

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	16/11/2022 16:47 (SGT)
Reported by	Owner
Date of Accident	15/11/2022 20:15 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	TWDS CITY EXIT OF WOODLANDS AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9753Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD
Company Reg No	199400399N
Email Address	SINGHEE82@HOTMAIL.COM
Mobile Phone No	(Phone) +65-81395656
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1797

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D21MTPV01017682

DRIVER

Name of Driver	WONG SING HEE
NRIC No	S8280770E
Date Of Birth	25/06/1982
Occupation	Indoor

Date Of Driving Pass	20/06/2006
Driving experience	16 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81395656
Alt. Phone Number	-
Email Address	SINGHEE82@HOTMAIL.COM
Address	BLK 621 WOODLANDS DRIVE 52 #09-38
Address complement	-
Postcode	730621
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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

I WAS TRAVELLING ALONG SLE (CITY) EXIT OF WOODLANDS AVE 2. VEHICLES AHEAD SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. SUDDENLY, VEHICLE B REAR ENDED MY VEHICLE.

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	SKV2345X
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG SING HEE
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLU9753Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 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 writing 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.

 MEORION HC CAPITAL (SIA PACIFIC PTE. LTD.) Kevin Chang (My Shopper) Total Vehicle Solutions Department		
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

SLE (CITY) EXIT OF WOODLANDS AVE 2

SLU9753Z

SKV2345X



Describe Circumstances of the Accident

I WAS TRAVELLING ALONG SLE (CITY) EXIT OF WOODLANDS AVE 2. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. SUDDENLY, VEHICLE B REAR-ENDED MY VEHICLE.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


MITSUBISHI HC CENTAL ASIA PACIFIC PTE LTD.
 Kevin Chong (CEO)
 Total Vehicle Accident Department

Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

TOYOTA MOTOR CORPORATION JAPAN
MODEL DAA-ZVW40W-AWXEB
ENGINE 2ZR-FXE 1797 mL
FRAME No. ZVW40-0026539
COLOR TRIM PLANT OPTION
O40 FC22 A32
P410 -01A
TRANS./AXLE 837













Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #09-03
Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3502 | 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. : D21MTPV01017682
1. Registration No. : SLU9753Z
2. Insured Name : MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.
3. Commencement Date : 19 DECEMBER 2021 00:00
4. Expiry Date : 18 DECEMBER 2022 23:59
5. Coverage : Market value at time of loss - Comprehensive - ExcelDrive GOLD
6. Excess : \$1000 - Section I

7. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Insured's order or with their 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*

- Use for the carriage of passengers or goods in connection with the Insured's business.
- Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover

- Use for racing, pacemaking, reliability trial or speed-testing.
- Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

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.

Date/Time of Issue : 16 DECEMBER 2021 15:43

*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

- 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 vehicle without a valid policy of insurance under the Act.
- 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.
- 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.
- Insurance coverage under this Policy is subject to the terms and conditions as stipulated in the Motor Insurance Policy.

Intermediary Code & Name : 11H13200 & MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD. CI Code: 26F L4JDSBS2K0 YYHZA