

#### 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
- 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 21/07/2022 15:37 (SGT) Reported by Date of Accident 20/07/2022 20:00 (SGT) Exact Location of Accident Aft SLE, Singapore Additional Location Information SLE TO TPE EXIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMF3506H INSURED/POLICYHOLDER Is company? No

Private use

Auto

1998

Name Of Registered Owner LIM MEI LING NRIC No S8115664F **Email Address** MCHUA05@GMAIL.COM Mobile Phone No (Phone) +65-97670506 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Harrier 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?

Vehicle Category Transmission

CC

No - Claiming third party Private car

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D21MTPV01017866

DRIVER

Name of Driver **CHUA KANG KIAT** NRIC No S8239278E Date Of Birth 09/12/1982 Occupation Outdoor

Date Of Driving Pass 12/09/2001 Driving experience 20 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-97832435 Alt. Phone Number Email Address MCHUA@GMAIL.COM Address 13 FERNVALE LANE Address complement #07-11 Postcode 797496 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Spouse 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 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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement **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 PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number	SJX179Z
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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>.
- The issue and acceptance of this Formby 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 G/A 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 peckages); 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), w high may be sted outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Dete & DriveNg Signature (if criver is not the policyholder) / Date Reporting Centre Personnel

Sketch Plan

A (SME 3506H)

B (SJX 1392)

ON 20/2/220 ABOUT 2000 HR, I WAS TRAVELLING ALONG
SLE TOWARDS TPE EXIT, IN MY VEHICLE SME 3506H. 1
9
WAS ON EXTREME RIGHT LANE. AFTER DRIVING BY
UPP THOMEON EXIT, VEHICLES AHEAD SLOWED POWN, HENCE
I SLOWED DOWN TOD. SUDDENLY I FELT AN IMPACT &
REALIZED VEHICLE SJX 1767 COLLIDED ONTO MY VEHICLE'S
REAR PORTION. NO INJURIES NO PASSENGERS.
Declaration

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

Describe Circumstances of the Accident

21 | 7 | 22

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

Witnessed by Reporting Centre
Personnel











## 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

### PRIVATE CAR POLICY SCHEDULE

Intermediary Code: 11D01104 Policy No.: D21MTPV01017866

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. MTP.30 Insured : LIM MEI LING : 804 Woodland St 81 Address #04-35

SINGAPORE 730804

Business/Profession : UNDERWRITER

INSURED DETAILS

Date of Birth & Age: 05 JUN 1981 & 40 years old Marital Status : MARRIED Driving Experience in : 21 years Gender: Female

Singapore

Identification Type: NRIC(Singaporean) Identification No.: S8115664F

25 DECEMBER 2021 00:00 TO 24 DECEMBER 2022 23:59 Period of Insurance Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

PREMIUM DETAILS VEHICLE DETAILS : SME3506H

S\$ 664.80 Vehicle Registration No. Premium after applicable discount(s) Chassis No. : ASU600003127 GST S\$ 46.54 Premium (incl. GST) S\$ 711.34 Engine No. : 8ARZ087469

: TOYOTA HARRIER 2.0 Vehicle Make & Model

Engine Capacity : 2000 NCD Entitlement : 50% Year of Registration : 2018 NCD Protection : Yes

: Market value at time of loss Estimated value of Vehicle Hire Purchase Owner : TOKYO CENTURY LEASING (S) PTE LTD

Coverage : Comprehensive - ExcelDrive GOLD

Excess : \$ 600 - Section 1

Voluntary Excess : N.A

**Additional Excess** 

: Named Young and/or Inexperienced Drivers \$\$1,500 Un-named Young and/or Inexperienced Drivers \$\$3,000 Un-named All Other Drivers \$\$500

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old. 'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of

driving experience in Singapore roads.

Windscreen Excess : S\$100.00 for each and every applicable claim.

Endorsements Applicable

: Endorsement AA2 - ExcelDrive Gold Plan

Endorsement D1 - Young and/or Inexperienced Drivers

Endorsement E - Excess Clause Endorsement H - Total Loss Endorsement L - Hire Purchase

Endorsement M - Inclusion Of Special Perils Endorsement P6 - Riot And Strike Endorsement Endorsement V - No Claim Discount Protection Endorsement Z - Loss of Use Benefit

**Additional Cover**