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OD (TP)! Reporting Only .	i-Photo Uploaded.		
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TP Insurer:	Ass't Report by Fax/	Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (· A	Tel:	Fax:
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Owner / Driver: (. Tel:) Cover Type: (),
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		Date&Type	Cath Letus Come Done by
Remarks (i) (hor)ine: 6788366 1) Apply for Transport Allowance () / Courtesy Car ()	•	
2) QC Check/ Post Repair Inspection			
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arnaged Portion:		7) N1: Idao DA + SMRT Sur 8) NTUC Additional Services	cy 3160
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C Checked by (Engr-In-Charge)		*145: Courtesy Car/Tpt Al	310
TENNAPO SERVI INDIAL CARL CARROLLA VALLA		*N7: Post Repair Inspectio *N8: DV / Collect Excess	n · S25
arditors Comments		TP (NII) : TP (Non INC)	against litic \$20 .
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SN09228F000A / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/08/2022 16:13 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (15/08/2022 16:13 (SGT))



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

- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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 at 7. By the lodgement of this report to the insurers, you hereby consent	pplication by interested parties. to the archiving of this report at the centre and to copies of the report being made available aforesaid.
基本产生1 1万亩产品产品产品产品	ACCIDENT STATEMENT
Date of Submission Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	Both 12/08/2022 19:36 (SGT) 58, Jalan Abiad, Taman Tebrau Jaya, 80400 Johor Bahru, Johor, Malaysia
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ5454Z
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No	TAN WAH KIAN

Email Address kelvin.3456@hotmail.com Mobile Phone No (Phone) +65-96233456 Alternative Phone No

Manufacturer Honda Model Civic

Variant Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car

Transmission Auto CC 1597

INSURANCE COMPANY

VEHICLE PARTICULARS

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D21MTPV01007950

DRIVER

Name of Driver TAN WAH KIAN NRIC No SXXXX343A Date Of Birth 08/10/1970

Occupation Indoor Date Of Driving Pass 17/01/1991 Driving experience 31 YEARS AND 7 MONTHS Gender Male Mobile Number (Phone) +65-96233456 Alt. Phone Number Email Address kelvin.3456@hotmail.com Address BLK 336 WOODLANDS AVENUE 1 #06-515 Address complement Postcode 730336 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident 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) 0 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? Woodlands West Neighbourhood Police Centre Police Station Name (Phone) +65-18003639999 Police Station Phone No (Fax) +65-63640997 Alt. Police Station Phone No 1 Woodlands St 12 Singapore 738622 Police Station Address Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT L/20220813/2054 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA485A
Vehicle Manufacturer Toyota
Vehicle Model C-hr



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.
- 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
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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, acknow ledge, 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 & Time

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

MAKAGWOV

Witnessed by Reporting Centre

Personnel

PARK

CAR WAS

Sketch Plan

Describe Circumstances of the Accident PLHFUL TO POSICH BUPON U 2022 0 1 2 70 5 4	Describe Circumstances	of the Accident		
	REJER 20	Dodlch Phoops	1/2022 0/42/20416	
	7.076 0. 70	The state of the s	21/022/01/1/10/4	
			/	
			/	
	iro co iro			

Declaration

We declare the foregoing particulars are true in every respect.

20m ull 15/8/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





1 of 2

Report No. L/20220813/2054

POLICE REPORT (NP299)

Police Station Of Origin Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

Date/Time Report Made 13/08/2022 19:08	Vide Re	port No.		Station Diary No. 56
Name Of Informant	Address			
TAN WAH KIAN	APT BLK 336 WOODLANDS AVENUE 1 #06-515 SINGAPORE 730336			E 1 #06-515
ID Type / ID No.	Contact			
NRIC NO / S7035343A	Home/Office Mobile			
			96233456	
Nationality	Email Address			
SINGAPORE CITIZEN	kelvin.3456@hotmail.com			
Occupation	Sex	Age	Date of Birth	Race
Sales manager	Male	51	08/10/1970	Chinese
Institution/School Name	Languag	ge		
Date/Time Of Incident	Location	Of Inciden	t	
12/08/2022 19:00 - 12/08/2022 21:00	58 Jalan Abiad, Taman Pelangi, 80400 Johor Bahru,			
	Johor, Malaysia			
	MALAYSIA			

Brief details.

