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# 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 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.

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

02/11/2022 17:06 (SGT) 31/10/2022 20:05 (SGT) Bukit Batok East Ave 3, Singapore

MOHD RAMLEE BIN ABD MANAN

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SJE9987Z

SXXXX590Z

fullstop423@gmail.com

(Phone) +65-83835327

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No

Alternative Phone No

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

Vios

Private use

No - Claiming third party

Private car

Auto

1497

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D22MTPV01013226

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

MOHD RAMLEE BIN ABD MANAN

SXXXX590Z 24/07/1958 Outdoor

Accident report SN0922B20006

Page 1 of 14

Date Of Driving Pass 27/04/1983 Driving experience 39 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-83835327 Alt. Phone Number Email Address fullstop423@gmail.com Address BLK 106A CANBERRA STREET #13-407 Address complement Postcode 751106 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 Collision - Head to Rear 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 **UNKNOWN** 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 XD4140Y Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour	
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

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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 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:

- 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)
  - (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
- 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
- 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:

Driver's Signature

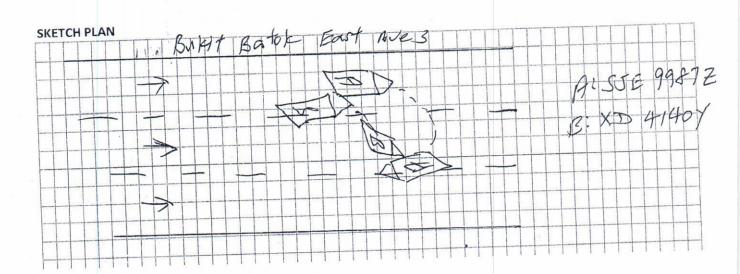
(If driver is not the policyholder) Date

& Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	At mentioned Date and	Time 1
Was	driving my vehicle (A) alor	S Bukit Batok
East	Ave 3, suddenly I feel.	a Strong
inpact	from my rear portion and	my vehicle
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	A: 50	E 9987Z
	R: X	D 4140Y
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### **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: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Email: <u>sm@idac.com.sg</u> Tel no: <u>6555 6888</u>
\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 31 / 10 /2022 (dd/mm/yy) Time of Accident: 20: 50 (24-HR-FORMAT)
Vehicle No.: SJF 99872 Vehicle Make & Model:
Exact location of Accident: Bykf Batok East Ave 3
Policyholder's Name: Mold Rambee Bin Abd Manan I/C/UEN: 51291590 Z
Driver's Name / IC No. :(As Above)
Driver's Contact No. : \$3835327 Company Contact No (Company Veh Only):
Driver's Address:
Email address: fullstop423@gmail.com Insurance Company: Sompo
Relationship between Owner & Driver: (Please CIRCLE one only)  Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:
What do you wish to claim? (Please TICK one only)
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)
Exact purpose for which the vehicle Was being used at time of accident?  Occupation (nature of job)  Indoor/  Outdoor
Private use / Work purpose  *No. of Passengers (Including Driver):
*Passanger Name: Gender: Male / Female *Passanger
Gender: Male / Female
Name: Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
Name:
Weather condition & Road conditions? (On the day of accident)
Weather condition & Road conditions? (On the day of accident)  Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:  Was there any video captured by your Car Camera?  Yes / No
Weather condition & Road conditions? (On the day of accident)  Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:
Weather condition & Road conditions? (On the day of accident)  Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:  Was there any video captured by your Car Camera?  Yes / No  Any Injuries: Yes / No (If YES) Injured Person' Name:  Injuries Sustain:  Police Report filed: Yes / No (If YES) Which Police Station:
Weather condition & Road conditions? (On the day of accident)  Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:  Was there any video captured by your Car Camera?  Yes / No  Any Injuries: Yes / No (If YES) Injured Person' Name:  Injuries Sustain: Injured Person in Which Vehicle:  Police Report filed: Yes / No (If YES) Which Police Station:  The Other Party(s) Details:
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Weather condition & Road conditions? (On the day of accident)  Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:  Was there any video captured by your Car Camera?  Yes / No  Any Injuries: Yes / No (If YES) Injured Person' Name:  Injuries Sustain:  Police Report filed: Yes / No (If YES) Which Police Station:
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50 Raiflas 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)

: D22MTPV01013226Certificate/Policy No.

: MOHD RAMLEE BIN ABD MANANInsured

: SJE9987ZMotor Vehicle (Registration No.)

: Comprehensive - ExcelDrive FOCUSCoverage

: 08 AUGUST 2022

### 00:00Policy Commencement Date

: 07 AUGUST 2023 23:59 Policy Expiry Date

: Market value at time of lossMaximum Liability (Section I)

: \$500 - Section | Excess\*

: N.AVoluntary Excess\*

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

\* 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 Car within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Car 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 Car 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: 05 AUGUST 2022 15:51

IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle;