

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 13/12/2021 21:02 (SGT) Date of Accident 11/12/2021 14:45 (SGT) Exact Location of Accident Singapore Additional Location Information **ECP TOWARDS ROCHOR** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGM2237U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner HOW CHEE KOON

NRIC No S8238728E

Email Address howcheekoon@gmail.com Mobile Phone No (Phone) +65-98263663

Alternative Phone No +65-98263663

VEHICLE PARTICULARS

Manufacturer Mazda

Model **ROADSTER**

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? Yes Vehicle Category

Private car Transmission Auto

CC 1998

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number D21MTPV01012782

Cover Note Number

DRIVER

Name of Driver HOW CHEE KOON NRIC No S8238728E

Date Of Birth 10/11/1982 Occupation Indoor Date Of Driving Pass 24/03/2003 Driving experience 18 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-98263663 Alt. Phone Number +65-98263663 Email Address howcheekoon@gmail.com Address 8 SIMS DRIVE #11-29 Address complement Postcode 387389 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 on collision Weather Conditions Raining Road Surface Wet 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) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE POLICE REPORT NO.T/20211213/7006 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMP6973P Vehicle Manufacturer Vehicle Model Vehicle Variant

Private hire

Vehicle Colour
Vehicle Category

Name of Driver	_
Contact Number	_
Address	-
Address complement	-
Postcode	_
nsurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	UNKNOWN
	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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

Veh A: SGM 2034 U Veh B: SMP 6973 P VLh C: Unknown

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- 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.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

" I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY, I WILL CHECK MY POLICY FOR MORE DETAILS.

R

Policyholder's Signature
Date & Time: 13 DEC 2021

1910 DEC 2031 Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: (da la NRIC/FIN Ño.:

The second secon

SKETCH PLAN Veh A: SGM 2237-V Veh B: SWP6973 P	Unkeson-A	1 1	1 1	
Veh c: Unknown	Olicidor-KT	1 1	*	
		1 1	1 10	
		1	1 /8	
		'		
	(2)	'		
From KPE	* , ')			
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	11	ECP TWO CH	lu

Please	Refer	To	The	Police	Report	No.	. T/20211213/ 7006
					1	0.000	
<u> </u>							
<u></u>							
				[4]	5353- UHLE		

DECLARATION

I/We declare the foregoing particulars are true in every respect.



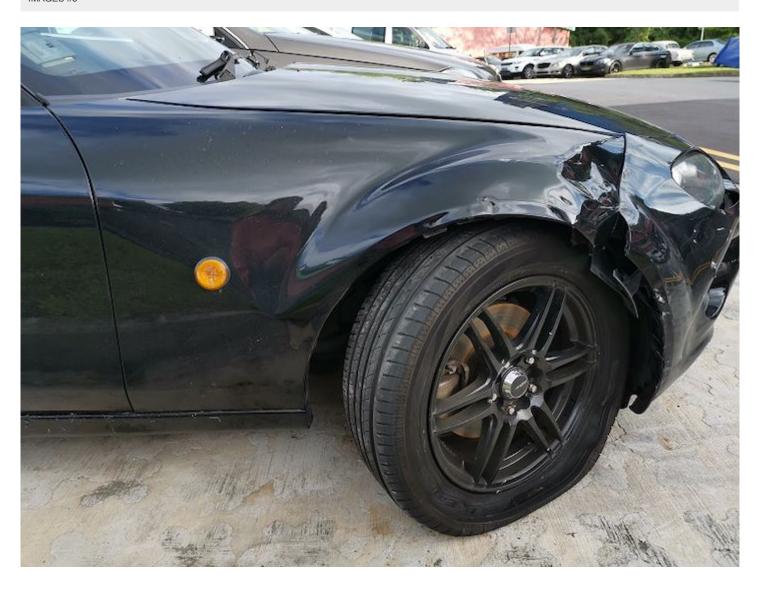
Policyholder's Signature Date & Time: \3 のうじュロント しんり Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: (lik lai NRIC/FIN No.:

