





## 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	05/09/2022 17:53 (SGT)
Reported by	Driver
Date of Accident	02/09/2022 13:10 (SGT)
Exact Location of Accident	Woodlands Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK1112D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG JIAYING
NRIC No	SXXXX929J
Email Address	hwapengauto@singnet.com.sg
Mobile Phone No	(Phone) +65-97506117
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Vitara
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	1595

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01017566

### DRIVER

Name of Driver	NG THIAN HUAT
NRIC No	SXXXX454J
Date Of Birth	07/06/1957
Occupation	Indoor

Date Of Driving Pass	25/10/1978
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96650117
Alt. Phone Number	-
Email Address	hwapengauto@singnet.com.sg
Address	BLK 415 ANG MO KIO AVENUE 10 #03-967
Address complement	-
Postcode	560415
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDV8890G
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Brown
Vehicle Category	Private car
Name of Driver	ONG ANN KAR
NRIC No	SXXXX890Z

Contact Number	-
Address	-
Address complement	BLK 540 JELAPANG ROAD #08-40
Postcode	670540
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## SKETCH PLAN

### IMPORTANT NOTICE

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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.
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:

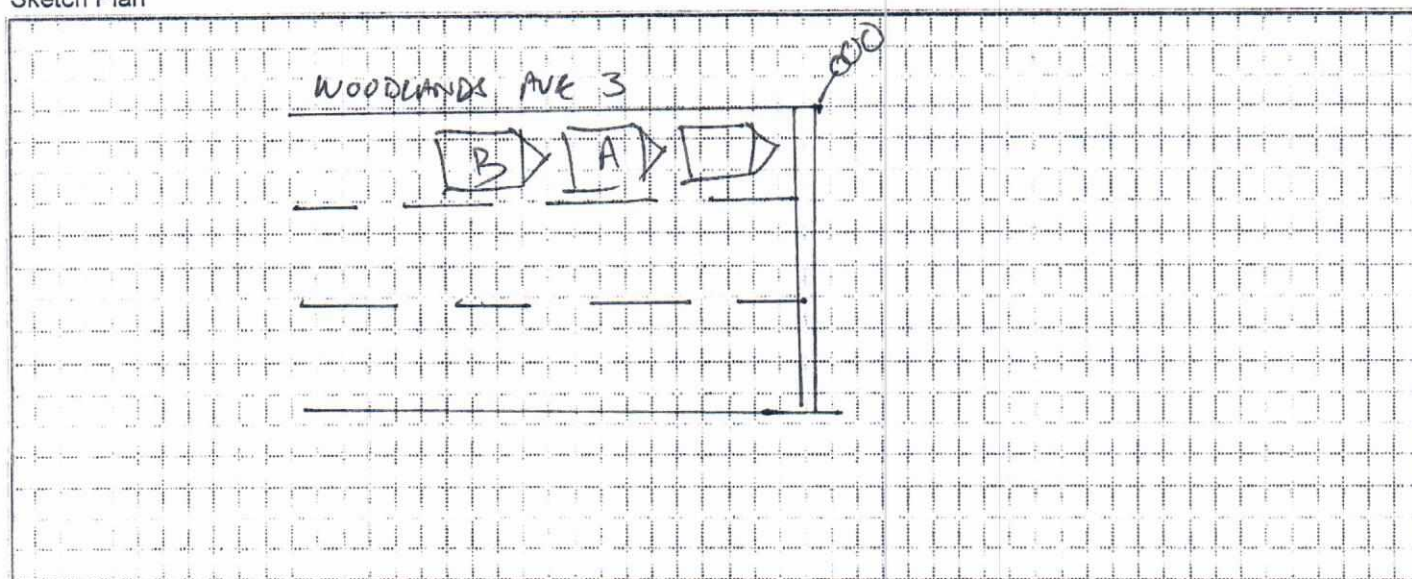
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
(Name as in NRIC/ID card)

### Sketch Plan



A: SLK 1112 D

B: SDV 8890 G

Describe Circumstance of the Accident

on mentioned date and time, I was waiting along Woodlands Ave 3 for the traffic light to turn green. Before I could move off vehicle 'B' collided against my vehicle.

