

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	22/02/2022 16:49 (SGT)
Date of Accident	21/02/2022 14:40 (SGT)
Exact Location of Accident	Buona Vista Flyover, Singapore
Additional Location Information	BEFORE LOWER KENT RIDGE RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7219U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH KAH CHAI
NRIC No	S0988988D
Email Address	kahchailoh1024@gmail.com
Mobile Phone No	(Phone) +65-97350489
Alternative Phone No	+65-97350489

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTSCBU000203
Cover Note Number	-

DRIVER

Name of Driver	LOH KAH CHAI
NRIC No	S0988988D

Date Of Birth	24/10/1953
Occupation	Outdoor
Date Of Driving Pass	15/06/1972
Driving experience	49 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97350489
Alt. Phone Number	+65-97350489
Email Address	kahchailoh1024@gmail.com
Address	BLK 518 WEST COAST ROAD #05-595
Address complement	-
Postcode	0512
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	DANIEL LOH YONG SENG
Gender	Male

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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20220222/7011.

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	SHD5881A
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD2081L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOH KAH CHAI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	CB7219U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 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 :
 - (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.
- (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:
 - (i) 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.

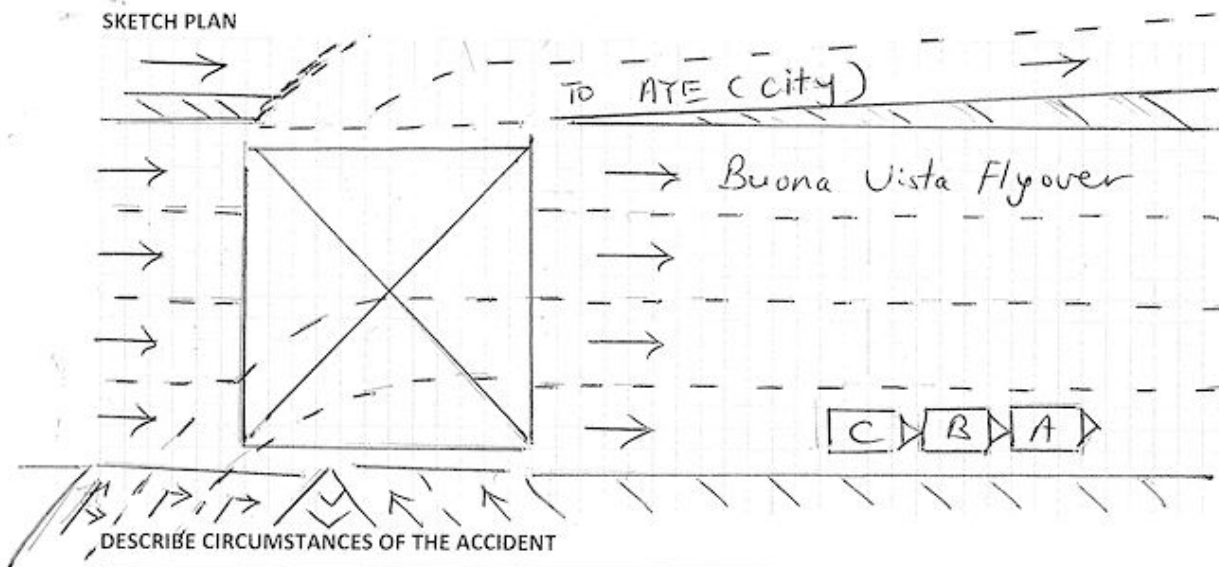
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

I hereby authorise SME Motor Pte Ltd to send my
Accident report to my workshop Max Workshop Pte Ltd
via email / fax
Signature: _____

SGS481 (Rev 01/12) Form 1/18



(A) CB7219 M
(B) SHD 5881 A
(C) SHD 2081 L

Refer to Police Report
Report No:-
T/20220222/7011

[Handwritten signature]

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:











**SINGAPORE
POLICE FORCE**



T/20220222/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20220222/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2022 12:25	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LOH KAH CHAI			Address: 518 WEST COAST ROAD #05-595 SINGAPORE 120518		
ID Type / ID No.: NRIC NO / S0988988D			Contact No.: Home/Office: Mobile: 97350489		
Nationality: SINGAPORE CITIZEN			Email: KAHCHAILOH1024@GMAIL.COM		
Sex: Male	Age: 68	Date of Birth: 24/10/1953	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/02/2022 14:40	Type of Location: Straight Road
Location: SOUTH BUONA VISTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
CB7219U	Van	TOYOTA	HIACE COMMUTER MANUAL	Silver		1
SHD2081L	Car					0
SHD5881A	Car					0



**SINGAPORE
POLICE FORCE**



T/20220222/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220222/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB7219U	TENET SOMPO INSURANCE PTE. LTD.	D21MTSCBU000203	10/09/2021	09/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LOH KAH CHAI		ID No.	S0988988D
Related Vehicle	CB7219U (Van)		Contact No.	97350489
Hospital/Clinic	Y M CHAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/02/2022		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Serious
Passenger				
Name	DDANIEL LOH YONG SENG		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

ON 21/02/2022 AT ABOUT 1440 HOURS AT ALONG SOUTH BUONA VISTA ROAD TOWARDS LOWER KENT RIDGE ROAD BEFORE BUONA VISTA FLYOVER. I WAS TRAVELLING ON THE EXTREME RIGHT LANE ON THE ABOVE MENTIONED ROAD AND MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFIC AND I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHT, I REALISED IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF 3 VEHICLES INVOLVED. I HAVE 1 PASSENGER INSIDE MY VEHICLE. AFTER THE ACCIDENT, I WENT TO CONSULT A DOCTOR AND WAS AWARDED 3 DAYS MC FOR MY INJURY.

- (A) CB7219U
(B) SHD5881A
(C) SHD2081L



**SINGAPORE
POLICE FORCE**



T/20220222/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220222/7011

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220222/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220222/7011

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: 22/02/2022 12:25
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

NP168



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #03-03
 Singapore Land Tower, Singapore 048623
 Tel: 6465 6556 | 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. : D21MTSCBU000203
 1. Registration No. : CB7219U
 2. Insured Name : LOH KAH CHAI
 3. Commencement Date : 10 SEPTEMBER 2021 00:00
 4. Expiry Date : 09 SEPTEMBER 2022 23:59
 5. Coverage : Market value at time of loss - Comprehensive
 6. Excess : \$2000 - Section I
 : \$1500 - Section II
 : \$100 - Windscreen

7. Persons or Classes of Persons entitled to drive*

b) Any person provided he is in the Insured's employ and is driving on their order or with their permission.

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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use*

a) Use only for the carriage of passengers or goods in connection with the Insured's business.
 b) Use only in the Republic of Singapore.

The Policy does not cover

1) Use for racing, pacemaking, reliability trial or speed-testing.
 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

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

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline : (65) 6226 3323

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

WE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Sompo Insurance Singapore Pte. Ltd.

Date/Time of Issue : 06 SEPTEMBER 2021 09:08

*Limitation rendered inoperative by section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

IMPORTANT NOTICE

- Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid policy of insurance under the Act.
- Insureds are further warned that on the sale of a motor vehicle or if for any reason the insurance is terminated during its currency, they 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 (Cap. 189).
- The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
- Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.

Intermediary Code & Name : 11S13002 & SSTA INSURANCE AGENCY PTE LTD CI Code: 23H JIDPH044N_LBVZAA