

|                                       |  |                    |
|---------------------------------------|--|--------------------|
| 08/01/2021 11:46<br>NB08SM022000079/Y | Description                              | How Loss Completed |
| SFA 1007                              | S&S e-filing                             |                    |
| 08/01/2021 07:22                      | E-mail, Survey, & Rep                    |                    |
| (TP)                                  | i-Motor Claim Form                       |                    |
|                                       | i-Motor W/O                              |                    |
|                                       | i-Photo Uploaded                         |                    |
|                                       | Assessment/Survey Report                 |                    |
|                                       | Ass't Report by Fax / Hand to Owner/Wksp |                    |

|  |  |                       |
|--|--|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: ( ) | Tel: ( )   | Fax: ( )              |
| TP Particulars:                            | Veh No: SML5124B                                     | INC ( ) / Non-INC ( ) |
| Owner / Driver ( )                         | Tel: ( )   |                       |
| Policy No ( )                              | Period ( )   | Cover Type ( )        |
| Confirmed by: ( )                          | Date: ( )  | Time: ( )             |
| Insured/Driver Liability ( )               | (Note: Est. Status (W/O) SE 0-20% P 21-70 F 50-100%) |                       |
| Year of Registration ( )                   | Warranty YES ( ) / NO ( )                            |                       |
| Excess: (\$ )                              | Loading: \$1,000 ( ) / \$2,000 ( )                   |                       |

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO later or repairer

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice YES ( ) / NO ( ) ; Towing Co ( )

Remarks: (INC hotline: 6788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |

|                         |  |            |         |
|-------------------------|--|------------|---------|
| Claimant's Particulars: | Invoice Preparation Checklist                      | Am (\$)    | Am (\$) |
| Driver/Owner:           | 1) AR: Accident Reporting (\$40)                   |            |         |
| Contact No:             | 2) DA: Damage Assessment (\$100)                   | INC (\$30) |         |
| Damaged Portion:        | 3) TF: Towing Fee                                  | \$40, \$25 |         |
|                         | 4) FT: Follow-Through Survey                       | \$120      |         |
|                         | 5) RT: Follow-Through Survey (Resurvey)            | \$70       |         |
|                         | For claimant against 1st Party (w/ef 1st Jan 2014) |            |         |
|                         | 6) FR: Re-inspection                               | \$75       |         |
|                         | 7) NT: Basic DA - SMRT Survey                      | \$150      |         |
|                         | 8) NT: Additional Services:                        |            |         |
|                         | Q12  |            |         |
|                         | *K5: Courtesy Car / Tpt Allowance                  |            |         |
|                         | *K6: Repair cost limitation                        |            |         |
|                         | *K7: Post Repair Inspection                        | \$25       |         |
|                         | *K8: DV / Collect Excess Coordination              | \$5        |         |
|                         | *K9: DV / Collect Excess Coordination              |            |         |
|                         | *K10: DV / Collect Excess Coordination             |            |         |
|                         | *K11: DV / Collect Excess Coordination             |            |         |
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|                         | *K100: DV / Collect Excess Coordination            |            |         |

# 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              | 04/01/2022 11:46 (SGT)    |
| Date of Accident                | 04/01/2022 07:22 (SGT)    |
| Exact Location of Accident      | Clementi Ave 1, Singapore |
| Additional Location Information | -                         |
| Country/State of Loss           | Singapore                 |

## DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | SFQ100J                |
| INSURED/POLICYHOLDER        |                        |
| Is company?                 | No                     |
| Name Of Registered Owner    | WERNY DRAHMA           |
| NRIC No                     | SXXXX262J              |
| Email Address               | aznidirie@yahoo.com.sg |
| Mobile Phone No             | (Phone) +65-97335420   |
| Alternative Phone No        | +65-93883839           |

## VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Toyota                    |
| Model  | Vellfire                  |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | Employment                |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Private car               |
| Transmission   | Auto                      |
| CC   | 2494                      |

## INSURANCE COMPANY

|                           |                                     |
|---------------------------|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Type of Coverage          | Comprehensive                       |
| Fleet Policy              | No                                  |
| Policy Number             | D21MTPV01002226                     |
| Cover Note Number         | -                                   |

## DRIVER

|                |                           |
|----------------|---------------------------|
| Name of Driver | AZHARI BIN MOHAMAD KASSIM |
| NRIC No        | SXXXX410E                 |



|  |                                    |
|--|------------------------------------|
| Date Of Birth  | 29/01/1975                         |
| Occupation   | Outdoor                            |
| Date Of Driving Pass   | 28/04/1997                         |
| Driving experience   | 24 YEARS AND 9 MONTHS              |
| Gender   | Male                               |
| Mobile Number  | (Phone) +65-93883839               |
| Alt. Phone Number  | -                                  |
| Email Address  | aznidirie@yahoo.com.sg             |
| Address  | BLK 101 PASIR RIS STREET 12 #12-19 |
| Address complement   | -                                  |
| Postcode   | 510101                             |
| Is the driver the policyholder?                              | No                                 |
| If No, Relationship of the Driver with the Insured           | Paid Driver                        |
| 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)   | 2   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No  |

#### PASSENGER 1

|        |                |
|--------|----------------|
| Name   | MARIO TANIJAYA |
| Gender | Male           |

#### 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

I WAS AT CLEMENTI AVENUE 1 MAIN AND WANTED TO SEND MY BOSS SON TO NUS HIGH SCHOOL. TRAFFIC WAS HEAVY MY CAR WAS STATIONARY SUDDENLY I FELT A HUGE BUMP AT MY REAR AND COME DOWN AND SAW A CAR SML5124B BANG ONTO THE REAR OF MY CAR SFQ100J REAR PORTION CAUSE DAMAGE. WE EXCHANGE PARTICULARS AND MOVE ON

