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SN0921BM0008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 22/11/2021 17:36 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (22/11/2021 17:36 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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.

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 Country/State of Loss

22/11/2021 17:36 (SGT) 19/11/2021 21:00 (SGT) Fort Rd, Singapore SLIP ROAD TOWARDS MOUNTBATTEN ROAD Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJB1041X

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No CHUA ZI JUN SXXXX776E genie9900@gmail.com (Phone) +65-90728274 +65-90728274

VEHICLE PARTICULARS

Manufacturer Model Variant

Honda Stream

Exact purpose for which vehicle was being used at time of

Private use

Are you claiming under your own insurance policy for repair to your vehicle?

Yes

Vehicle Category

Private car

Transmission

Auto

CC

1799

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Sompo Insurance Singapore Pte. Ltd.

Comprehensive

D20MTPV01016819

Cover Note Number

DRIVER

Name of Driver NRIC No

CHIA JUN RU SXXXX389H

Date Of Birth 17/08/1980 Indoor Occupation 03/04/2008 Date Of Driving Pass 13 YEARS AND 7 MONTHS Driving experience Female Gender (Phone) +65-90728274 Mobile Number Alt. Phone Number genie9900@gmail.com **Email Address** BLK 60 DAKOTA CRESCENT #06-201 Address Address complement 390060 Postcode No Is the driver the policyholder? 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No 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) No soliciting/offering accident claims assistance? PASSENGER 1 SON Name Male Gender PASSENGER 2 DAUGHTER Name Female Gender DETAILS OF POLICE ACTION No Was the accident reported to the police? No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded?

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer SMN7770L Honda

Vehicle Model	Civic
Vehicle Variant	_
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97689113
Address	**************************************
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	<b>4</b> 8 =

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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. 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)

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

MOUNTBATTEN FROM FORT ROPO

Describe Circumstances of the Accident	
It was night time and I stopped kehind a H	and a Clvic at the
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the Genda Civic mored, I released	mas brakes to make
the Kenda Civic mored, I released on as I saw that the traffic on my right	120
the reverse the tennels had not make any	vois clear.
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MAT ITS MACE DUMPN.	
Declaration	
We declare the foregoing particulars are true in every respect.	2
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (19, 11, 2001) (DD/MM/YYYY), TIME: (21:00) (HH:MM).
LOCATION: Lampong Aring Roll SUP ROBO FROM FORT ROAD TOWARDS
1. DETAILS OF VEHICLE  GIVEHICLE NUMBER: SJB 1041 X  ROAD
b)INSURANCE COMPANY: SOMPD
CIPOLICY NUMBER: D20MTPY010 1 6819  DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE &THEFT)
OMAKE & MODEL: HONDA STEEAM.
[]TYPE:(SALOON / COUPE MPV VAN / LORRY / MOTORCYCLE / OTHERS)
9) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: Femaling Color
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESLINO)
IF NO. PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER  ANAME: CHUA ZI JUN (MALE OFEMALE)
bINRIC/FIN/PASSPORT: STO 6776 E CONTACT: 90721274
CIADDRESS: BIC 60, Datota Crescent, #06-201, SC390060)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Who of passanges, DRIVER
Challeton bindictent basepops. Challeton
CIADDRESS: BIC 60, Dalota (resum, 406:-201.
*d)DATE OF BIRTH: (17/08/80)(DD/MM/YYYY)
e)OCCUPATION; (INDOOR) OUTDOOR)
FIGHTE OF DRIVING PASC 3/4/08
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS at Night
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES (NO))
IF YES, PLEASE STATE WHICH POLICE STATION:
Ho of passenger a) VEHICLE NUMBER: SMN 7770 L MODEL: Honda Civic.
(Including driver) b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT:CONTACT: 97689113
9. THIRD PARTY VEHICLE  Of VEHICLE NUMBER: MODEL: "
e) DRIVER'S NAME:
( Including drayer) f) NRIC/FIN/PASSPORT:CONTACT;

email = genie9900@gmail.com



## 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.

: D20MTPV01016819

Insured

: CHUA 71 JUN

Motor Vehicle (Registration No.): SJB1041X

Coverage

Policy Commencement Date

: Comprehensive - ExcelDrive GOLD

: 29 DECEMBER 2020 00:00

**Policy Expiry Date** 

: 28 DECEMBER 2021 23:59

Maximum Liability (Section I)

: Market value at time of loss

Excess\*

: \$600 - Section I

Voluntary Excess\*

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.

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.29

Sompo Insurance Singapore Pte. Ltd.

Lui 20

**Authorised Signatory** 

Date/Time of Issue: 28 DECEMBER 2020 15:41

#### IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle:

Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter189), 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 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: 11F02505 & FINANCIAL ALLIANCE PTE LTD CI Code: 22A 3DNDLLW22DYYLWKA