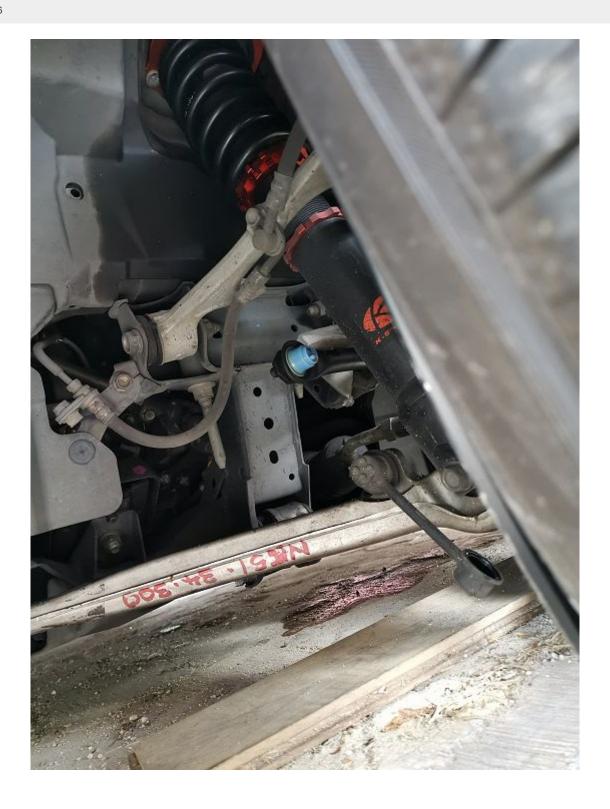


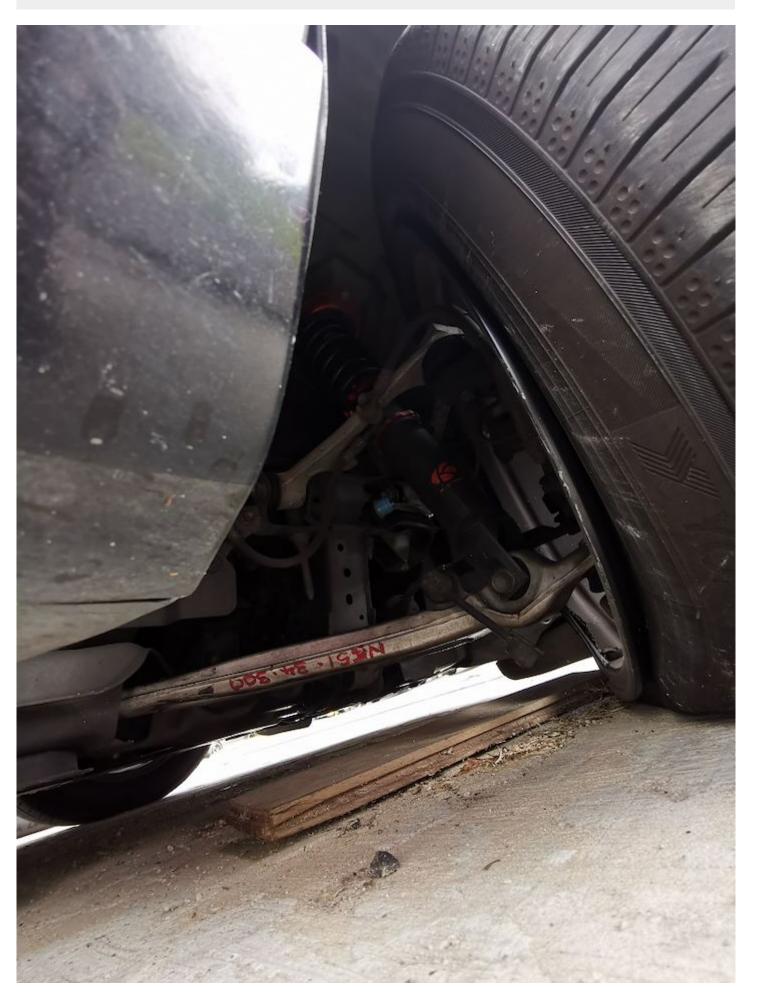












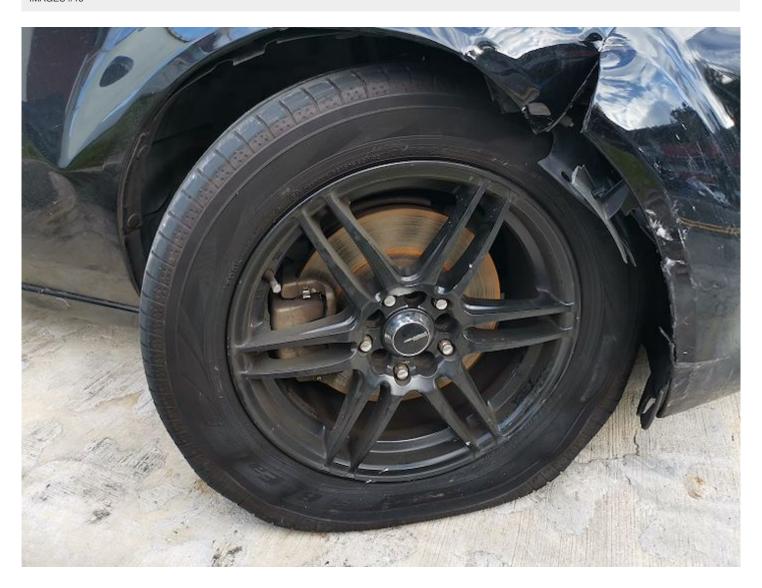






















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20211213/7006

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 21 10:20	/lade:	Vide Report No.: G/20211211/0148	Station Diary No.	
Informa	nt's Partic	ulars			
Name of Informant: HOW CHEE KOON			Address: 8 SIMS DRIVE #11-29 SINGAPORE 387389		
ID Type NRIC NO	/ ID No.: D / S82387:	28E	Contact No.: Home/Office:	Mobile: 98263663	
Nationality: SINGAPORE CITIZEN			Email: HOWCHEEKOON@GMAIL,COM		
Sex: Age: Date of Birth: Male 39 10/11/1982			Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Actuary			Driving Licence Informa Class: 3	ation: Date of Expiry:	

General Infor	mation of the Accident	7			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2021 14:45	Type of Location: Bend	
Location:		7.11.12.2	<u> </u>		
EAST COAS	T PARKWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ring Vehicles - Head To Si		Anyone conveyed by ambulance: No		

C. C. C. C. C.		RESIDENTIAL PROPERTY.	10.		La	í.
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGM2237U	Car	MAZDA	ROADSTER	Black		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SGM2237U	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV0101278 2	11/10/2021	10/10/2022	



T/20211213/7006

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211213/7006

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestriar	ns Injured: NIL		Use of Pedestrian Crossing; NA			
Driver						
Name	HOW CHEE KOON			ID No.	S8238728E	
Related Vehicle	SGM2237U (Car)			Contact N	No. 98263663	
Hospital/Clinic	NIL			Class of Driving Licence 8 Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL Date			NI	L '	
No, of Days gran	ted Medical Leave	NIL	Degree o	f Si	ight	

Brief Details,

Was exiting KPE towards ECP (Rochor). My car skidded due to wet weather and started to spin out to the ECP road. My car hit an oncoming vehicle (vehicle 1) and both vehicles landed at the right most lane. According to the vehicle 1, he had also hit another vehicle (vehicle 2) before coming to a stop.

