

# 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 ..... 05/08/2022 16:03 (SGT)  
Reported by ..... Both  
Date of Accident ..... 04/08/2022 18:30 (SGT)  
Exact Location of Accident ..... Upper Paya Lebar Rd, Singapore  
Additional Location Information ..... UPPER PAYA LEBAR RD TWDS BOUNDARY RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLV3243M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SUSAN CHOO LENG LENG  
NRIC No ..... SXXXX778F  
Email Address ..... SUSAN\_CHOOLL@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-96655651  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... Cx-5  
Variant ..... CX-5 2.5 AT LUXURY EU6  
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 ..... 2488

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D21MTPV01017100

### DRIVER

Name of Driver ..... NG JUN HENG  
NRIC No ..... SXXXX432B  
Date Of Birth ..... 12/05/1999  
Occupation ..... Indoor

Date Of Driving Pass .....	05/08/2019
Driving experience .....	3 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-83998836
Alt. Phone Number .....	-
Email Address .....	SUSAN_CHOOLL@YAHOO.COM.SG
Address .....	11 KELULUT HILL
Address complement .....	-
Postcode .....	805893
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 - Cross Junction
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### 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 .....	SUSAH CHOO LENG LENG
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004519999
Alt. Police Station Phone No .....	(Fax) +65-65535679
Police Station Address .....	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

#### 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 .....	SLC8540Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIM KEA CHAN
NRIC No .....	SXXXX378D
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 .....	SUSAN CHOO LENG LENG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & SHOULDER
Injured person in which vehicle? .....	SLV3243M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 2

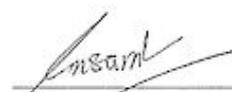
Name of injured person .....	NG JUN HENG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK & SHOULDER
Injured person in which vehicle? .....	SLV3243M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



































CONFIDENTIAL

Annex E

## NOTICE OF COMPLIANCE

This is to confirm that Ng Jun Heng, H/P:83998836 NRIC/FIN S9915432B, has reported to the Police a non-injury traffic accident which occurred at Upper Paya Lebar Road on 04/08/2022 at 630pm involving the following vehicles:

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

On 04/08/2022 at about 1830hrs, my vehicle (SLV3243M) was stationary along Upper Paya Lebar towards Boundary Road while waiting for the traffic light to turn green. At that point of time, my mother was also in the car with me sitting at front passenger seat.

When the traffic light turned green, my vehicle was picking up speed. Suddenly a vehicle (SLC8540Y)(Lim Kea Chan, S1835378D) from my left and try to cut into my lane and wanted to make a right turn. Due to the sudden lane changing by the vehicle, I am unable to stop in time and the vehicle collided on to mine. The vehicle driver only stop when I horned at him. Both of us exchanged particulars and I approached a traffic police officer nearby. He informed us that we can have private settlement claim. Subsequently we left the place. My mother and I felt discomfort and we decided to go and see a doctor at JJ Clinic & Surgery and we were given 2 days MC each.

I wish to state my vehicle suffered damages at the front left area.

Rank/Name of Issuing Officer: W/Sgt 3 Elaine Ong

Date: 04/08/2022 Time: 2050hrs

S/D Ref:90

Police Post/Unit: Ang Mo Kio South NPC

CONFIDENTIAL



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SA1C22850002 Vehicle Registration No: SLV3243M

Name (as shown in NRIC): NG JUN HENG NRIC/FIN/Passport No: SXXXX432B

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): 83998836 Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 04/08/2022 Time of Accident: 18:30

Place of Accident: Upper Paya Lebar rd Twds Boundary Rd

Insurance Company: SOMPO INSURANCE

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend some of the details of the accident report:

Location: Upper Paya Lebar rd Twds Boundary Rd

TP Name: Lim Kea Chan

Passenger name: Susan Choo

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



Sompo Insurance Singapore Pte. Ltd.  
50 Raffles Place, #03-03  
Singapore Land Tower, Singapore 048623  
Tel: 6461 6555 | Fax: 6221 9302 | www.sompo.com.sg  
Co. Reg No.: 105965450E | GST Reg. No.: M200902065

### Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D21MTPV01017100  
Insured : SUSAN CHOO LENG LENG  
Motor Vehicle (Registration No.): SLV3243M  
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](http://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 169) and Part IV of the Road Transport Act, 1987 (Malaysia), and (2) the Policy terms, conditions and exclusions of the Private Car Policy ref MTP 30

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 30 NOVEMBER 2021 15:43

#### IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle.
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169), 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 169).
- 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 : 11A00902 & RAFFLES PROVIDENT LLP CI Code: 22A DXDB5W24\_MVMW\_AX