# **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.

- 4. The issue and acceptance of this is form by instrained 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 05/05/2022 14:33 (SGT) Date of Accident 04/05/2022 23:15 (SGT) Exact Location of Accident Singapore Additional Location Information **BUANGKOK LINK** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKQ6518P

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YEO CHOON KOW NRIC No. S1717272G Email Address pvcq94@qmail.com Mobile Phone No (Phone) +65-91380960 Alternative Phone No (Home) +65-91380960

## VEHICLE PARTICULARS

Manufacturer Toyota Model TOYOTA COROLLA ALTIS 1.6L CVT Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car Transmission Auto CC 1598

## **INSURANCE COMPANY**

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D21MTPV01017129 Cover Note Number

# DRIVER

Name of Driver PATRICK YEO CHAI GUAN NRIC No. S9415763C

Date Of Birth 05/05/1994 Occupation Indoor Date Of Driving Pass 23/10/2013 Driving experience 8 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-83994016 Alt. Phone Number Email Address pycg94@gmail.com Address 70 HOUGANG AVENUE 7 Address complement #15-01 Postcode 538804 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number

 Vehicle Registration Number
 SMN476H

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 HO WAI CHEW

 Contact Number
 (Phone) +65-93807645

 Address

 Address complement



Postcode	-
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

### 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.
- 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 GA 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 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)

Lunderstand, 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.

Policyholder's Signature / Date & Driver's Signature (If griver is not the policyholder) / Date Time

Sketch Plan

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ase	check your polic	y for more	information	lic)					

# Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 5 May 2022 12:20 pm

Driver's Signature (If driver is not the policyholder) / Date

Time

Witnessed by Reporting Centre Personnel

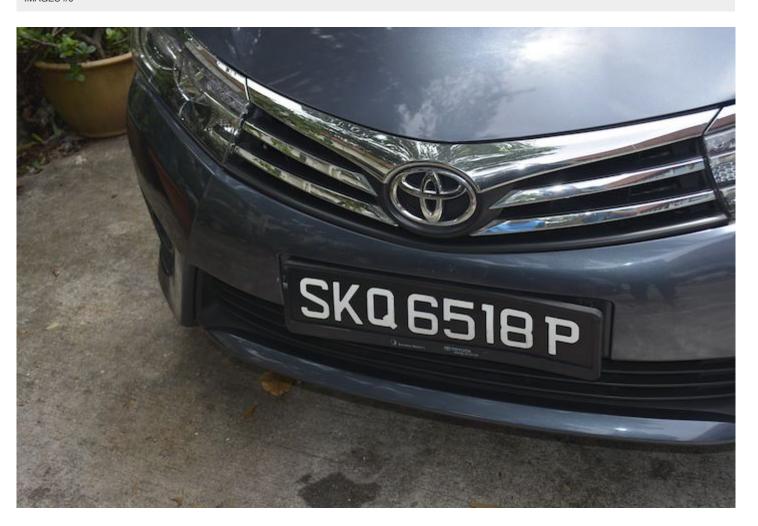










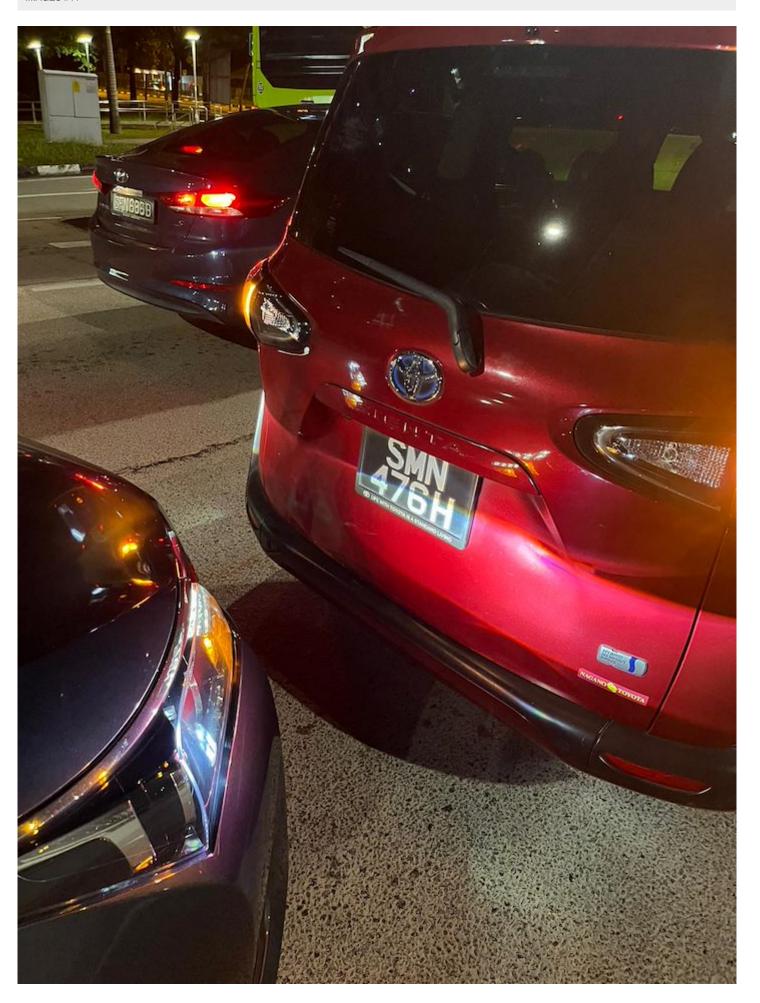


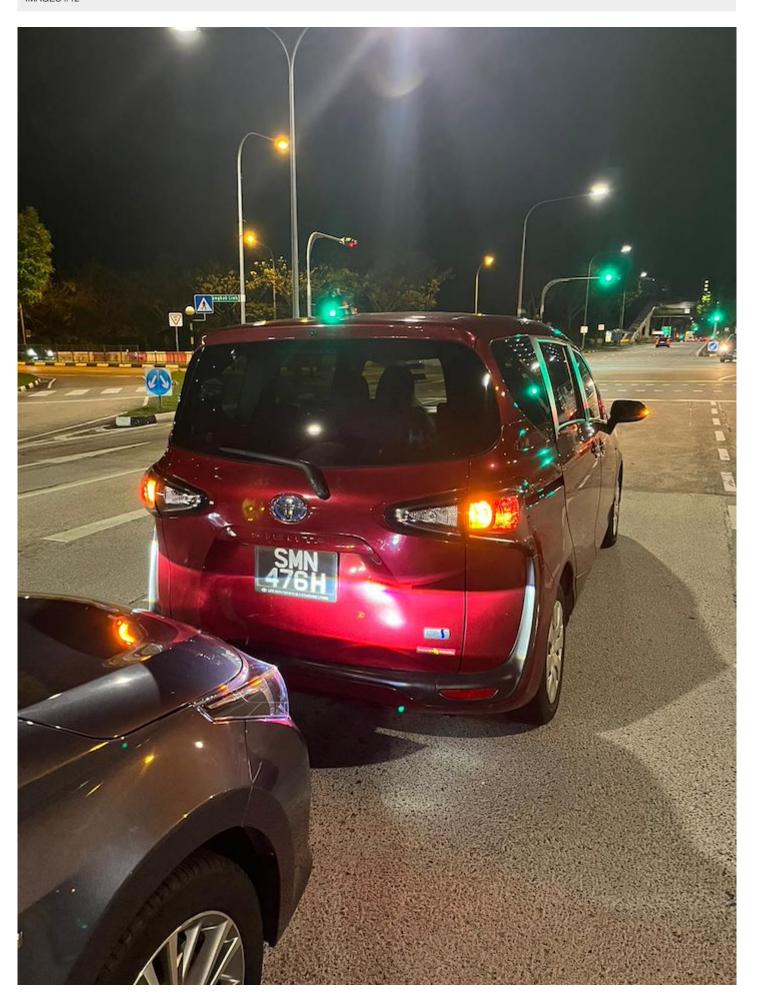


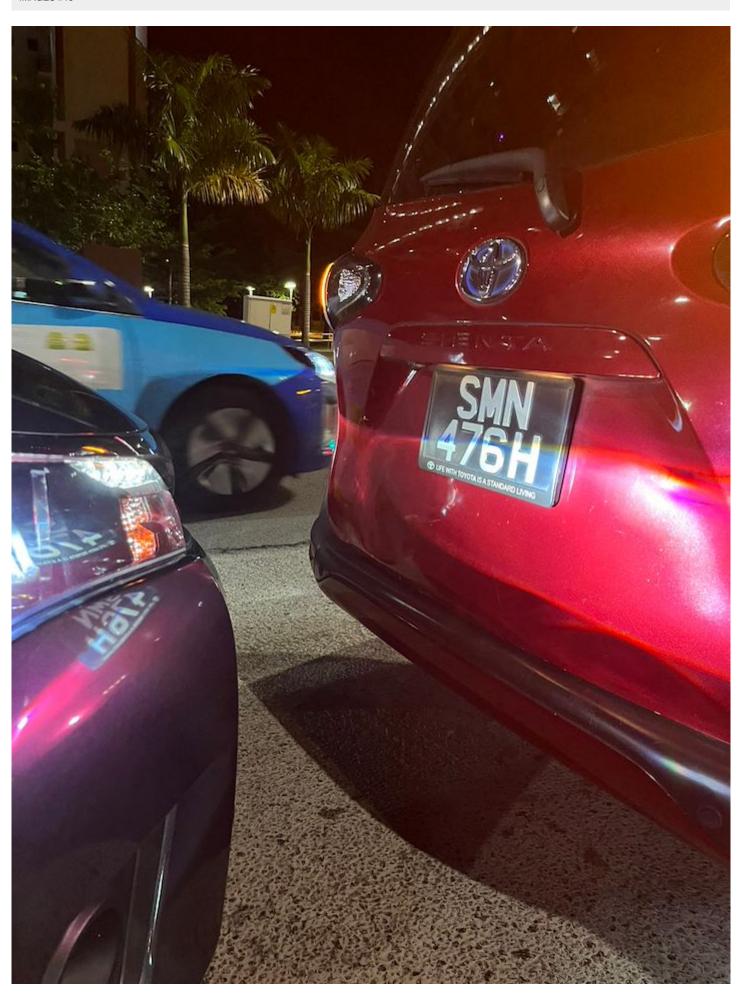


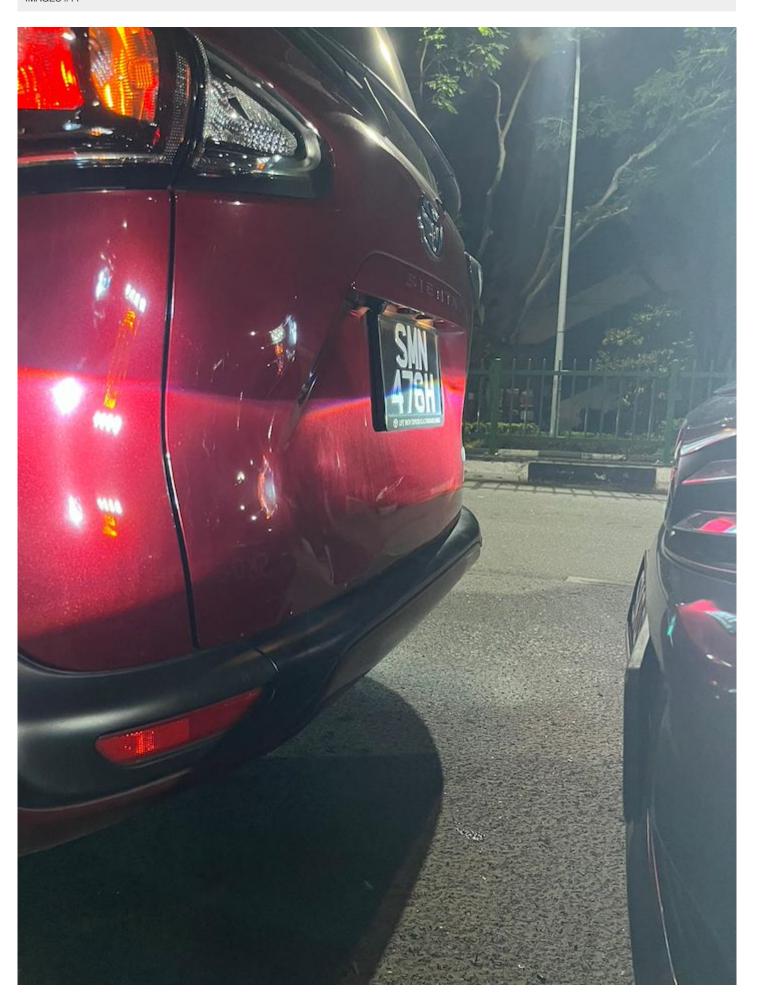














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDEND	JM							
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS	5:							
	Original Report No: SK0L2255000C	Vehicle Registration No: SKQ6518P							
	Name (as shown in NRIC): PATRICK YEO CHAI GUANNRIC/FIN/Passport No: S9415763C								
