

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	04/10/2022 15:19 (SGT)
Reported by	Both
Date of Accident	03/10/2022 19:45 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS WOODLANDS (AFTER SATELITE STATION)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR3398H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG CHEE KIN
NRIC No	SXXXX227Z
Email Address	salesyeowkoon@gmail.com
Mobile Phone No	(Phone) +65-96944964
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	1998

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01002035

DRIVER

Name of Driver	NG CHEE KIN
NRIC No	SXXXX227Z
Date Of Birth	06/08/1967
Occupation	Indoor

Date Of Driving Pass	20/07/1990
Driving experience	32 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96944964
Alt. Phone Number	-
Email Address	salesyeowkoon@gmail.com
Address	BLK 530 CHOA CHU KANG STREET 5 #02-327
Address complement	-
Postcode	680530
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	TRISHA NG LEXUAN
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

PLEASE REFER TO SKETCH PLAN

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	SLR8056A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM PEI XIN CALISTA
NRIC No	TXXXX787F
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK4447G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR SOON WEI QUAN, RAMDA
NRIC No	SXXXX746J
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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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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

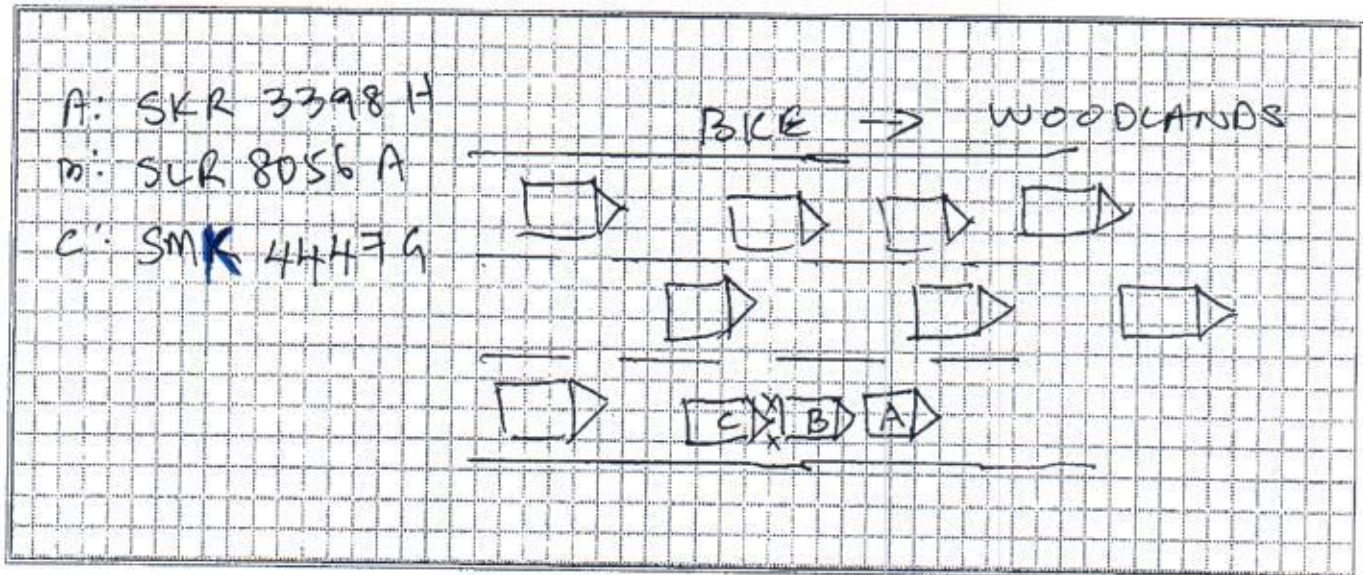
[Handwritten Signature]

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

[Handwritten Signature] 04/10/2022

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

Sketch Plan



Describe Circumstance of the Accident

on mentioned date and time, I was driving along BKE in the direction towards Woodlands. The traffic flow was heavy due to peak hour. There is a Taxi ahead of me slow down and stopped. I follow suit and came to a stationary position. The next moment I felt a loud impact and my surge forward. I alighted from my vehicle to inspect and noticed 2 vehicles behind my car, involving chain collision with my vehicle. My vehicle never contact the Taxi ahead of my vehicle. We three of us (vehicle A, B & C) exchange particulars and left the scene. At the time of accident no one injured and we never call for any Police or Ambulance to the scene.

