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SN09229K000B / National Assessment Centre Services [408933] ENTRY DATE & TIME: 20/09/2022 16:53 (SGT) SUBMITTED BY: Chew Heiao Tong VERSION: 1 (20/09/2022 16:53 (SGT))



# 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

Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

 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
Reported by
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

20/09/2022 16:53 (SGT) Driver 20/09/2022 06:05 (SGT) Kim Pong Rd, Singapore TURNING LEFT INTO TIONG BAHRU ROAD

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

**GBE9462R** 

Singapore

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No CHE

CHEN SHAOZHEN SXXXX546J ivanleezhaowei@gmail.com

(Phone) +65-90938931

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC Toyota Dyna

-

Employment

No - Claiming third party Commercial vehicle

Manual 2982

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D22MTPCVE001163

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

GOH CHAI WOO SXXXX451C 23/01/1957 Outdoor



Date Of Driving Pass 01/11/1977 Driving experience 44 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-90991542 Alt. Phone Number Email Address ivanleezhaowei@gmail.com Address BLK 63A LENGKOK BAHRU #13-370 Address complement Postcode 151063 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 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) 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)

# DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

No

 Vehicle Registration Number
 SLB8832E

 Vehicle Manufacturer
 BMW

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 LIM WEE LING (LIN WEILING)

 NRIC No
 SXXXX275E

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	1 54
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 Traffic Police Department for investigation.
- 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.
- 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

Actual Driver's Signature (if driver is not the

Witnessed by Reporting Centre Personnel

policyholder) / Date & Time (Name as in NRIC/ID card)

# 

gal 20-09-22

escribe Circumstance of the Accident
ON 20/09/2022 AT ABOUT 06:05 HRS I WAS TRAVELLIKE
Along Kim Prug Ropes & wompho 2 Turne LEFT mezo
TIONER BOOKEN ROAD. SUDDENLY I FELT A Bump FROM
THE RAPE DETER I WAS MAKING A THEN TO TWORK
BATEN ROAD- WE STOP AT THE SOR & EXCHONGE
PARTICUCARS THAT BIL

Declaration

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

AGCIDENT'STATEMENT

. ACCI	DENT DAYE - POP DO GOD/MMM	my, time: 6. as an (HH:MM).
LOCAT		7 %. Twais Boother Rom
٦.	DETAILS OF VEHICLE	**
	a) VEHICLE NUMBER: GRE 9462R	A 10 10 10 10 10 10 10 10 10 10 10 10 10
	BINSURANCE COMPANY: SOMPO	
•	CIPOLICY NUMBER: (MTD 22033	46
	d)POLICY TYPE: (COMPREHENSIVE / THIRD I	PARTY / THÍRD PARTY FIRE &THEFT)
	BIMAKE & MODEL: TOTOTA DUNA	
	FITYPE: (SALOON / COUPE / MPV /VAN / LO	RRY / MOTORCYCLE, / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMME	RCIAL/MOTORCYCLE)
A .	HIPURPOSE OF USING AT ACCIDENT TIME:	· WOKINING
14	I) ARE YOU CLAIMING UNDER YOUR OWN IN	ISURANCE (YES (NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	REPORTING ONLY
2.,	INSURED / POLICY HOLDER	[MALE / FEMALE]
	AINAME Chen shaozhen	CONTACT: 9053873/
	DINRIC/FIN/PASSPORT: 70725 467	
50 90 20	CIADDRESS: 63A GARROL 12 arks	
14 45 60	* CONTINUE TO S.d IF DRIVER ALSO POLICY	HOLDER
Mar. 0	DRIVER ( )	
AMO of bussander	ajNAME: Gol Chy's NOO	MALE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORT: 122 745/	GONTACT: 90991142
(1)	CIADDRESS: LZA Lengilok Rark	4 村 13-370
	12/663	
		DD/MM/YYYY) ; ;
	e OCCUPATION: (INDOOR / OUTOOOR)	17/
8	WAS DRIVER AN EMPLOYEE OF THE INS	SURED'S COMPANY? (YES!
4.	IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED: STATUTE
-	a) WEATHER CONDITION: (CLEAR / RAINING	OTHERS
٥.	DIROAD SURFACE! (DRY / WET) OTHERS_	, ,
2	WAS ANYBODY INJURED (YES / NO)	
7.	GIREPORTED TO POUCE (YES (NO))	
1600	IF YES, PLEASE STATE WHICH POLICE STAT	ION:
8.	The state of the s	6 MODEL BMW
4 Ho of passenger	O) VEHICLE NUMBER: SLIZ 8832	Contraction Whiling
( Including driver)	D) DIVITOR OTTO THE	7 E CONTACT:
( ) -	c) NRIC/FIN/PASSPORT: S79772	
٧.	A) VEHICLE NUMBER!	MODEL:
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#### 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.: M200903196

# 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)

Cert No./Policy No.

: D22MTPCVE001163

1. Registration No.

: GBE9462R

2. Insured Name

: CHEN SHAOZHEN (NOT DRIVING)

3. Commencement Date : 06 MAY 2022 00:00

4. Expiry Date

: 05 MAY 2023 23:59

5. Coverage

: Market value at time of loss - Comprehensive

6 Excess

: \$500 - Section I

7. Persons or Classes of Persons entitled to drive\* b) Any person who is driving on the Insured's order or with his permission.

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 and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

#### 8. Limitations as to use\*

1) Use in connection with the Insured's business.

2) Use for the carriage of passengers (other than for hire or reward) in connection with the policyholder's business

Use for social, domestic or pleasure purposes.

The Policy does not cover

Use for hire or reward or racing, pacemaking, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

9. ExcelDrive Workshops & Accident Reporting

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

It is compulsory to have the accident repairs to the insured vehicle carried out at ExcelDrive Workshops, otherwise claim is not payable.

In an emergency and for directions to the Company's Accident Reporting Centers, please contact our Emergency Hotline: (65) 6461 6555

Visit www.sompo.com.sg for list of ExcelDrive Workshops and Accident Reporting Centers.

I/We HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Sompo Insurance Singapore Pte. Ltd.

Lui 20

Date/Time of Issue: 22 APRIL 2022 16:56

\*Limitation rendered inoperative by section 8 of the Motor Vehicles(Third-Party Risks and Compensation)Act (Chapter 189 and section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

#### IMPORTANT NOTICE

1. Insureds are hereby warned that under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189), it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicles without a valid policy of insurance under the Act.

2. Insureds are further warned that on the sale of a motor vehicle or if for any reason the Insurance is terminated during its currency, they 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 (Cap. 189). The Policy will cease to be valid once the motor vehicle has been sold to another person. It is not transferable to a new owner of the Vehicle.

4. Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an Individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances.

5. Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy