

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 12/09/2022 17:52 (SGT)
Reported by Both
Date of Accident 11/09/2022 09:34 (SGT)
Exact Location of Accident Loyang Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK9105K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO HUEY SHAN
NRIC No S7004284C
Email Address hs.mandy@live.com
Mobile Phone No (Phone) +65-98765460
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer BMW
Model 216i
Variant 216I GRAN TOURER NAV
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1499

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D22MTPV01005110

DRIVER

Name of Driver TEO HUEY SHAN
NRIC No S7004284C
Date Of Birth 10/02/1970
Occupation Indoor

Date Of Driving Pass	29/05/1993
Driving experience	29 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98765460
Alt. Phone Number	-
Email Address	hs.mandy@live.com
Address	102 FLORA RD
Address complement	#01-67
Postcode	509744
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	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)	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	JAYCEE
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

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	SGF7037J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

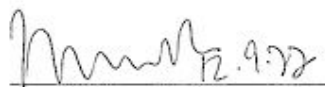
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

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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)**

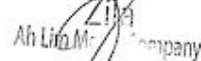
I understand, acknowledge, agree and consent that:

- (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:

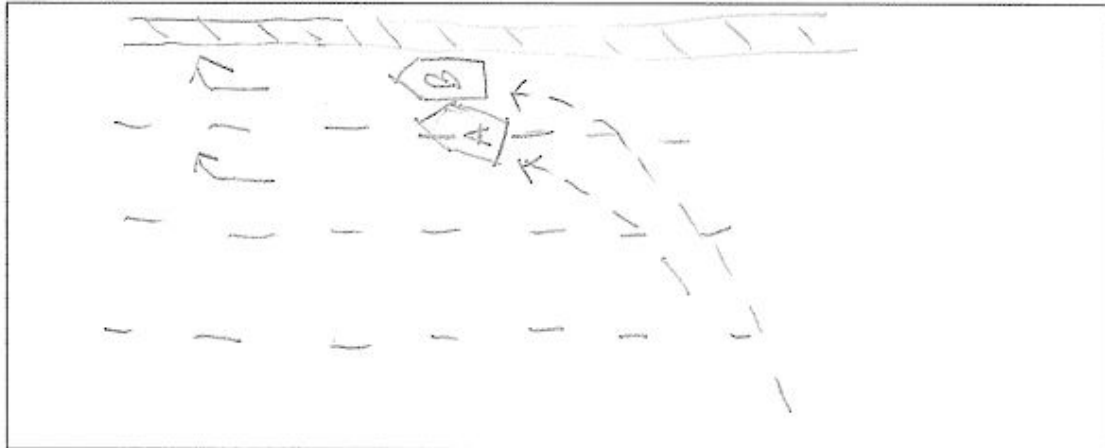
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Date of accident: 11/01/22 Time: 934am Location: Loyang Ave twds TPC
 My Vehicle A: SMK91051C Vehicle B: SGF 70375 Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Was changing lane to the right most lane to do a U turn and checked all lanes were cleared.

Car B was trailing behind and also changing lane, he squeezed in from behind and collided with my car.

☒ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop : _____

Email address : _____

& myself : _____

Email address : _____

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature] 12.9.22

Policyholder's Signature
Date & Time:

