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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.

4. The issue and acceptance of this 1 data of the Police for investigation.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

08/08/2022 12:11 (SGT) 05/08/2022 17:30 (SGT) AYE, Singapore TOWARDS CITY (BEFORE JURONG TOWN HALL EXIT)

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGF2882T

Singapore

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No LOW SANDY (LIU SANDY) SXXXX938H cs8558cs@gmail.com (Phone) +65-96707677

VEHICLE PARTICULARS

Manufacturer

Transmission

CC

Model 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

Toyota Rav4

Private use

No - Claiming third party Private car

Auto 1987

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Sompo Insurance Singapore Pte. Ltd. D22MTPV01003892

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LOW SANDY (LIU SANDY) SXXXX938H 28/10/1982 Indoor

22/02/2005 Date Of Driving Pass 17 YEARS AND 6 MONTHS Driving experience Female Gender (Phone) +65-96707677 Mobile Number Alt. Phone Number cs8558cs@gmail.com Email Address BLK 347 CLEMENTI AVENUE 5 #03-62 Address Address complement 120347 Postcode 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No 2 Number of vehicles involved in the accident Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? No 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? 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? Yes Reasons for not uploading a video of the accident WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7653J
Vehicle Manufacturer	-
Vehicle Model	•
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW SANDY (LIU SANDY)
Gender	Female
Phone No	(Phone) +65-96707677
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGF2882T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 <u>truthful and accurate as possible</u>. 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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' 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.

Policyholder's Signature / Date & Time

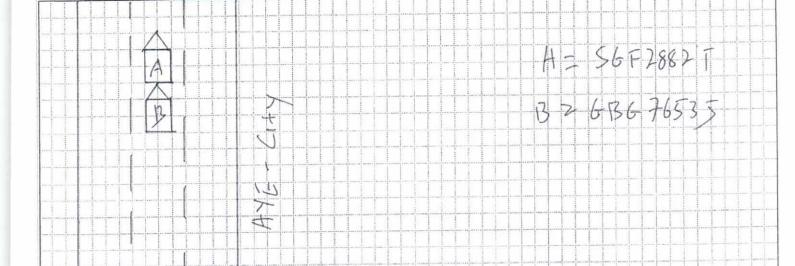
Sketch Plan

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

& Time

messed by Reporting Centre Personnel

(Name as in NRIC/ID card)



I was traveling along ATE towards CIty, I Sloved down and Stop due to the Stant car has stopped, Suddenly Vehicle B Collided onto the rear of my car.
I Sloved down and Stop due to the Stant car has stopped, Suddenly Vehicle B Collided
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has stopped, Suddenly Vehicle B Collided
has stopped, Suddenly Vehicle B Collided
onto the rear of my car.
ONTO THE PEAR OF MY CAR.

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.
Date of Accident: 05 108 12022 (dd/mm/yy) Time of Accident: 17 : 30 (24-HR-FORMAT)
Vehicle No. SEF 28827 Vehicle Make & Model / Engine (cc): Toyoth Exact location of Accident: ATE TOWARDS CITY (BEFORE THYONG TOWN HAIL EXIT)
Policyholder's Name / IC No.: Low Sandy 5(8) 33938-1 ROC/UEN (Company)
Driver's Name / IC No.: (As Above)
Driver's Contact No.: 9670 7677 Company Contact No / Owner Contact No:
Driver's Address: BUK 347 CLEMENTI AVENUE 5 #03-62 SINCAPORE 120347
Owner Email address: CS 8558 CS @ AMAIL. WM Insurance Company: SOMPO
Driver Email address :
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Nas being used at time of accident? Occupation (nature of job) Indoor/ Outdoor
Private use / Work purpose *No. of Passengers (Including Driver):
Passenger Name: Gender: Male / Female x () Passenger Name: Gender: Male / Female x ()
Weather condition & Road conditions? (On the day of accident)
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Vas there any video captured by your Car Camera? Yes / No Remarks: With OWher
Any Injuries: Yes / No (If YES) Injured Person' Name: VIVEL
njuries Sustain: 1303-/ Injured Person in Which Vehicle: 56F 2882 T
olice Report filed: Yes / No (If YES) Which Police Station:
The Other Party(s) Details: 76535
Driver's Name / IC No: Vehicle No: 486
Driver's Contact No:Insurance Company :
Driver's Name / IC No (If Any):
Driver's Contact No:Insurance Company :
Independent Witness (If Any): Contact No:
Preferred Workshop Name: Contact No:



50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg Co. Reg. No.: 198005490E | GST Reg. No.: M200903195

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.

: D22MTPV01003892

Insured

: LOW SANDY (LIU SANDY)

Motor Vehicle (Registration No.): SGF2882T

Coverage

: Comprehensive - ExcelDrive PRESTIGE

Policy Commencement Date

: 29 MARCH 2022 00:00

Policy Expiry Date

: 28 MARCH 2023 23:59

Maximum Liability (Section I)

: Market value at time of loss

Excess*

: \$600 - Section I

Voluntary Excess*

: N.A

Windscreen Excess*

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

Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured.

Any other person who is driving on the Insured's order or with his permission.

3. 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.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

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) 6226 3323.

I/We HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) 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.

Authorised Signatory

Date/Time of Issue: 28 FEBRUARY 2022 10:28

IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle;
Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter189), it shall be unlawful 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 insurance 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.