

## 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 ..... 30/07/2022 12:16 (SGT)  
Reported by ..... Both  
Date of Accident ..... 27/07/2022 10:45 (SGT)  
Exact Location of Accident ..... Malaysia  
Additional Location Information ..... CAUSEWAY TWDS SINGAPORE MALAYSIA CHECKPOINT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLQ8468A

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD  
Company Reg No ..... 199400399N  
Email Address ..... andreas9590@hotmail.com  
Mobile Phone No ..... (Phone) +65-97963061  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Hyundai  
Model ..... Tucson  
Variant ..... -  
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? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1600

#### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D22MTPV01011666

#### DRIVER

Name of Driver ..... LIM SIEW LOONG  
NRIC No ..... S7703403Z  
Date Of Birth ..... 03/02/1977  
Occupation ..... Indoor

Date Of Driving Pass .....	13/05/1996
Driving experience .....	26 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97963061
Alt. Phone Number .....	-
Email Address .....	andreas9590@hotmail.com
Address .....	BLK 170C PUNGGOL FIELD #15-693
Address complement .....	-
Postcode .....	823170
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
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 .....	-

#### PASSENGER 1

Name .....	TAN YEE PENG
Gender .....	Female

#### PASSENGER 2

Name .....	AVAN LIM
Gender .....	Male

#### PASSENGER 3

Name .....	AVRYL LIM
Gender .....	Female

#### 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

I WAS TRAVELLING ALONG CAUSEWAY OF MALAYSIA TOWARDS SINGAPORE ON THE CENTER LANE OF 3 LANES BEFORE MALAYSIA CHECKPOINT. AS WE WAS WAITING AND MOVING SLOWLY AHEAD TO CLOSE THE CUSTOM, WHILE WAITING TO MOVE FORWARD, ONE M/CAR (SLV811T) SUDDENLY ENCROACHED INTO MY PATH FROM THE LEFT MOST LANE INTO THE CENTER LANE AND THUS COLLIDED ONTO THE LEFT FRONT PORTION OF MY VEHICLE. I WOULD LIKE TO STATE THAT I WAS BEHIND SOME OTHER UNKNOWN VEHICLE AND BEFORE I MOVE OFF , THE SAID CAR ENCROACHED AND COLLIDED ONTO MY STATIONARY STOP VEHICLE.

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 ..... SLV811T  
 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 ..... VEHICLE B  
 No. Of Passenger (Including Driver) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... LIM SIEW LOONG  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SLQ8468A  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... TAN YEE PENG  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SLQ8468A  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 3

Name of injured person ..... AVAN LIM  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SLQ8468A  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

INJURED 4

Name of injured person .....	AVRYL LIM
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLQ8468A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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.

MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

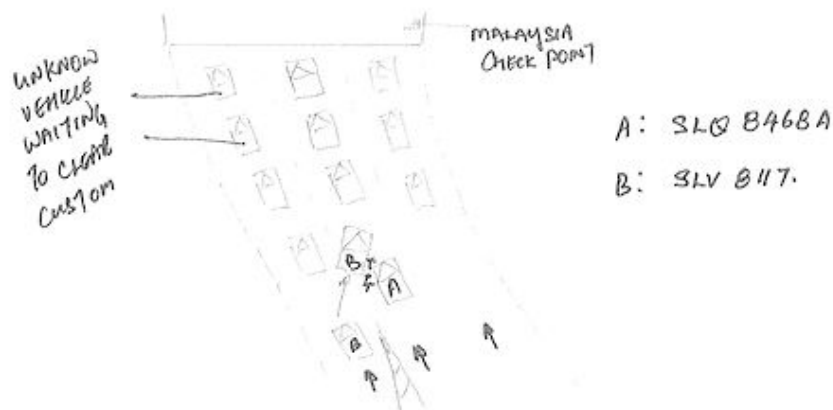
Matthew Lee (MR)  
Senior Manager  
Total Vehicle Solutions Department

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



## Describe Circumstances of the Accident

I WAS TRAVELLING ALONG CAUSEWAY OF MALAYSIA TOWARDS SINGAPORE ON THE CENTRE LANE OF 3 LANE BEFORE MALAYSIA CHECKPOINT AS WE WAS WAITING AND MOVING SLOWLY AHEAD TO CLEAR THE CUSTOM, WHILE WAITING TO MOVE FORWARD ONE M/CAR SLV BIT SUDDELY ENCRACH INTO MY PATH FROM THE LEFTMOST LANE INTO THE CENTRE LANE AND THIS COLLIDED ONTO THE LEFT FRONT PORTION OF MY VEHICLE. I WOULD LIKE TO STATE THAT I WAS BEHIND SOME OTHER UNKNOWN VEHICLE AND BEFORE I MOVE OFF THE SAID CAR ENCRACH AND COLLIDED ONTO MY STATIONARY STOP VEHICLE.

## Declaration

I/We declare the foregoing particulars are true in every respect.

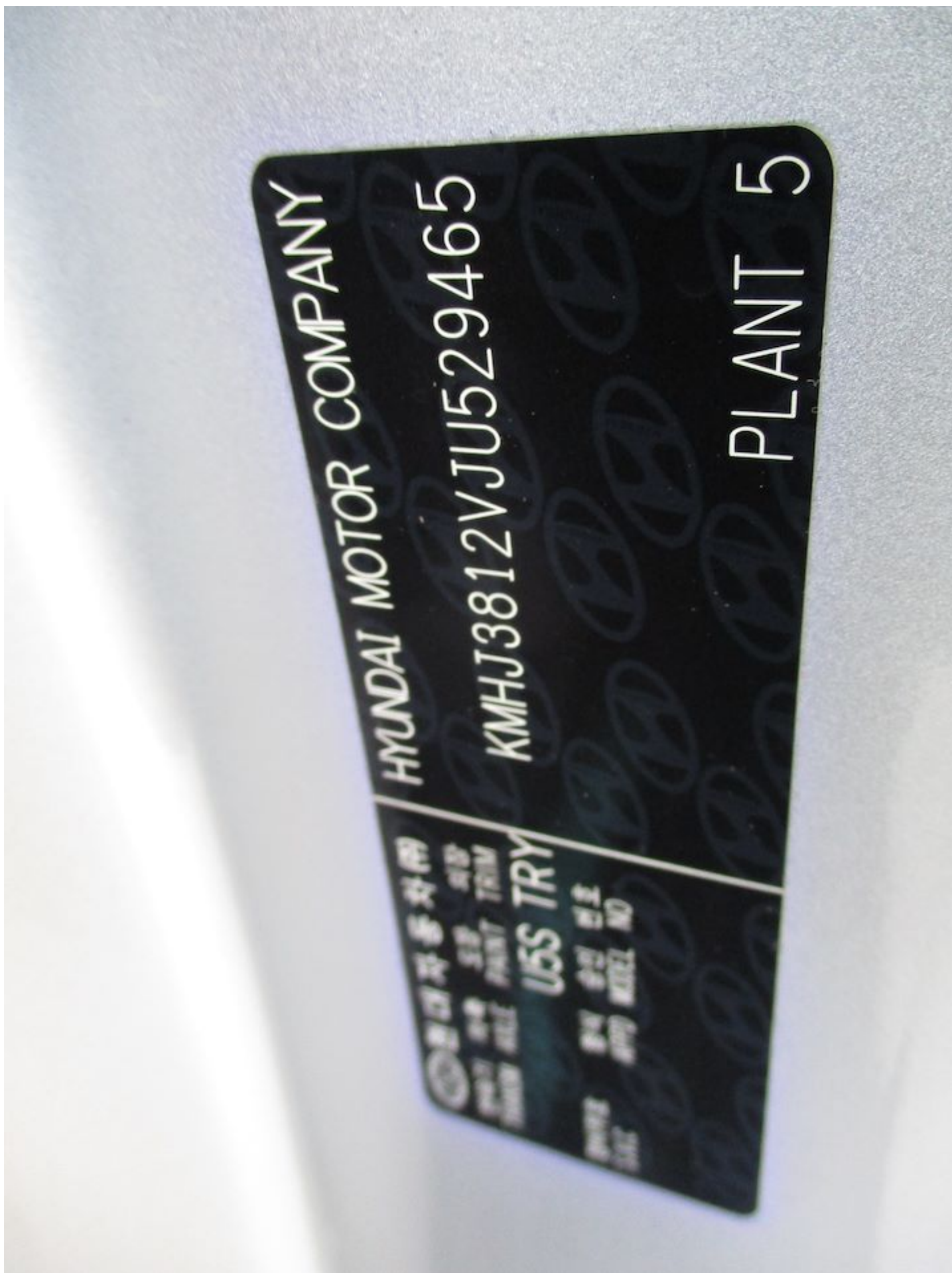
  
 MATTHEW LEO (M)  
 Senior Manager  
 Total Vehicle Solutions Department

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
 Personnel

































Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03  
Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg  
Co. Reg. No.: 198905490E | GST Reg. No.: M200003196

## 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)

Cert No./Policy No. : D22MTPV01011666  
1. Registration No. : SLQ8468A  
2. Insured Name : MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.  
3. Commencement Date : 25 JULY 2022 00:00  
4. Expiry Date : 24 JULY 2023 23:59  
5. Coverage : Market value at time of loss - Comprehensive - ExcelDrive GOLD  
6. Excess : \$1000 - Section I

7. Persons or Classes of Persons entitled to drive\*  
Any person who is driving on the Insured's order or with their permission.

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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

8. Limitations as to use\*  
a) Use for the carriage of passengers or goods in connection with the Insured's business.  
b) Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- 1) Use for racing, pacemaking, reliability trial or speed-testing.
- 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.

Date/Time of Issue : 12 JULY 2022 09:52

\*Limitation rendered inoperative by section 8 of the Motor Vehicles(Third-Party Risks and Compensation)Act (Chapter 189 and section 95 of the Road Transport Act,1987(Malaysia), are not to be included under these headings.

## IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.
2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they 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. (Cap. 189)
3. The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.
4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.
5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy

Intermediary Code & Name : 11H13200 & MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD. CI Code: 26F \_JJDS4P0\_M1CZA