	(*Vehicle Driver/Vehicle Owner) (*) Please delete as ap 70 HOUGANG AVENUE 7, #15-01								
	Address:Contact (Tel):	Singapore (538804) Mobile No.: 83994016							
	Email Address: PYCG94@GMAIL.COM	-							
	Date of Accident: 04-05-2022	Time of Accident: 23:15							
	Place of Accident: BUANGKOK LINK								
	Insurance Company: SOMPO INSURANCE (S) PTE	LTD							
	TO AMEND AS CLAIM TYPE AS REPORTING ONL	Y INSTEAD OF THIRD PARTY CLAIM							
	PATRICK YEO CHAI GUAN  Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name:							
		NRIC/FIN No.: Date:							

GIARMC Addendum Form



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 8461 8555 | Fax: 6221 3302 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

#### PRIVATE CAR POLICY SCHEDULE

Intermediary Code: 11M08808

Policy No.: D21MTPV01017129

\$\$ 1,381.20

S\$ 96.68 S\$ 1,477.88

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. ASMTP.4

Insured Address : YEO CHOON KOW : 70 HOUGANG AVE 7

#15-01

SINGAPORE 538804

Business/Profession

: BUSINESS ANALYST

INSURED DETAILS

Date of Birth & Age: 03 NOV 1965 & 56 years old

Marital Status : MARRIED

Driving Experience in : 26 years

Gender: Male

Singapore

Identification Type: NRIC(Singaporean)

Identification No.: S1717272G

PREMIUM DETAILS

Premium (incl. GST)

GST

Premium after applicable discount(s)

Period of Insurance

4 18 DECEMBER 2021 00:00 TO 17 DECEMBER 2022 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use

: Refer to Certificate of Insurance

VEHICLE DETAILS Vehicle Registration No. Chassis No.

