

Your Ref : **XE 1706E**
Our Ref : **CS/1102/22/S3**
Date : **16 August 2022**

Fax : **6223 7262**
Tel : **3152 0980**
Email : **serene@libertylaw.com.sg**

Lonpac Insurance Bhd
By email mt_claim@lonpac.com only

DATE OF ACCIDENT: 15 AUGUST 2022
NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by Goh Kwang Chow Gregory, the owner of SMG 1266C to notify you of a road traffic accident on 15 August 2022 at about 5.21p.m at the slip road of Tampines Expressway (TPE) towards East Coast Parkway (ECP), involving our client's vehicle registration number SMG 1266C, vehicle registration number GBE 4106C, vehicle registration number GY 4391E and a vehicle registration number **XE 1706E**, which was insured by you at the material time. A copy of the Singapore accident statement is enclosed herein.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

Serene

Enc.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 15/08/22 (dd/mm/yy) Time of Accident: 1721 (24-HR-FORMAT)

Vehicle No.: SMG 1266C Vehicle Make & Model: MITSUBISHI Eclipse

*Transmission: ☐ Manual ☒ Auto *C.c.: 1600

Exact location of Accident: TPE Slip rd towards EEP

Policyholder's Name: Goh Kwang Chou Gregory NRIC/FIN/REG No.: _____

*Policyholder's email address: _____

Driver's Name: Goh Kwang Chou Gregory NRIC/FIN/REG No. _____

*Driver's email address: _____

Driver's Contact No.: _____ Company Contact No (if any): _____

Date of birth: _____ Driving Pass Date: 23/8/05

Driver's Address: _____

Insurance Company: Sompo Insurance

Policy No.: D21MTPV0101717 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

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)

Type of Accident

☐ Chain Collision / ☐ Head To Rear / ☒ Side Swipe / ☐ Other TP cut lane

Occupation (nature job): ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver: 1

*Passenger Name: _____ Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☒ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injured Person in Which Vehicle: _____ Any injured conveyed to hospital by ambulance? : ☐ Yes ☒ No

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Traffic Police

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: (B) XE1706E

Driver's Contact No: _____ Insurance Company: _____

*No. of Passenger/(including Driver): _____ (C) GBE4106C

(If policyholder is not sure or did not check, please state so in the description portion of the report)

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: (D) GY4391E

*No. of Passenger/(including Driver): _____

(If policyholder is not sure or did not check, please state so in the description portion of the report)


*Independent Witness (If Any): _____ Contact No: _____

Describe Circumstances of the Accident

I was driving on the extreme left lane when vehicle B (XE1706E) cut into my lane from lane 2 and hit the right side of my vehicle. The impact caused me to filter to the left (Road Shoulder). vehicle C, GBE4106C, came from behind hit & grazed the right portion of my vehicle. When I alighted from my vehicle, I discovered there is another vehicle (D) GY4391E had also hit the rear of vehicle (C) GBE4106C.

Declaration

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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 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. 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, 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

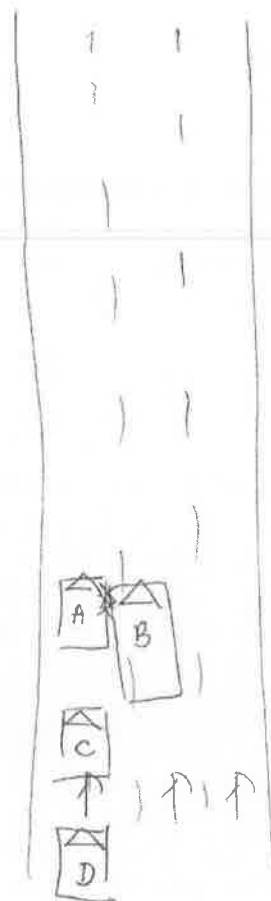
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

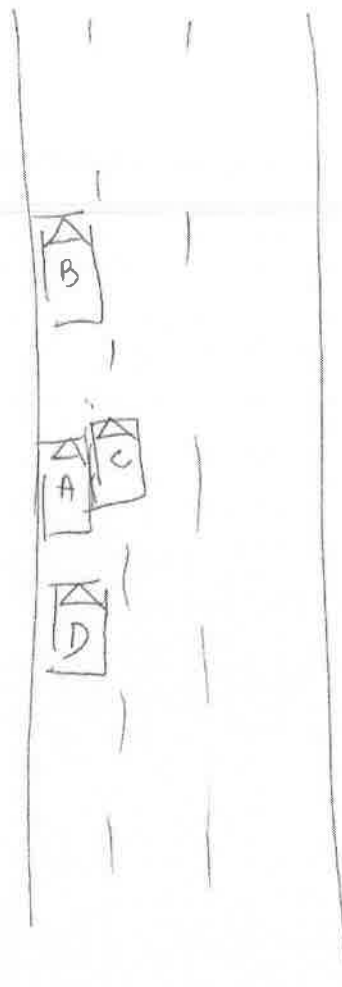
Sketch Plan

Refer Attached

Impact 1



Impact 2



A - SM 61266C

B - XE 1706E

C - GBE 4106C

D - GY 4391E



SINGAPORE POLICE FORCE



T/20220815/7041

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220815/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2022 19:52		Vide Report No.: G/20220815/0132		Station Diary No.:	
Informant's Particulars					
Name of Informant: GOH KWANG CHOW, GREGORY			Address: !		
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email: (
Sex: Male	Age:	Date of Birth:	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/08/2022 17:21	Type of Location: Straight Road
Location: TPE SLIP ROAD KPE > ECP (LP120)				
Lamp Post Number: 120				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: BETWEEN MOVING VEHICLES SIDE TO SIDE AND HEAD TO REAR				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE4106C	Van		URVAN NV350	Blue	Slightly Damaged	0
GY4391E	Van		URVAN	Silver	Slightly Damaged	0
SMG1266C	Car	MITSUBISHI	ECLIPSE CROSS	Red	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220815/7041

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20220815/7041

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
XE1706E	Lorry			Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG1266C	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV01017019	27/12/2021	26/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH KWANG CHOW, GREGORY		ID No. S8516244F
Related Vehicle	SMG1266C (Car)		Contact No. 91179001
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of NIL

Brief Details.

I EXIT TPE AND ENTERED KPE TOWARDS ECP TRAVELING ALONG THE 3RD LANE THROUGHOUT WHEN TRUCK (XE1706E) FILTERED INTO MY LANE FROM LANE 2. XE1706E HIT MY DRIVER SIDE AND THE IMPACT CAUSED ME TO SWIRVED LEFT INTO THE ROAD SHOULDER AND JAM BREAK. BLUE VAN (GBE4106C) WAS BEHIND ME AND GRAZED THE DRIVER SIDE OF MY CAR.



**SINGAPORE
POLICE FORCE**



T/20220815/7041

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20220815/7041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAN JUN YAN
Contact No.: 65476311

This report is lodged at Pasir Ris NPC Kiosk 1
NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/08/2022 19:52

Classification Of Case:

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. : D21MTPV01017019
Insured : GOH KWANG CHOW GREGORY
Motor Vehicle (Registration No.): SMG1266C
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 27 DECEMBER 2021 00:00
Policy Expiry Date : 26 DECEMBER 2022 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.
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 (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.



Authorised Signatory

Date/Time of Issue : 29 NOVEMBER 2021 10:06

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle.
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), 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.
- o 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).
- o 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 4WDHSC22KLYLJRX