493J  
Email Address ..... SHUMYUNLING@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93366795  
Alternative Phone No ..... +65-93366795

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... GLC 300  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MTPV01012685  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SHUMYUN LING  
NRIC No ..... S2594729J

Date Of Birth .....	16/09/1964
Occupation .....	Indoor
Date Of Driving Pass .....	28/09/1982
Driving experience .....	39 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97860200
Alt. Phone Number .....	-
Email Address .....	SHUMYUNLING@GMAIL.COM
Address .....	91 BRANKSOME ROAD
Address complement .....	-
Postcode .....	439614
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	No Collision
Weather Conditions .....	Clear
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	No
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LEE PENG SHARMAYNE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### ATTACHMENT(S)

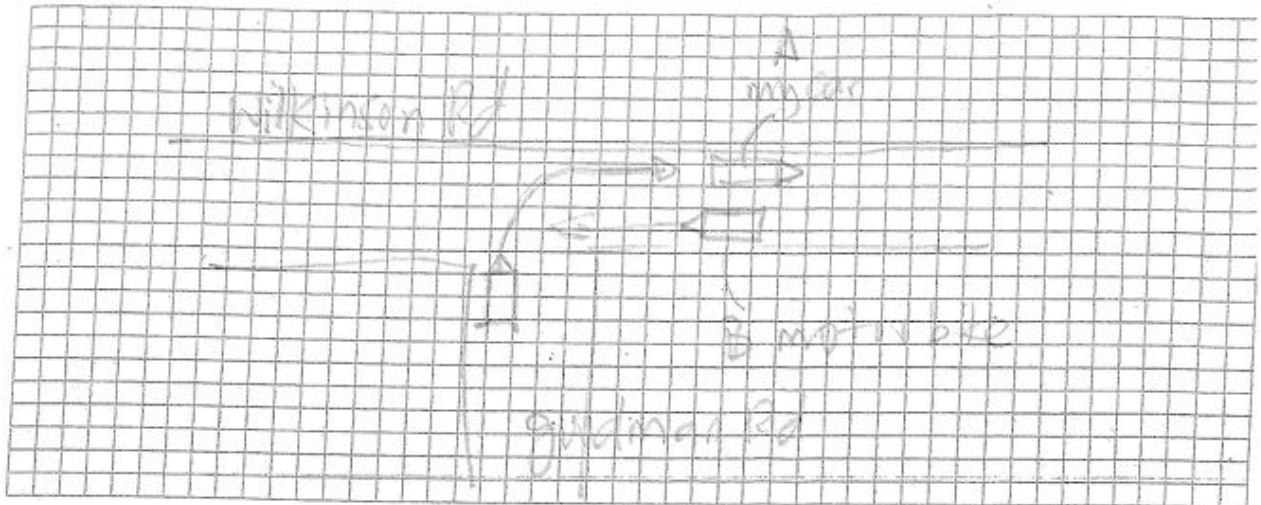
Are accident photos available for attachment? .....	No
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	CHAN THOR KHOON
Gender .....	Male
Phone No .....	(Phone) +65-81571720
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As described in police accident report.

DECLARATION

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

  
Policyholder's Signature  
Date 2/11/19

  
Driver's Signature  
For and on behalf of the policyholder  
Date 2/11/19

COMFORTOELGO ENGINEERING PTE LTD  
SPECIAL BUSINESS DIV. JOI TRADING  
NAME & POSITION: \_\_\_\_\_  
DESIGNATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
Reporting Centre Personnel's Signature  
Date: \_\_\_\_\_

SKETCH PLANIMPORTANT NOTICE

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7. 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:
  - (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.
- (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  
Date & Time:



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

COMFORTDELTA ENGINEERING PTE LTD  
EXTERNAL BUSINESS DIV. (UBI BRANCH)  
NAME & SIGNATURE: \_\_\_\_\_  
DESIGNATION: \_\_\_\_\_ DATE: \_\_\_\_\_