There wasn't any serious injury. Ambulance came but did not convey anyone to the hospital.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20211213/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/12/2021 10:20
Officer In Charge Of Case: TP / TPIB / THABAGESH JEYATHESH Contact No.: 65476178	Classification Of Case:
NP168	



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)

: D21MTPV01012782 Certificate/Policy No.

: HOW CHEE KOON (HOU ZHIKUN) Insured

Motor Vehicle (Registration No.): SGM2237U

Coverage : Comprehensive - ExcelDrive GOLD

Policy Commencement Date : 11 OCTOBER 2021 00:00 Policy Expiry Date : 10 OCTOBER 2022 23:59

Maximum Liability (Section I) : Market value at time of loss - Excl. COE

: \$900 - Section I Excess*

: N.A Voluntary Excess*

: S\$100,00 for each and every applicable claim, Windscreen Excess*

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

- Any other person who is driving on the Insured's order or with his permission.
 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.

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 Vahicies (Third-Party Rists and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Matayala); and (2) the Podcy terms, conditions and exceptions of the Private Car Policy ref MTP,30

Sompo Insurance Singapore Pte, Ltd,



Authorised Signatory

Date/Time of Issue: 07 SEPTEMBER 2021 18:26

IMPORTANT NOTICE

- Keep the Certificate in your Motor Vehicle;
- Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter189), it shall be untawful 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 fineurance is terminated during its currency, the insurence that certificate of insurance and the Policy to the insurance company. If the Certificate of insurance has been jost or destroyed, a statutery declaration to that effect must be made. Pallure to comply with this obligation is an offerce 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: 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22A JNDZLW2KP1MYWPAN