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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 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**

10/12/2021 15:42 (SGT) 09/12/2021 08:50 (SGT) Singapore

Additional Location Information Country/State of Loss

CHOA CHU KANG DRIVE TOWARDS KJE (PIE)

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBR3059T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

TEO HUIH PIN SXXXX757B

NRIC No **Email Address**

YEN_0430_HPTEO@HOTMAIL.COM

Mobile Phone No Alternative Phone No

(Phone) +65-88581151 (Home) +65-88581151

VEHICLE PARTICULARS

Manufacturer

Yamaha

Model Variant Aerox

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?

No - Reporting only

Vehicle Category

Motorcycle

Transmission

Manual

CC

155

INSURANCE COMPANY

Name of Insurance Company

Sompo Insurance Singapore Pte. Ltd.

Type of Coverage Fleet Policy

ThirdPartyFireTheft

Policy Number

D21MTMC01002185

Cover Note Number

DRIVER

Name of Driver NRIC No

TEO HUIH PIN SXXXX757B



Accident report SN0921CA0005

Page 1 of 11

Date Of Birth	30/04/1987	
Occupation	Indoor	
Date Of Driving Pass	27/12/2010	
Driving experience	11 YEARS	
Gender	Female	
Mobile Number	(Phone) +65-88581151	
Alt, Phone Number	(Home) +65-88581151	
Email Address	YEN 0430_HPTEO@HOTMAIL.COM	
Address	548 CHOA CHU KANG ST 52	
Address complement	#07-33	
Postcode	S680548	
Is the driver the policyholder?	Yes	
If No, Relationship of the Driver with the Insured	8	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver		
(Old W. Filds Owned by Privat	-	
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)	1	
Has the driver been approached by unknown person(s)		
soliciting/offering accident claims assistance?	No	
DETAILS OF POLICE ACTION		
	Ma	
Was the accident reported to the police?	No No	
Was notice of intended Prosecution given?	No	
If yes, against whom?		
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT.		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
Was there any audio recorded?	No	
was there any audio recorded?	110	
DETAILS OF OTHE	ED VEHICLE PROPERTY 1	
DETAILS OF OTH	ER VEHICLE PROPERTY 1	THE SE
	SAME OF THE MANAGEMENT	
Vehicle Registration Number	SMY4302S	
Vehicle Manufacturer	Hyundai	
Vehicle Model		
Vehicle Variant	T	
Vehicle Colour		
Vehicle Category	Private car	
Name of Driver	ISAAC	
Contact Number	•	
Address		
Address complement		12000000
	Page 2 c	of 11

Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	- 5
10 10 10 10 10 10 10 10 10 10 10 10 10 1	-



Page 3 of 11

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must 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.

Kinh of horse		Mus
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
Sketch Plan		

Choa chu kang Dr. 8 / towards KJE.

A) FBR 30597

B) 8my 43025

	- 1	anive	Vellica	e mo-	TOV	FBRE	0597	to war	k. When to	un In
									CMX(4271) 6	101
KJE	from	Choa	Chu	Pm	Suc	ddenly	car	Intron	Stop . 16	aug 41.
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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 Aprilic Tunishin c/I Gombor KAT, FOLDHIR Soys

ACCIDENT STATEMENT

ACCIDENT DATE: (09. / 12) 201)(DD/M	M/YYYY), TIME:((HH:MM)
LOCATION: Choq clin Karg 1	hive toward	S KJE (PIE
1. DETAILS OF VEHICLE		
a) VEHICLE NUMBER: FBR 305	97	ac a
DINSURANCE COMPANY: SOMP		*
CIPOLICY NUMBER:		
		7
d)POLICY TYPE: (COMPREHENSIVE / TH	IRD PARTY / THIRD PART	Y FIRE &THEFT)
O)MAKE & MODEL: Yangha A		
f)TYPE:(SALOON / COUPE / MPV /VAN	/ LORRY / MOTORCYCL	E/OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COM	MMERCIAL / MOTORCYC	CLE)
h)PURPOSE OF USING AT ACCIDENT TIM		,
i) ARE YOU CLAIMING UNDER YOUR OV	YN INSURANCE (XES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLA 2. INSURED / POLICY HOLDER	AIM / REP.ORTING ONLY)	€6
AINAME: TEO HUIH PIN	() 4 4 4 5	A FELLALEI
DINRIC/FIN/PASSPORT: SR78375-		(FEMALE)
740	Kay St. 52	13611311.
#07-33 (S) 600		
* CONTINUE TO 3.d IF DRIVER ALSO POL		
Tho of passanger DRIVER	JCT HOLDER	(5)
	MANE	/ FEMALE)
(Including driver) DINRIC/FIN/PASSPORT:		/ FOWAGE
CJADDRESS:		
*d) DATE OF BIRTH: (J(DD/MM/YYYY)	•
e)OCCUPATION: (INDOOR / OUTDOOR		
FIDATE OF DRIVING PASC		
4. WAS DRIVER AN EMPLOYEE OF THE I	NSURED'S COMPANY?	(YES / NO)
IF NO, RELATIONSHIP OF THE DRIVE	R WITH INSURED:	
5. a) WEATHER CONDITION: (CLEAR / RAIN)	^	1
b) ROAD SURFACE: (DRY / WET / OTHERS	- Jwg	
6. WAS ANYBODY INJURED (YES / NO)		· .
7. a) REPORTED TO POLICE (YES / (SO)		
IF YES, PLEASE STATE WHICH POLICE STA	ATION:	
Ho of passenger a) VEHICLE NUMBER: SMY 4302	C Hause	lai
of passinger a) VEHICLE NUMBER: SIN TOUT	MODEL: Hyun	
lucluding dviver) b) DRIVER'S NAME: ISSAC O) NRIC/FIN/PASSPORT:	CONTRACT	
(2) NRIC/FIN/PASSPORT:	CONTACT:	
7. THIRD, PARTI VEHICLE	MODEL:	
No of passanger of DRIVER'S NAME	MODEL:	
Including drover) A NAICLEMIA SEPONT	CONTACT:	
Mo of passanger e) DRIVER'S NAME: Including driver) f) NRIC/FIN/PASSPORT:	CONTACT	

email = yen - 0430 - hoteo@hotmail.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)

Cert No./Policy No.

: D21MTMC01002185

Insured

: TEO HUIH PIN

Motor Vehicle (Regn No.)

Cover

· FRR3059T

: Third Party, Fire & Theft

Policy Commencement Date

: 06 APRIL 2021 00:00

Policy Expiry Date

: 05 APRIL 2022 23:59

Maximum Liability (Section I)

: Market value at time of loss

Excess*

: \$300 - Section I

Named Driver 1

: TEO HUIH PIN

Named Driver 2

: TEO AI LEE

HIRE PURCHASE OWNER

: YEW HENG CREDIT ENTERPRISE PTE LTD

Persons or Classes of Persons entitled to drive*

TEO HUIH PIN. TEO AI LEE

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 purposes and

- (a) by the Insured in person in connection with his business or profession or
- (b) in connection with the Insured's business or profession

The Policy does not cover

- (i) Use for racing pacemaking, reliability trial or speed-testing
- (ii) Use for the carriage of passengers for hire or reward
- (iii) Use for any purpose in connection with the Motor Trade

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.

For list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6461 6555.

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 Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.03)

Sompo Insurance Singapore Pte. Ltd.

Lui 20

Authorised Signatory

Date/Time of Issue: 03 APRIL 2021 09:17

IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle; 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

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;
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: 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY100 FDKDBZ54KM_TBVYA

^{*} Subject to GST wherever applicable