Was there any video captured by Car Camera? ☒ Yes / No

Has the driver been approached by unknown person(s)? Yes / ☒ No

Number of Passengers (Including Driver)? 01

Name Gender:

Name Gender:

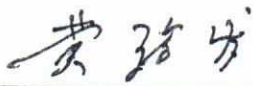
Name Gender:

Declaration

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 & Time

 05/09/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



## MOTOR ACCIDENT REPORT FORM

## BASIC INFORMATION

Date of Report		Time:	
Date of Accident	02.09.2022	Time:	1310
Exact Location of Accident	Along Woodlands Ave 3		

## DETAILS OF OWN VEHICLE

Vehicles Registration Number: SLK 1112 D	Name of Registered Owner: Ng Jiaying
NRIC / Passport No. / FIN: S8844929J	Co. Reg. No.(for Co. Vehicle Only):
<b>Vehicle Particulars</b>	
Manufacturer: Toyota <input type="checkbox"/> Lexus <input type="checkbox"/> Suzuki <input checked="" type="checkbox"/> Hino <input type="checkbox"/>	Model: SUZUKI VITARA 1.6 GLX 6AT 2WD
Exact purpose for which vehicle was being used at time of accident. Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):	
Are you claiming your own insurance policy for repair to your veh.? Yes <input type="checkbox"/> No, Reporting Only <input type="checkbox"/> No, Third Party <input checked="" type="checkbox"/>	
Vehicle Category: Private Car <input checked="" type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Others <input type="checkbox"/>	
<b>Insurance Company</b>	
Name of Insurance Company: Sompo Insurance Singapore Pte Ltd	
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>	
Fleet Policy: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Policy / Cover Note Number: D21MTPV01017566
<b>Driver</b>	
Name of Driver: Ng Thian Huat	NRIC / Passport No. / FIN: S2502454J
Date of Birth: 07-06-1957	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Date of Driving Pass: 25 Oct 1978	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No: 96650117	Fax No.: Alternative Phone No.: 97506117
Address: Blk 415 Ang Mo Kio Avenue 10 #03-967 (Post Code: 560415 )	
Email Address: hwapengauto@singnet.com.sg	
Was driver an employee of the Insured's Company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> State relationship of the driver with the insured: Parent	
Vehicle Registration Number of Driver's Own Vehicle (if applicable): NA	
Insurance Company of Driver's Own Vehicle (if applicable): NA	

## Other Information of the Accident

Type of Accident:	Head to Rear		
Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):		
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):		
Was any body injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		
Was any other material or property damaged?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Are accident photos available for attachment	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?		
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?		

## DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)

Vehicles Registration No.: SDV 8890 G	Vehicle Make / Model / Colour: Mercedes Benz / Brown
Details of Properly Damaged in Accident:	
Name of Driver: Mr Ong Ann Kar	NRIC/Passport Number: S1628890Z
Contact Number:	
Address: Blk 540 Jelapang Road #08-40 (Post Code: 670540 )	
Insurance Company Name:	
Nature of Damage:	No. of Passengers (Including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	

## DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)

Name:	Approximate Age:	(Post Code: )
Address:		
Injuries Sustained:	Injured person in which vehicle:	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	



**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. : D21MTPV01017566  
Insured : NG JIAYING  
Motor Vehicle (Registration No.): SLK1112D  
Coverage : Comprehensive - ExcelDrive PRESTIGE  
Policy Commencement Date : 19 DECEMBER 2021 00:00  
Policy Expiry Date : 18 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.

\* 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**

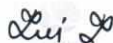
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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](http://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 : 13 DECEMBER 2021 16:50

**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 : 11104805 & I-N-S MANAGEMENT CI Code: 22A LJWDOZO2PLTY1TRA