On 12/08/2022 at 1900hrs, I parked my vehicle (VRN: SKZ5454Z) near the Bangkok Spa at Jalan Abiad, Johor Bahru and went for my massage. Everything was still intact, and nothing was amiss.

On the same day at 2100hrs, I went back to my vehicle. I start the engine and I was alerted by my cam recorder that my vehicle was impact. I then made a checked on my vehicle and discovered that my front

Signature Of Officer Recording The Report: L / SGT 3 SITI NURAIMI BINTE HASSAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2022 19:08
Officer In-Charge Of Case: L / Woodlands West N.P.C. / SGT 3 PATRICIA TAN SHILING Contact No.: 64660000	Classification Of Case:





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220813/2054

grill and front bumper crack. I checked my cam recorder and found out that my vehicle was being hit by another Singapore vehicle (VRN: SMA485A) at about 1936hrs.

I wished to state that did not lodge any traffic report in Malaysia. I am lodging this report for my record purpose and to claim from my insurance.

Signature Of Officer Recording The Report: L / SGT 3 SITI NURAIMI BINTE HASSAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/08/2022 19:08
Officer In-Charge Of Case: L / Woodlands West N.P.C. / SGT 3 PATRICIA TAN SHILING Contact No.: 64660000	Classification Of Case:

ACCIDENT'STATEMENT

	DENT DATE: (12/08/2022) (DD/MM/YYYY), TIME: (19:36) (HH:MM)
LOCA	MON: Bangkok Spa at Jalan Abrad, John Bahr
٦,	DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SKZSYSYZ
	blinsurance company: Sompo
	CIPOLICY NUMBER: D21 MTPV 1007950
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	FITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE. / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
*	h) PURPOSE OF USING AT ACCIDENT TIME: 19.36
" "	I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES ALO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2	ANAME: Yan Wah Kigh MALEY FEMALE!
	bINRIC/FIN/PASSPORT: \$70353 43 A CONTACT:
	CIADDRESS: 336, wood londs the 1 506-313
	5/730336
Malla of process	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER
WHO of passonger	a) NAME: AS ASOME (MALE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT: CONTACT:
(0)	c) ADDRESS:
	"d) DATE OF BIRTH: (08/ 19/1970)(DD/MM/YYYY) :
*	ODATE OF BIRTH: (08) (1770) (DD/MM/YYYY) O) OCCUPATION (INDOOR) OUTDOOR) FIDATE OF DRIVING PASC 17 Jan 1991
	FIDATE OF DRIVING PASC 13 Jan 1991
4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)
5	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNERS CHERRY RAINING / OTHERS
0,	b) ROAD SURFACE (DRY) WET / OTHERS
	WAS ANYRODY IN HIRED (YES (NO))
7.	a) REPORTED TO POUCE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: Woodleads West N.A.C.
8	THIRD PARTY VEHICLE
4 Ho of passanger	a) VEHICLE NUMBER: SMA 403 A MODEL: 104814 CITY
(Including driver)	b) DRIVER'S NAME:
() 9.	C) (IIIIO) III (I I I I I I I I I I I I I I I I I
	THIRD, P'ARTY VEHICLE a) VEHICLE NUMBER: MODEL: "
Who of passenger	el DRIVER'S NAME:
(Including driver)) F) NRIC/FIN/PASSPORT: CONTACT:
(
,	

email = Kelvin. 3456 @ hotmail. com





50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sq Co. Reg. No.: 198905490E | 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.

: D21MTPV01007950

Insured

: TAN WAH KIAN

Motor Vehicle (Registration No.): SKZ5454Z

Coverage

: Comprehensive - ExcelDrive PRESTIGE

: 13 JULY 2021 00:00

Policy Commencement Date Policy Expiry Date

: 04 DECEMBER 2022 23:59

Maximum Liability (Section I)

: Market value at time of loss

Excess*

: \$500 - Section I

Voluntary Excess*

· N.A

Windscreen Excess*

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

Persons or Classes of Persons entitled to drive*

- The Insured.
- 2. 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 ter 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: 02 JUNE 2021 10:10

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 Insured 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: 11D09106 & D&S AUTO AGENCY CI Code: 22A DWDMOW4K21MMVRAN

^{*} Subject to GST wherever applicable