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

Zila
Ah Lim Motor Company

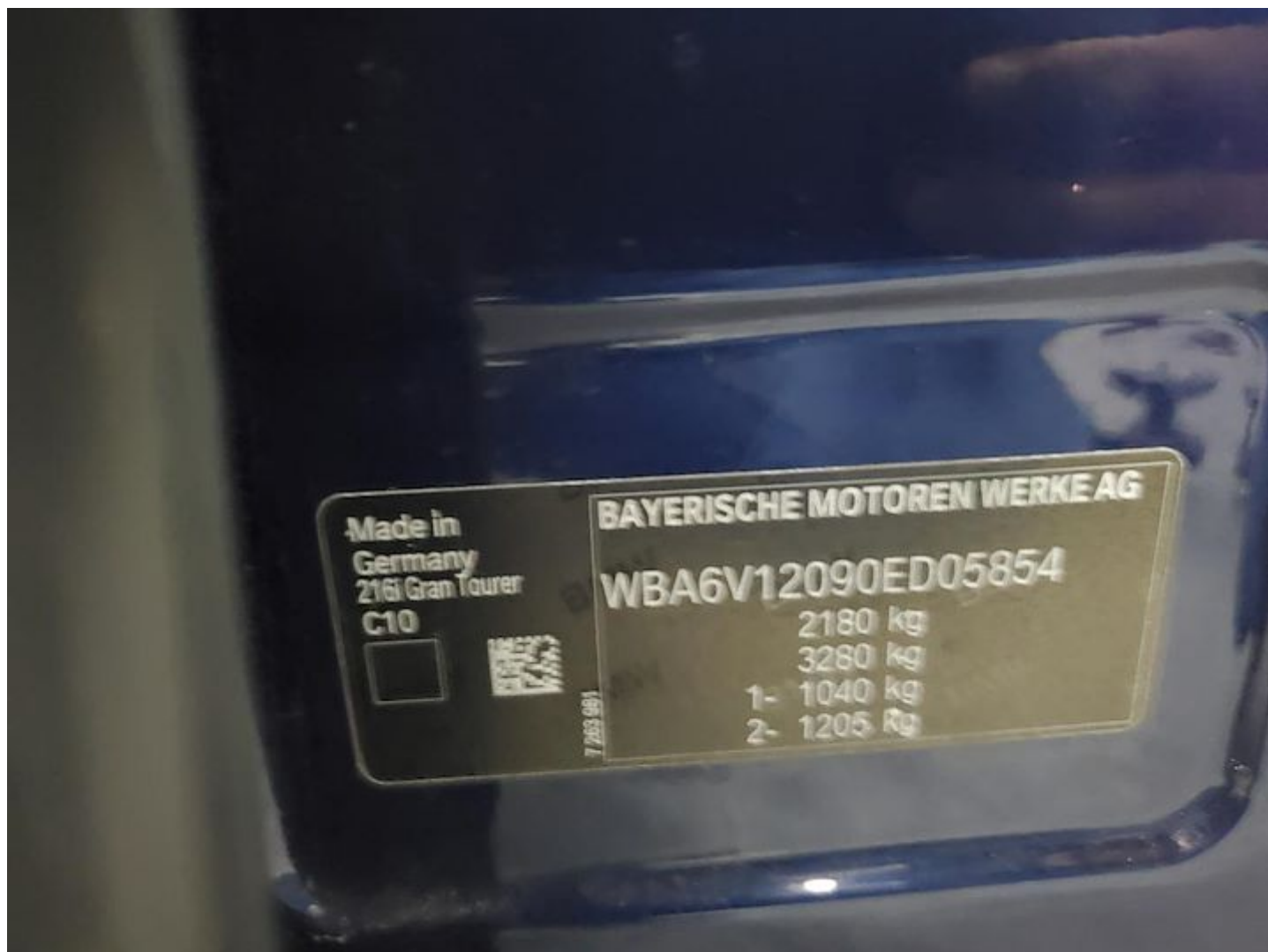
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

AH LIM MOTOR COMPANY



























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.: M200903195

PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11D09106

Policy No. : D22MTPV01005110

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. MTP.30

Insured : TEO HUEY SHAN
 Address : 102 FLORA ROAD
 #01-67
 SINGAPORE 509744

Business/Profession : CUSTOMER SERVICE MANAGER

INSURED DETAILS

Date of Birth & Age : 10 FEB 1970 & 52 years old
 Driving Experience in : 29 years
 Singapore
 Identification Type : NRIC(Singaporean)
 Marital Status : MARRIED
 Gender : Female
 Identification No. : S7004284C

Period of Insurance : 29 APRIL 2022 00:00 TO 28 APRIL 2023 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS

Vehicle Registration No. : SMK9105K
 Chassis No. : WBA6V12090ED05854
 Engine No. : 34975613B38A15A
 Vehicle Make & Model : BMW 216i 1.5
 Engine Capacity : 1499
 NCD Entitlement : 50%
 Year of Registration : 2019
 NCD Protection : Yes
 Estimated value of Vehicle : Market value at time of loss
 Hire Purchase Owner : DBS BANK

PREMIUM DETAILS

Premium after applicable discount(s) : S\$ 927.96
 GST : S\$ 64.96
 Premium (incl. GST) : S\$ 992.92

Coverage : Comprehensive - ExcelDrive PRESTIGE

Excess : \$ 500 - Section I

Voluntary Excess : N/A

Additional Excess :
 Named Young and/or Inexperienced Drivers : S\$1,500
 Un-named Young and/or Inexperienced Drivers : S\$3,000
 Un-named All Other Drivers : S\$500

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old.
 'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of driving experience in Singapore roads.

Windscreen Excess : S\$100.00 for each and every applicable claim.

Endorsements Applicable :
 Endorsement AA1 - ExcelDrive Prestige Plan
 Endorsement D1 - Young and/or Inexperienced Drivers
 Endorsement E - Excess Clause
 Endorsement H - Total Loss
 Endorsement L - Hire Purchase
 Endorsement M - Inclusion Of Special Perils
 Endorsement P6 - Riot And Strike Endorsement
 Endorsement V - No Claim Discount Protection
 Endorsement Z - Loss of Use Benefit

Additional Cover : NIL