#### 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 | SML5124B   |
| Vehicle Manufacturer        | Mitsubishi |
| Vehicle Model               | Outlander  |



|   |                      |
|---|----------------------|
| Vehicle Variant                         | -                    |
| Vehicle Colour                          | -                    |
| Vehicle Category                        | Private car          |
| Name of Driver                          | HUANG CHUN XIN       |
| Contact Number                          | (Phone) +65-90044862 |
| Address                                 | -                    |
| Address complement                      | -                    |
| Postcode                                | -                    |
| Insurance Company Name                  | -                    |
| Nature Of Damage                        | -                    |
| Details of property damaged in accident | -                    |
| No. Of Passenger (Including Driver)     | -                    |

## 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

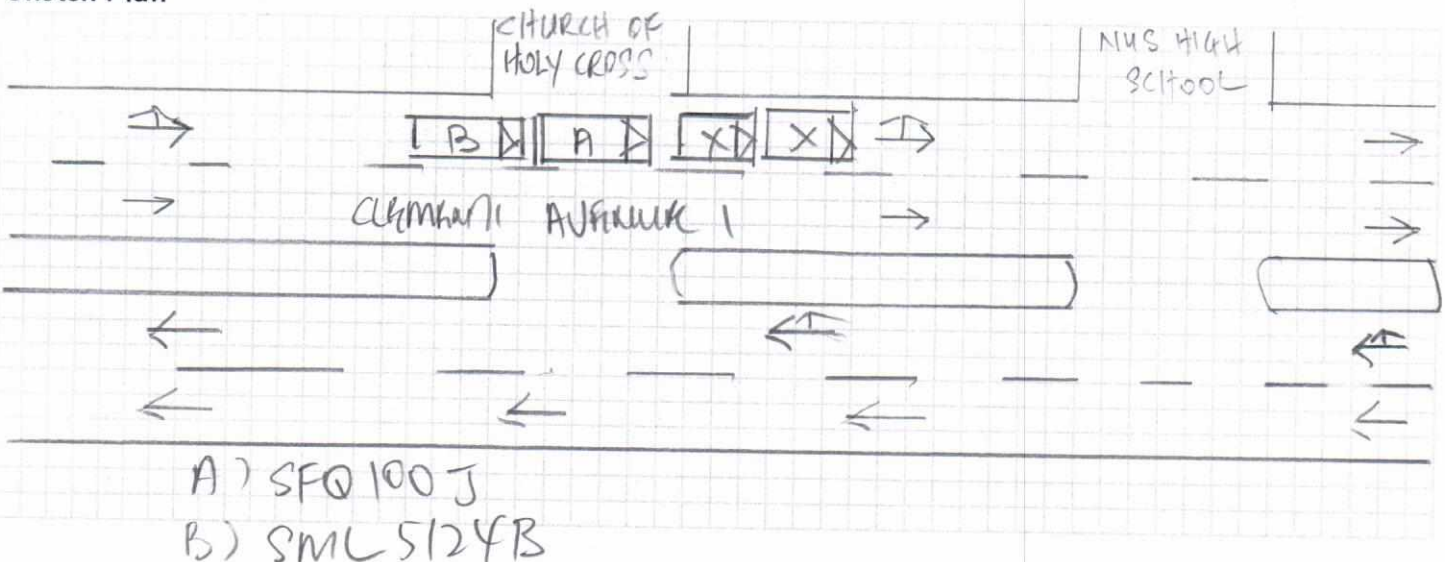
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

As per statement.

Declaration

We declare the foregoing particulars are true in every respect.

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: (04 / 01 / 2022) (DD/MM/YYYY), TIME: (07 : 22) (HH:MM)

LOCATION: CLEMENTI AVE 1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFA 100 J  
 b) INSURANCE COMPANY: SOMPO INSURANCE  
 c) POLICY NUMBER: D21MTPY01002226  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA VELLFIRE 2.5  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING  
 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: WERNY DRAHMA (MALE / FEMALE)  
 B) NRIC/FIN/PASSPORT: S 7776262 S CONTACT: 9733 5420  
 C) ADDRESS:

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

### DRIVER

- a) NAME: ADAMI BIN MOHAMMAD KASSIM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S 7503410 / 2 CONTACT: 9388 3839  
 c) ADDRESS: BK 101, PASIR RIS ST 12, #10-19 SC@S10101

\* d) DATE OF BIRTH: (29 / 01 / 1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/04/1997

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: SML 5124 B MODEL: MITSUBISHI OUTLANDER  
 b) DRIVER'S NAME: HUANG CHUN XIN  
 c) NRIC/FIN/PASSPORT: S 7881471 I CONTACT: 900 44862

## 9. THIRD PARTY VEHICLE

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

Email = Aznidine@yahoo.com.sg

VIDEO

MARIO TANIJAYA  
(B)

No of passengers  
(Including driver)  
(2)

No of passenger  
(Including driver)  
( )

No of passenger  
(Including driver)  
( )



**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.: 198905480E | 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.** : D21MTPV01002226  
**Insured** : WERNY DRAHMA  
**Motor Vehicle (Registration No.)** : SFQ100J  
**Coverage** : Comprehensive - ExcelDrive PRESTIGE  
**Policy Commencement Date** : 14 MARCH 2021 00:00  
**Policy Expiry Date** : 13 MARCH 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.

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 : 29 JANUARY 2021 11:12

**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 : 11A22302 & AETNA INSURANCE BROKERS PTE. LIMITED CI Code: 22A FRIDPSP4N0RB1WZA