

DATE: 05/11/2021 11:38  
 OFFICE: USA/SMO20124724  
 NAME: SES/11/021  
 DOA: 05/12/2021 16:56

File Description	File & Virus Completed	Date by
SAS & Billing		
Trinall (yale) Bill (q141)		
1-Motor Plate XPRIN		
1-Motor W/O (Wills) 00 Bill (P 101)		
1-Photo Uploaded		
Advertisement Billing Report		
April Report by Max / Frank to Owner / Wilson		

$\frac{1}{2} \left( \frac{1}{\sqrt{2}} + \frac{1}{\sqrt{2}} \right) = \frac{1}{2}$

11/25 MS

[illegible]

Policy No ( ) Period ( ) Cover Type ( )

Continued by 1 ( ) DA 81 11187

Insured/Driver Liability ( % ) (Not less than (WO) Nil-20%) P121784 17001011

Year of Registration ( ) Woman ( ) YES ( ) NO ( )

1000000 (\$ ) LEADING \$1,000 (\$ ) \$2,000 (\$ )

For o / repelion

( ) Written Questionnaire: Outcomes of information solely from the 1941 Census

( ) Total Gross Pay (to be filled in by Employer) \$ 13.00

[illegible]

1) Apply for/transfer to the Aliotopoulos ( ) / Courtney ( )

[illegible]

2) Global Survey Photo (Repulse Cost = \$3,000)

87. Spinoza's Rationalism

Injury: [REDACTED]

[illegible]

11

1/12/2016

*[Handwritten notes and scribbles at the bottom of the page]*

[illegible]

1717/1718

Стороноу №1

[illegible][illegible]

QC Checked by (English) 01073051.

[illegible]

2/21/77 CIVIL 11-10-77

11/10/2011 11:10 AM

11/11/1911

*[Faint handwritten notes at the bottom of the page]*



# 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	09/12/2021 11:38 (SGT)
Date of Accident	08/12/2021 16:56 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	EXIT 10A TOWARDS MARINE PARADE FLYOVER
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS1110M
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CONRAD LIM HANN (CONRAD LIN HAN)
NRIC No	SXXXX146H
Email Address	conjesslim@gmail.com
Mobile Phone No	(Phone) +65-96826462
Alternative Phone No	+65-96826462

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2353

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01013463
Cover Note Number	-

### DRIVER

Name of Driver	CONRAD LIM HANN (CONRAD LIN HAN)
NRIC No	SXXXX146H

Date Of Birth	05/12/1978
Occupation	Indoor
Date Of Driving Pass	14/01/1998
Driving experience	23 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96826462
Alt. Phone Number	+65-96826462
Email Address	conjesslim@gmail.com
Address	20 HOLLAND DRIVE #16-40
Address complement	-
Postcode	271020
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	JESSICA CHOW
Gender	Female

#### PASSENGER 2

Name	ILIAS LIM
Gender	Male

#### PASSENGER 3

Name	ISABELLE
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

#### PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN5277U
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG MUHAMMAD AZHAR BIN RASHID
NRIC No	SXXXX889J
Contact Number	(Phone) +65-86000211
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3



