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 Actual 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.

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 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 29/07/2022 17:38 (SGT) Reported by Date of Accident 28/07/2022 16:00 (SGT) Exact Location of Accident Ubi Rd 1, Singapore Additional Location Information INFRONT OF MANAGEMENT OFFICE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Private car

Auto

1600

No - Reporting only

Vehicle Registration Number SGW3050G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHEW NAY LOONG** NRIC No S0183618H Email Address godcf12@gmail.com Mobile Phone No (Phone) +65-96557365 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Civic 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

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01011068

DRIVER

Name of Driver **CHEW NAY LOONG** NRIC No S0183618H Date Of Birth 12/11/1951 Occupation Indoor

Date Of Driving Pass 29/11/1972 Driving experience 49 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-96557365 Alt. Phone Number Email Address godcf12@gmail.com Address BLK641 ROWELL ROAD #20-46 Address complement Postcode 200641 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED. 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 SJD9090R Vehicle Manufacturer Mercedes Vehicle Model

Private car

LEE KWEE CHUAN

(Phone) +65-96950233

Accident report SC1R227T0008

Vehicle Variant
Vehicle Colour
Vehicle Category

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.
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- 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
- 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 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 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.

Olicyholder's Signature / Date & Time

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

Wilnessed by Reporting Centre Personnel

Sketch Plan

JAP 9N) On 18/17/22 at short (600 HC STD 9090 R purposed) Parked his car right beload my car (500 3050 G). i) I porked at an allecated for and the surrording was corden off by management of MCST 4111. i) I want to my car and start my car. Before I could step young reverse, the my car touched then car believed. i) No dange could be observed on STD 9090 R except for a Mos sign that was broken. ST No durage to my car. b) That is all I have to vay.	Describe Circumstances of the Accident	
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if i went to my car and start my co. Before I could step in my reverse, the my car touched then cor behind. 4) No dange could be observed on STD 9090 R except for a mes sign that was backer. 5) Ne dange to my car.		?is
it) No dange could be observed on STD 9090R except for a Mos sign that was backer. SI No dange to my cat.		
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6) That is all I have to vay.		
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Declaration

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Policyholder's Signature / Date & Time 1850Hr.

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



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50 Raffles Place, #03-03
Singapore Land Tower, Singapore 0:48523
Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg
Co. Reg. No.: 1989054906 | 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.

: D22MTPV01011068

Insured

: CHEW NAY LOONG

Motor Vehicle (Registration No.): SGW3050G

Coverage

: Third Party, Fire & Theft

Policy Commencement Date : 12 JULY 2022 00:00

Policy Expiry Date

: 11 JULY 2023 23:59

Maximum Liability (Section I) : Market value at time of loss

Excess*

: NIL

Voluntary Excess*

: N.A

Windscreen Excess*

: N.A.

Persons or Classes of Persons entitled to drive*

- 2. 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.

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.

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) 6461 6555.

t/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the previsions of the Motor Vehicles (Third-Party Risks and Componsation) 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.

Lui 20

Authorised Signatory

Date/Time of Issue: 30 JUNE 2022 08:20

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 Insurance is terminated during its currency, the Insurand 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).
 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: 11K06000 & DNS AGENCY CI Code: 22A _R0DHHW4PY0M0Q2A

^{*} Subject to GST wherever applicable

















