

## 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 ..... 25/11/2021 11:49 (SGT)  
Date of Accident ..... 23/11/2021 12:25 (SGT)  
Exact Location of Accident ..... Near Aft Seletar A'space Lane, Singapore  
Additional Location Information ..... Seletar West Link  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJC4793J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Lee Kay Kok  
NRIC No ..... S1827370E  
Email Address ..... eric.lee@lifton.sg  
Mobile Phone No ..... (Phone) +65-98368838  
Alternative Phone No ..... +65-98368830

#### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 3  
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 ..... 1600

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MTPV01008219  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... Krystal Lee Shyan Shyan  
NRIC No ..... T0232913H

Date Of Birth .....	23/10/2002
Occupation .....	Indoor
Date Of Driving Pass .....	08/01/2021
Driving experience .....	10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98368830
Alt. Phone Number .....	-
Email Address .....	ikrystallee2002@gmail.com
Address .....	Blk 349 Yishun Avenue 11, #10-265
Address complement .....	-
Postcode .....	760349
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	Side Swipe
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	Rachel Wong
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer attachment.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ7557
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Hiace
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle

Name of Driver .....	-
Contact Number .....	(Phone) +65-90215874
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	NA
Gender .....	Female

**SKETCH PLAN****IMPORTANT NOTICE**

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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

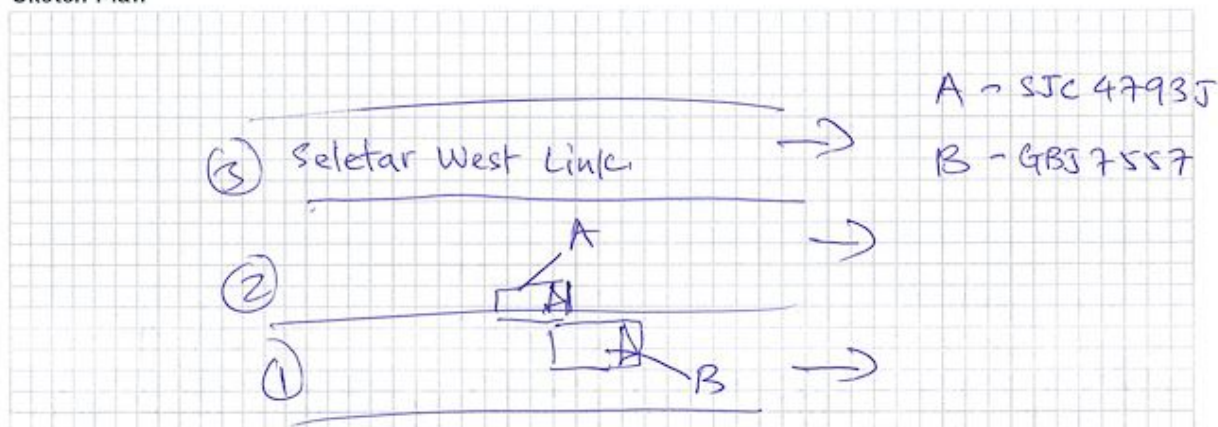
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers/agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

RESOLUTION INDUSTRIES LTD  
49, Ulu Pandan  
SINGAPORE 408623  
TEL: 6490 9666 FAX: 68467483

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

On the 23<sup>rd</sup> of November 2021 at approximately 12.25pm, I accidentally bumped into a van beside me, it was drizzling, and the roads were wet. This occurred at the small bend at Seletar west Link before the traffic light towards the highway, as shown in the map I have attached below.

My macdonald's bag was in between my seats and the passenger's seat on the arm rest and had slid and dropped behind the arm rest. I reached to the back to pick the bag up and that's when my hands slipped from the steering wheel hitting the van next to me

We turned left from the Seletar west Link to exchange information with the driver of the van. Upon alighting from my car, a Chinese lady (passenger) and an Indian man (Driver) demanded for my IC and insisted that they needed my IC to process this. I refused to give my IC and I insisted that taking down my car plate is sufficient enough to make a report. They threatened me to call the police if I didn't give my IC and kept scolding me even though I have apologised, when I asked them to call the police, they did not as well.

The Chinese lady insisted that I call my insurance agent but since this was a first, I called my parents instead and the lady wasn't happy about who I dialled, I remember her saying 'Call

your insurance agent not your parents'. I told them honestly as well that this was my first time, and I was genuinely sorry, but they kept picking on me. The Indian guy still accused me of Hit and run saying that I should have not turned left leaving the accident site, however, this was not what happened. Upon hitting him, I on-ed my hazard light but he had signalled left and had not stopped thus I assumed that he wanted to move to another place to not block the oncoming traffic. All in all, they were very demanding and uncivilised, even though I have apologised multiple times, explaining that it wasn't on purpose.


Below is a picture of the dent on my car

## Declaration

We declare the foregoing particulars are true in every respect.


 25/11/2021  
@ 11.30 a.m.

Policyholder's Signature / Date & Time

 25/11/2021  
@ 11.30 a.m.

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

AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408623  
TEL: 6490 9666 FAX: 68467483

  
Witnessed by Reporting Centre Personnel





















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.: 190905490E | GST Reg. No.: M200003196

### 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. : D21MTPV01008232  
Insured : LEE KAY KOK  
Motor Vehicle (Registration No.): SJC4793J  
Coverage : Comprehensive - ExcelDrive FOCUS  
Policy Commencement Date : 07 JUNE 2021 15:51  
Policy Expiry Date : 06 JUNE 2022 23:59  
Maximum Liability (Section I) : Market value at time of loss  
Excess\* : \$500 - Section I  
Voluntary Excess\* : N.A.  
Windscreen Excess\* : \$5100.00 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 Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car 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 Car 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 : 07 JUNE 2021 15:51

#### 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 : 11104805 & I-N-S MANAGEMENT CI Code: 22A \_ADPZW4\_N11YJNA4