. SKQ6518P

: MR053REH104517794

Engine No. Vehicle Make & Model : 1ZRX453646 : TOYOTA COROLLA ALTIS

: 1598 : 50% : 2014

NCD Entitlement Year of Registration NCD Protection Estimated value of Vehicle

**Engine Capacity** 

: Yes : Market value at time of loss

Hire Purchase Owner

: OCBC

Coverage

Comprehensive - ExcelDrive GOLDPLUS : \$ 1000 - Section I

Excess

(Waived up to S\$1,000 if accident repair is done at ExcelDrive Workshops for the first claim per policy

year) : N.A

Voluntary Excess Additional Excess

: Named Young and/or Inexperienced Drivers or Elderly Drivers - \$1,500

Un-named Young and/or Inexperienced Drivers or Elderly Drivers \$3,000 Un-named All Other Drivers - \$500

The terms shall be defined as follows:
"Young Drivers' shall be defined as drivers (including the Insured) who are below 25 years old.
"Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 2 years of

driving experience in Singapore

'Elderly Drivers' shall be defined as drivers (including the Insured) who are above 70 years old.

Paragraph 2 of Endorsement E in the policy will not apply to insured's spouse provided he/she is 25 years old & above but less than 70 years old &/or has 2 or more years driving experience.

Windscreen Excess

SS100.00 for each and every applicable claim.

Endorsements Applicable

: Endorsement AS1 - Loss of Personal Effects

Endorsement AS2 - Loss of Car Keys Endorsement AS3 - Non-Factory Fitted Accessories

Endorsement AS4 - Transportation Allowance to Return to Singapore Endorsement D - Young and/or Inexperienced or Elderly Drivers Excess

Endorsement E - Excess Clause Endorsement H - Total Loss

Insured Copy



# Sompo Insurance Singapore Pte. Ltd.

50 Raiffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 8461 6555 | Fax: 6221 3302 | www.sumpo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

#### PRIVATE CAR POLICY SCHEDULE

Intermediary Code: 11M08808

Policy No.: D21MTPV01017129

Endorsement L - Hire Purchase

Endorsement M - Inclusion Of Special Perils Endorsement P6 - Riot And Strike Endorsement Endorsement V - No Claim Discount Protection Endorsement X7 - ExcelDrive GoldPlus Plan Endorsement Y - Loss of Use Benefit

Memo on Waiver of Excess at ExcelDrive Workshops

It is hereby declared and agreed that the Excess for Section I will be waived up to \$\$1,000 each claim at

ExcelDrive Workshops.

Special Clauses/ Conditions/Memo

: Memo on Unlimited Windscreen Replacement

It is hereby declared and agreed that Windscreen replacement cover is up to replacement value and is

unlimited with no excess.

Additional Cover

: NIL

Named Drivers

: 1. Name : YEO CHOON KOW

Date of Birth & Age : 03 NOV 1965 & 56 years old

Driving Experience in Singapore : 26 years

2. Name LEE SIEW HEOK

: 19 JAN 1988 & 55 years old Date of Birth & Age

Driving Experience in Singapore : 21 years

3. Name : YEO CHAI GUAN PATRICK : 05 MAY 1994 & 27 years old

Date of Birth & Age

Driving Experience in Singapore : 5 years

4. Name : BRYAN YEO CHAI LIANG Date of Birth & Age : 08 OCT 1996 & 25 years old

Driving Experience in Singapore : 5 years

Date of Issue

Old Policy No.

01 DECEMBER 2021

Intermediary Name

: MARSH (SINGAPORE) PTE LTD - AUTO SECURE

Producer Code & Name User Code

: MAR0806 & MARSH (SINGAPORE) PTE LTD -AUTO SECURE : JESSYNAR/MABEL

D20MTPV01015797

Signed on this 01st day of December 2021 for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.

Duy 20

Authorised Signatory 22A

24-HOUR EMERGENCY HOTLINE

Tel: (65) 6226 3323

Specialist from 24 Hours Mobile Accident Response Service (MARS) will:

Take photographs of the vehicle involved.
 Take photographs of the vehicle involved.
 Assist the driver to complete the accident statement and arrange for e-filing to General Insurance Association of Singapore (GIA) within 24 hours
 Arrange towing service if necessary to the nearest ExcelDrive Workshop
 When overseas, inform the appetator that you would like to place a collect call, or call on reverse charge basis.