## 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**.
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)

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

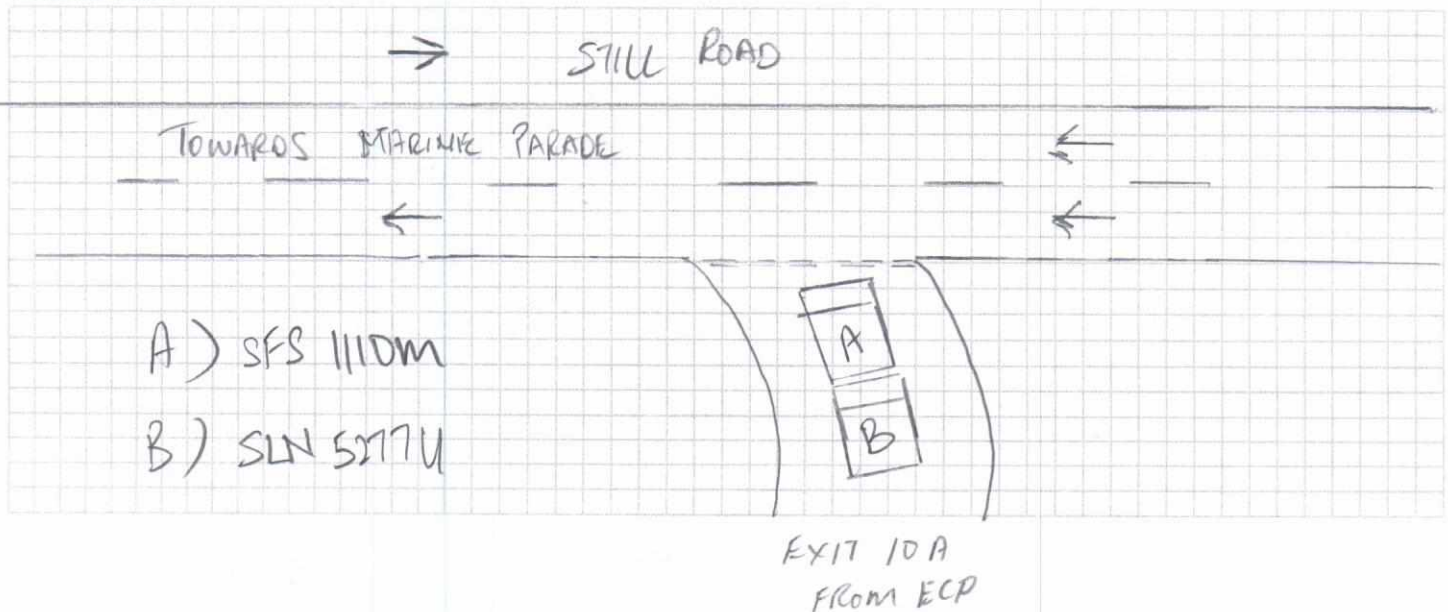
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 8 Dec '21, est 456pm, after exiting ECP and merging onto marine Parade flyover, was waiting for cars to clear before I enter the flyover. Traffic was many and was difficult to move off. PH car collided into my rear, right side. Video showed driver ~~he~~ wasn't able to check if my car had moved off before he accelerated and collided into my rear.

**Declaration**

We declare the foregoing particulars are true in every respect.

 9/12/21  
Policyholder's Signature / Date & Time  
934 am.

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

 09/12/2021  
Witnessed by Reporting Centre Personnel



# ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 12 / 2021) (DD/MM/YYYY), TIME: (16 : 56) (HH:MM)

LOCATION: ECP, exit 10A and Still Rd S, marine Parade flyover

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFS 1110 M  
 b) INSURANCE COMPANY: SOMPO  
 c) POLICY NUMBER: D21MTPV01013463  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: HONDA ODYSSEY 2.4  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Ferrying children  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: CONRAD Lim (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7836146H CONTACT: 9682 6462  
 c) ADDRESS: 20 Holland Drive #16-405 (271020)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: As above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (05 / 12 / 1978) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 14/1/98

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) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN 5277U MODEL: Mazda  
 b) DRIVER'S NAME: Ang Muhammad Azhar Bin Rashid  
 c) NRIC/FIN/PASSPORT: S8541889J CONTACT: 86000211

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (Including driver)  
 (4)

Jessica chow (F)

ilias lim (m)

#  
 Isabelle lim (F)

\* No of passenger  
 (Including driver)  
 (3)

\* No of passenger  
 (Including driver)  
 ( )

Email = conjesslim@gmail.com

VIDEO

**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.** : D21MTPV01013463  
**Insured** : CONRAD LIM HANN (CONRAD LIN HAN)  
**Motor Vehicle (Registration No.)** : SFS1110M  
**Coverage** : Comprehensive - ExcelDrive PRESTIGE  
**Policy Commencement Date** : 29 SEPTEMBER 2021 00:00  
**Policy Expiry Date** : 28 SEPTEMBER 2022 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$800 - 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**

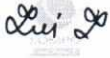
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 : 20 SEPTEMBER 2021 17:02

**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 : 11G05800 & GREAT EASTERN FINANCIAL ADVISERS PTE LTD CI Code: 22A DXD5HC4PK0LBM4AJ