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SN0921BA0002 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 10/11/2021 15:04 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (10/11/2021 15:04 (SGT))

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
- 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 Date of Accident Exact Location of Accident Additional Location Information	10/11/2021 15:04 (SGT) 08/11/2021 20:09 (SGT) 12 Jalan Bukit Merah, Singapore 150012
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW4553R
INSURED/POLICYHOLDER	
Is company?	119
Name Of Registered Owner NRIC No	

O/////JOHL
taz_jeremy@hotmail.com
(Phone) +65-90038568
+65-85180345

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Swift
Variant	v.=
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	1490

INSURANCE COMPANY

Singapore Pte. Ltd.
88

DRIVER

Name of Driver	LOW JUN SIANG, JEREMY
NRIC No	SXXXX697C

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured	19/06/1998 Indoor 08/04/2016 5 YEARS AND 7 MONTHS Male (Phone) +65-85180345 - taz_jeremy@hotmail.com BLK 275B JURONG WEST STREET 25 #13-113 - 647275 No Child
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head on collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category	SMK1596D 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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. 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>.
- 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. 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.
- 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.

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' 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

veh A: SGW 4553R

Veh B: SMK 1596D

Personnel

Sketch Plan

12 Jalan Bukit Merah (carpark)

	I_	Vehicle	A	mak	ing a	left	turn	when	Vehicle	B	Collided
nto.	my	Vehicle	215	front	right	portio	n-				
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Declaration

 ${\it l}{\it W}{\it e}$ declare the foregoing particulars are true in every respect.

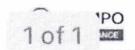
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident	: _8 11 2021 Accident Time: _20.09 HQS (24-HR-Format)				
Accident Place	: 12 JALAN BUKIT MERAH (CARPARE).				
Vehicle No. (Car Plate No.)	: Saw 4553 R. Make/Model: SUZUKI SWIFT.				
Insurance Company	: Sampo · Policy No: DZIMTPV01001988				
Owner or Company Name /IC No.	: LOW LEE SENG (S1486584 E) .				
Owner or Company Contact No.	:9003 8568Owner's HpCompany Tel				
DRIVER'S Name / IC No.	LOW JUN SIANG , JEREMY (5982069767.				
DRIVER'S Date Of Birth	: _ IAI 61 1948 DRIVER'S License Pass Date _ 81112016 .				
Relationship of Owner & Driver	: Spouse\Parent\Children\Sibling\Employee\Others:				
DRIVER'S Address	: BLK 2358 JUDONG WEST STREET OF 415-113 (S) 64775				
DRIVER'S Contact No./ Alt No.	:1)8518 03452)				
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)					
Email Address	: TAZ . JEPEMY @HOTMAIL. COM				
Weather & Road Surface	: CLEAK & DRY \ RAINING & WET \ AFTER RAIN & WET				
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance					
Number of Passengers (Including Driver):					
Was there any video Captured by car camera: YES \ NO Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose Any Injury (If YES, Pls state):					
Other Party Driver's Particular (if any)					
Vehicle. No: SMK 15961)	Vehicle. No:				
Vehicle Make \Model:	Vehicle Make \Model:				
Name Driver:	Name Driver:				
IC No. Driver/Contact: IC No. Driver/Contact:					

* NEW – Passenger's name & gender:



Sompo Insurance Singapore Pte. Ltd.

50 Parties Place #03-03 Singapore Land Tower, Singapore D48623 | Fax 6221 3302 | www.semple.com.eg Tel: 6461 6555 | Fax 6221 3302 | www.sompc.com.sg Co. Reg. No. 1989054906 | 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.

: D21MTPV01009988

Insured

: LOW LEE SENG

Motor Vehicle (Registration No.): SGW4553R

Coverage

Comprehensive - ExcelDrive GOLD

Policy Commencement Date

: 19 JULY 2021 00:00

Policy Expiry Date

: 18 JULY 2022 23:59

Maximum Liability (Section I)

: Market value at time of loss

Excess'

: \$400 - Section I

Voluntary Excess*

NA

Windscreen Excess*

: S\$100 00 for each and every applicable claim.

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.

ExcelOrive 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 (Trurt Party Risks and Compensation) Act (Chapter 169) and Part IV of the Roled Trunsport Act 1987 (Malaysia), and (2) the Policy terms, conditions and exceptions of the Private Call Policy set (179.3)

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue: 13 JULY 2021 16:08

IMPORTANT NOTICE

Keep the Certificate in your Motor Versi

Under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189), it shall be unlimited for any person to use or cause to permit any other person to use a

Under the Motor vervices (Trive-rary roses and compensation) as to separately in asset to the 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 Insurance 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 (Tout-Party Risks and Compensation). Act (Chapter 189).

This Policy will cause 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 11/04805 & I.N.S.MANAGEMENT CLCode, 22A 0DMSO4KJEMOTNAX

^{*} Subject to GST wherever applicable