

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	29/08/2022 15:12 (SGT)
Reported by	Both
Date of Accident	27/08/2022 21:00 (SGT)
Exact Location of Accident	Near 432 #01-272 Clementi Ave 3, Singapore 120432
Additional Location Information	C16 CLEMENTI AVENUE 3 CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7200T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA YUNG HWA, ALVIN
NRIC No	SXXXX061C
Email Address	alvin.cyh@gmail.com
Mobile Phone No	(Phone) +65-90024800
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	220i
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	2000

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01016057

DRIVER

Name of Driver	CHUA YUNG HWA, ALVIN
NRIC No	SXXXX061C
Date Of Birth	12/11/1985
Occupation	Indoor

Date Of Driving Pass	08/12/2007
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90024800
Alt. Phone Number	-
Email Address	alvin.cyh@gmail.com
Address	72 HIGHLAND ROAD
Address complement	-
Postcode	549160
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
Weather Conditions	Raining
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	JEANNA SEOW SHUEN HUI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN, PHOTO, VIDEO AND POLICE REPORT

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	GBL5420B
Vehicle Manufacturer	Nissan
Vehicle Model	Urvan
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

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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

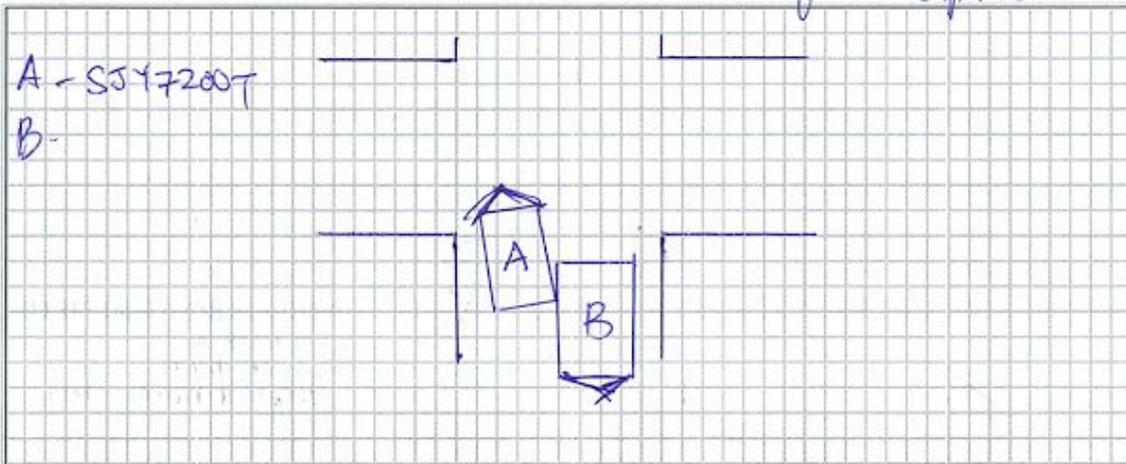
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

AUTOLUTION INDUSTRIAL PTE LTD
 19 UBI ROAD #
 SINGAPORE 408623
 TEL: 6490 9666 FAX: 6846 7483

Policyholder's Signature / Date & Time
 29/08/2022 14:00
 Sketch Plan

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

Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card) ELMER ALONSO
 61XXX8211



Describe Circumstance of the Accident

PLS REFER TO POLICE REPORT

Declaration

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



Policyholder's Signature / Date & Time
29/08/2022 14:00

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

EVOLUTION INDUSTRIAL PTE LTD
3 UBI ROAD 4,
SINGAPORE 408623
TEL: 6890 9666 FAX: 6846 7483



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) ELMOR ALMONSO
GXXYX824L





















**SINGAPORE
POLICE FORCE**



D/20220827/7035

1 of 2

POLICE REPORT (NP299)

Report No. D/20220827/7035

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-7740000

Date/Time Report Made 27/08/2022 22:23	Vide Report No.	Station Diary No.
Name Of Informant CHUA YUNG HWA, ALVIN	Address 72 HIGHLAND ROAD SINGAPORE 549160	
ID Type / ID No. NRIC NO / S8538061C	Contact No. Home/Office:	Mobile: 90024800
Nationality SINGAPORE CITIZEN	Email Address ALVIN.CYH@GMAIL.COM	
Occupation Data scientist	Sex Male	Age 36
Institution/School Name	Date of Birth 12/11/1985	Race Chinese
Date/Time Of Incident 27/08/2022 21:00 - 27/08/2022 21:10	Location Of Incident 434 CLEMENTI AVENUE 3 SINGAPORE 120434	

Brief details.

My car (SJY7200T) was hit by an on-coming van (GLB5420B) while stationary at a junction stop line. The van attempted to make a right turn at the junction and collided against the driver side rear bumper of my car. The collision resulted in physical damage to the bumper.

The van driver did not wish to disclose his identity or contact details and told me to lodge a police report. Details of the van are as follows:

VRN GBL5420B registered to ACACIA FABRICS PTE LTD. CO REG NO: 2002206758R.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2022 22:23
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20220827/7035

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20220827/7035

I offered to provide my particulars and contact details to the van driver in exchange but he dismissed the need to do so. I asked the van driver why he found this unnecessary and he dismissed the question by saying that it was unnecessary. I suspected that the driver was driving under the influence of alcohol and asked the driver if he drank before driving. He replied me in a sarcastic manner that he indeed drank a lot. There was no way I could validate this observation but I found this point relevant to report.

Subjects Involved			
Victim			
Person Name	CHUA YUNG HWA, ALVIN		
ID Type	NRIC NO	ID No	S8538061C
Gender	Male	Age	36
Race	Chinese	Language	English
Occupation	Data scientist	Address	72 HIGHLAND ROAD SINGAPORE 549160
Mobile No	90024800	Is Informant A Victim?	Yes
Person Name	CHUA YUNG HWA, ALVIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2022 22:23
Officer In-Charge Of Case:	Classification Of Case:

f1



Sompo Insurance Singapore Pte. Ltd.
 50 Raffles Place, #03-03
 Singapore Land Tower, Singapore 048623
 Tel: 6488 6555 | Fax: 6221 3302 | www.sompo.com.sg
 Co. Reg No: 198905490E | GST Reg No: M20090399E

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. : D21MTPV01016057
 Insured : CHUA YUNG HWA, ALVIN
 Motor Vehicle (Registration No.) : SJY7200T
 Coverage : Comprehensive - ExcelDrive PRESTIGE
 Policy Commencement Date : 30 NOVEMBER 2021 00:00
 Policy Expiry Date : 29 NOVEMBER 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 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 : 09 NOVEMBER 2021 11:02

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_XDHBC2K21DMCPAH