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_





**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. : D21MTPVD1012685  
 Insured : LEE PENG SHARMAYNE  
 Motor Vehicle (Registration No.) : SMV943J  
 Coverage : Comprehensive - ExcelDrive PRESTIGE  
 Policy Commencement Date : 16 SEPTEMBER 2021 00:00  
 Policy Expiry Date : 15 SEPTEMBER 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\*

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](http://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 : 06 SEPTEMBER 2021 17:00

#### 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 : 11G03608 & GOH MUI SING @ GOH HUI SING CI Code: 22A FND5MC4KJ1LB3NAH

## AUTHORIZATION LETTER

Date: 28/10/21

To Whom It May Concern:

I, LEE PENG SHARWAYWE, IC NO S1179493J, Company Reg No.

hereby like to authorized Shum Yun Ling, IC S2594729J

to make accident report behalf of company .

Your Sincerely



Signature / Company Stamp






















**SINGAPORE  
POLICE FORCE**


T/20211027/7035

1 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20211027/7035

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/10/2021 20:25		Vide Report No.: G/20211027/0164		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SHUM YUN LING			Address: 91 BRANKSOME ROAD SINGAPORE 439614		
ID Type / ID No.: NRIC NO / S2594729J			Contact No.: Home/Office: Mobile: 97860200		
Nationality: MALAYSIAN			Email: SHUMYUNLING@GMAIL.COM		
Sex: Male	Age: 57	Date of Birth: 16/09/1964	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry: 27/10/2021		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2021 18:05	Type of Location: T-Junction
Location:  junction of wilkinson road and goodman road				
Lamp Post Number: 50				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: no contact			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG3731T	Motorcycle	HONDA		Black		0
SMV 943 J	Car	MERCEDES BENZ	glc300	Black	No Damage	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20211027/7035

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20211027/7035

## CONTINUATION OF REPORT

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMV 943 J	TENET SOMPO INSURANCE PTE. LTD.			

**Details of Person Involved**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SHUM YUN LING	ID No.	S2594729J
Related Vehicle	SMV 943 J (Car)	Contact No.	97860200
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 27/10/2021
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	SHARMAYNE LEE PENG	ID No.	S1779493J
Related Vehicle	SMV 943 J (Car)	Contact No.	93366795
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Rider</b>			
Name	CHAN THOR KHOON	ID No.	S7246510E
Related Vehicle	NIL	Contact No.	81571720
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	27/10/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE  
POLICE FORCE**



T/20211027/7035

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20211027/7035

**CONTINUATION OF REPORT**

Brief Details.

I was driving vehicle SMV 943S along Goodman Road towards Wilkinson Road junction. I noticed two joggers approaching the same junction in the same direction. Not knowing if they were crossing I kept a look out for them. When I was sure they noticed my car, I proceeded to exit the junction because there was no traffic. As soon as I exited the junction, I realised the joggers blocked my vision of an oncoming motorbike. I was able to exit the junction but the motorcyclist braked and was wobbly and eventually he fell to the side. There was no contact between my car and his vehicle.

I immediately stopped my car at the entrance of Mountbatten swimming pool and exited the car to check on the motorcyclist. The two joggers were helping the motorcyclist.

He fell to the right side and the joggers helped him lift up the motorcycle. The motorcyclist was conscious and has abrasions on his right shoulder, right knee (at the side) and right ankle.

I proceeded to call 995 and waited for the ambulance. I requested the joggers to act as witness but they refused and left the scene.

I waited until ambulance arrive. Meanwhile I helped him complete his food delivery to 7B Lynhurst Road.

The motorcyclist identified as Eric Chan Thor Khoon. mobile number 81571720. He said he has traffic cam. My traffic cam SD card was taken by SGT Koh who came to the scene after ambulance left.

When the ambulance arrived, the 3 medics attended to him and bandaged his bruises. The medic said it was up to him if he wants to go to the hospital, I advised him to go to the hospital for x-ray.

After the ambulance left, I waited for traffic officer to arrive the scene.



# SINGAPORE POLICE FORCE

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Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20211027/7035

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Report No. T/20211027/7035

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
NUR ADELINA BINTE MOHAMMAD FUAT  
Contact No.: 65476066

This report is lodged at Geylang NPC Kiosk 1  
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
27/10/2021 20:25

Classification Of Case: