

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	17/08/2022 17:40 (SGT)
Reported by	Both
Date of Accident	16/08/2022 17:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	50 MARINE PARADE ROAD ROUNDABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6918Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH SHO BOON
NRIC No	S7939234J
Email Address	joyleeshi@me.com
Mobile Phone No	(Phone) +65-90267830
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	1.8 CVT
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	1798

INSURANCE COMPANY

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

DRIVER

Name of Driver	LEE SHI JOY
NRIC No	S8633062H
Date Of Birth	18/11/1986
Occupation	Indoor

Date Of Driving Pass	02/02/2007
Driving experience	15 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90664533
Alt. Phone Number	-
Email Address	joyleeshi@me.com
Address	BLK 517C JURONG WEST ST 52 #15-567
Address complement	-
Postcode	643517
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	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)	2
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	GOH DE GUANG NOAG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE STATED VENUE, DATE & TIME. I, VEHICLE A, BEARING CAR PLATE SLN6918Y WAS STATIONARY BEHIND THE STOP LONE ON LANE 1 AT MARINE PARADE ROAD. AFTER I CHECKED AND PREPARED TO LEAVE THE STOP LINE, BEFORE ENTERING INTO THE ROUNDABOUT. SUDDENLY, I FELT A POWERFUL IMPACT FROM THE REAR PORTION OF THE VEHICLE. I SLOWLY MOVE MY CAR TO THE SIDE OF THE ROAD AND ALIGHTED MY CAR. I TOOK PHOTOS OF THE ACCIDENT SCENE AND EXCHANGED PARTICULAR WIT THE OTHER PARTY. AT NIGHT MY KID AND I FELT THE PAIN FROM THE ACCIDENT. SO THE NEXT DAY. MY KID AND I SUFFER PAIN ON OUR NECK AND LOWER BACK, SO WE WENT TO ICON MEDICAL CLINIC AT JURONG WEST TO CONSULT A DOCTOR. WE RECEIVED 3 DAYS MC
I LIKE TO STATE THAT MY KID WAS SITTING ON THE FRONT PASSENGER SEAT WITH HIS SEAT BELT ON

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 SLJ4610T
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEE SHI JOY
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK & SHOULDER PAIN
 Injured person in which vehicle? SLN6918Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person GOH DE GUANG NOAH
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK & SHOULDER PAIN
 Injured person in which vehicle? SLN6918Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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6. Consent under the Personal Data Protection Act (POPA)

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.

[Signature]

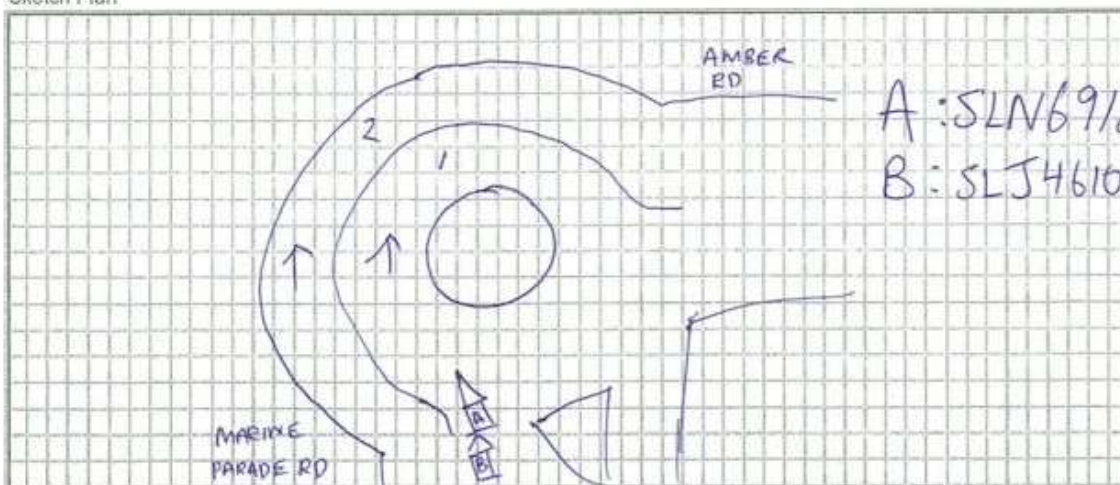
Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel
(Name as in NEUCID card)

Sketch Plan



















**SINGAPORE
POLICE FORCE**

T/20220817/7012

4 of 4

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

Report No. T/20220817/7012

CONTINUATION OF REPORTSketch 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 / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

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

Date/Time:
17/08/2022 12:18

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20220817/7012

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

3 of 4

Report No. T/20220817/7012

CONTINUATION OF REPORT

6/12





**SINGAPORE
POLICE FORCE**



T/20220817/7012

2 of 4

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

Report No. T/20220817/7012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	GOH DE GUANG, NOAH	ID No.	T1016412A
Related Vehicle	SLN6918Y (Car)	Contact No.	90664533
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	17/08/2022	Date	17/08/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	LEE SHI, JOY	ID No.	S8633062H
Related Vehicle	SLN6918Y (Car)	Contact No.	90664533
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	17/08/2022	Date	17/08/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SLN6918Y WAS STATIONARY BEHIND THE STOP LINE ON LANE 1 AT MARINE PARADE RD.

AFTER I CHECKED AND PREPARED TO LEAVE THE STOP LINE, BEFORE ENTERING INTO THE ROUNDABOUT.

SUDDENLY, I FELT A POWERFUL IMPACT FROM THE REAR PORTION OF THE VEHICLE.

I SLOWLY MOVE MY CAR TO THE SIDE OF THE ROAD AND ALIGHTED MY CAR.

I TOOK PHOTOS OF THE ACCIDENT SCENE AND EXCHANGED PARTICULARS WITH THE OTHER PARTY.

AT NIGHT I AND MY KID FELT THE PAIN FROM THE ACCIDENT. SO THE NEXT DAY, I AND MY KID SUFFER PAIN ON OUR NECK AND LOWER BACK. SO WE WENT TO ICON MEDICAL CLINIC AT JURONG WEST TO CONSULT A DOCTOR. WE RECEIVED 3 DAYS OF MC.

I LIKE TO STATE THAT MY KID WAS SITTING ON THE FRONT PASSENGER SEAT WITH HIS SEAT BELT ON.


**SINGAPORE
POLICE FORCE**


T/20220817/7012

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

1 of 4

Report No. T/20220817/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2022 12:18	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LEE SHI, JOY		Address: 517C JURONG WEST STREET 52 #15-567 SINGAPORE 643517	
ID Type / ID No.: NRIC NO / S8633062H		Contact No.: Home/Office: Mobile: 90664533	
Nationality: SINGAPORE CITIZEN		Email: JOYLEESHI@ME.COM	
Sex: Female	Age: 35	Date of Birth: 18/11/1986	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/08/2022 17:25	Type of Location: Roundabout
Location: MARINE PARADE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLJ4610T	Car				Seriously Damaged	0
SLN6918Y	Car				Seriously Damaged	1



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: 19905490E | 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)

Certificate/Policy No. : D21MTPV01011612
 Insured : GOH SHO BOON (WU SHUWEN)
 Motor Vehicle (Registration No.): SLN6918Y
 Coverage : Comprehensive - ExcelDrive GOLD
 Policy Commencement Date : 07 OCTOBER 2021 00:00
 Policy Expiry Date : 06 OCTOBER 2022 23:59
 Maximum Liability (Section I) : Market value at time of loss
 Excess* : \$600 - Section I
 Voluntary Excess* : N.A
 Windscreen Excess* : \$5100.00 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.

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.

Li' So

Authorised Signatory

Date/Time of Issue : 16 AUGUST 2021 15:01

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 : 11D09106 & D&S AUTO AGENCY CI Code: 22A_XHDSH228BMVYRA