

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 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	04/08/2022 16:49 (SGT)
Reported by	Driver
Date of Accident	03/08/2022 13:40 (SGT)
Exact Location of Accident	Lornie Hwy, Singapore
Additional Location Information	LORNIE HWY TO PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2740Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHONG GEE
NRIC No	S1794858Z
Email Address	TANPYJAS@GMAIL.COM
Mobile Phone No	(Phone) +65-96365383
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	HD AVANTE 1.6 A
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01017462

DRIVER

Name of Driver	TAN PEK YEAN
NRIC No	S1803392E
Date Of Birth	23/09/1967
Occupation	Indoor

Date Of Driving Pass	16/05/1990
Driving experience	32 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97335439
Alt. Phone Number	-
Email Address	TANPYJAS@GMAIL.COM
Address	261A SENGKANG EAST WAY
Address complement	#13-420
Postcode	541261
Is the driver the policyholder?	No
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	Raining
Road Surface	Wet

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)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

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	SJA7827L
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

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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.:

Date of accident: 3/8/22 Time: 140pm Location: Along Larive Highway to Pie
 My Vehicle A: SJM2740Y Vehicle B: SJA7827L Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3rd Aug around 1.40pm, I was driving along Larive Highway turning down toward Pie Taps, there were heavy traffic along the turn due to the side road work. I travelling around 20km/h following vehicle SJA7827L and the front car suddenly stop and I immediately apply break but still collided to the front vehicle, weather was light rain and the road condition was wet.

B Vehicle : SJA7827L

A Vehicle : SJM2740Y

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer 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.:

Printed Name:

Printed Name:



















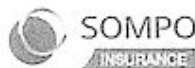












Sampo Insurance Singapore Pte. Ltd.

50 Raffles Place, #09-09
Singapore Land Tower, Singapore 048629
Tel: 6501 6555 | Fax: 6221 3302 | www.sampo.com.sg
Co. Reg. No.: 199905490E | GST Reg. No.: M200993196

PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11109004

Policy No. : D21MTPV01017462

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 : NG CHONG GEE
Address : BLK 261A SENGKANG EAST WAY
#13-420
SINGAPORE 541261

Business/Profession : ALL EMPLOYEES

INSURED DETAILS

Date of Birth & Age : 25 JUL 1967 & 54 years old
Driving Experience in Singapore : 29 years
Identification Type : NRIC(Singaporean)
Marital Status : MARRIED
Gender : Male
Identification No. : S17948562

Period of Insurance : 27 DECEMBER 2021 00:00 TO 26 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. : SJM2740Y
Chassis No. : KMHDU41BR9U648658
Engine No. : G4FC8U566658
Vehicle Make & Model : HYUNDAI AVANTE 1.6
Engine Capacity : 1591
NCD Entitlement : 50%
Year of Registration : 2008
NCD Protection : No
Estimated value of Vehicle : Market value at time of loss
Hire Purchase Owner : NIL

PREMIUM DETAILS

Premium after applicable discount(s) : S\$ 738.29
GST : S\$ 51.68
Premium (incl. GST) : S\$ 789.97

Coverage : Comprehensive - ExcelDrive FOCUS

Excess : \$ 500 - Section I

Voluntary Excess : N/A

Additional Excess :
Named Young and/or Inexperienced Drivers : S\$1,500
Un-named Young and/or Inexperienced Drivers : S\$3,000
Un-named All Other Drivers : S\$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 AA3 - ExcelDrive Focus Plan
Endorsement D1 - Young and/or Inexperienced Drivers
Endorsement E - Excess Clause
Endorsement H - Total Loss
Endorsement M - Inclusion Of Special Perils
Endorsement P6 - Riot And Strike Endorsement

Additional Cover : NIL

Named Drivers :
1. Name : NG CHONG GEE
Date of Birth & Age : 25 JUL 1967 & 54 years old
Driving Experience in Singapore : 29 years

Date of Issue : 10 DECEMBER 2021
Intermediary Name : VOUCH INSURTECH PTE. LTD.
Producer Code & Name : ISB09000 & VOUCH INSURTECH PTE. LTD.
User Code : CORPWEB/CORPWEB
Old Policy No. : D20MTPV01016788

Signed on this 10th day of December 2021
for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.

Authorised Signatory
CI Code : 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
- 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 operator that you would like to place a collect call, or call on reverse charge basis.