(SMK4478G)

vehicle (C) Mr Soon Wei Quan, (Randa)
S 9236 746 J

Was there any video captured by Car Camera?	Yes	<input checked="" type="radio"/> No
Has the driver been approached by unknown person(s)?	Yes	<input checked="" type="radio"/> No
Number of Passengers (Including Driver)?	02	
Name	Trisha Ng Laxuan	Gender: female
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

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

MOTOR ACCIDENT REPORT FORM

RA

BASIC INFORMATION	
Date of Accident	03/10/2022 Time: 1945
Exact Location of Accident	BKE TOWARDS WOODLANDS (AFTER SATELITE STN)
DETAILS OF OWN VEHICLE	
Vehicles Registration Number:	SKR 3398H Name of Registered Owner: NG CHEE KIN
NRIC / Passport No. / FIN *:	S2566227Z Co. Reg. No. (for Co. Vehicle Only):
Vehicle Particulars	
Manufacturer:	BMW MAZDA Model:
Exact purpose of vehicle 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 vehicle?	Yes <input type="checkbox"/> Claiming Against 3 rd Party <input checked="" type="checkbox"/> For Reporting Only <input type="checkbox"/>
Vehicle Category:	Private Car
Insurance Company	
Name of My Insurance Company:	Sompo
Type of Coverage:	Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/>
Fleet Policy (Multiple vehicles coverage):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Policy / Cover Note Number: D22MTPV01002035
Driver	
Name of Driver:	NG CHEE KIN NRIC / Passport No. / FIN: S2566227Z
Date of Birth:	06/02/1967 Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Date of Driving Pass:	20/07/1990 Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No.:	96944964 Alternative Phone No.:
Address as stated in NRIC:	B/530 CHOA CHU KANG ST 5 #02-327 (Post Code: 680530)
Email Address:	salesyeowkoon@gmail.com
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: OWNER
Vehicle Registration Number of Driver's Own Vehicle (if applicable):	NA
Insurance Company of Driver's Own Vehicle (if applicable):	NA
Other Information on the Accident	
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 (Please complete Annex A Form if more vehicles involved)	
Vehicles Registration No.:	SLR 8056 A Vehicle Make / Model / Colour:
Details of Property Damaged in Accident (other than 3 rd -Party vehicle):	
Name of Driver:	LIM PEI XIN CAUSA NRIC/Passport Number: T0042787F
Contact Number:	
Address:	(Post Code:)
Insurance Company Name:	
Nature of Damage:	Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> No. of Passengers (Including Driver):
Details of Witness - Name:	
Details of Witness - Contact Number:	
Details of Witness - Email Address:	
DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)	
Name:	Approximate Age:
Address:	(Postal Code:)
Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):
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"/>
Type of Accident (Please tick the appropriate type on flipside of this form)	

*Delete where not applicable

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. : D22MTPV01002035
Insured : NG CHEE KIN
Motor Vehicle (Registration No.): SKR3398H
Coverage : Comprehensive - ExcelDrive GOLD
Policy Commencement Date : 30 JANUARY 2022 00:00
Policy Expiry Date : 29 JANUARY 2023 23:59
Maximum Liability (Section I) : Market value at time of loss - Excl. COE
Excess* : \$600 - Section I
Voluntary Excess* : Buy Up : \$500 - Section I
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

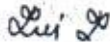
It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

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 : 19 JANUARY 2022 16:36

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 : 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22A FJJDHZQ4_LTDBC_A