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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 28/11/2022 14:43 (SGT) Reported by Both Date of Accident 24/11/2022 17:35 (SGT) **Exact Location of Accident** Singapore Additional Location Information 80 BOON KENG ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFU6303E

INSURED/POLICYHOLDER

Is company? No CHUA LAY HOON Name Of Registered Owner NRIC No SXXXX077C ANGIE.CHUA@CONTINENTAL.COM **Email Address**

(Phone) +65-98783994 Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mercedes Glc200 Model Variant

Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle?

Private car Vehicle Category Transmission Auto CC 1991

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01015370

DRIVER

Name of Driver CHUA LAY HOON NRIC No SXXXX077C Date Of Birth 23/11/1965 Occupation Indoor

Date Of Driving Pass	01/06/1991	
Driving experience	A CAR STATE A CONTRACT OF THE	
	31 YEARS AND 5 MONTHS	
Gender	Female	
Mobile Number	(Phone) +65-98783994	
Alt. Phone Number	-	
Email Address	ANGIE.CHUA@CONTINENTAL.COM	
Address	98 YONG SIAK ST	
Address complement	#)	
Postcode	163078	
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	■ 3.	
insurance company of other vehicle owned by briver	-1	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Side Swipe	
Weather Conditions	Clear	
Road Surface		
Nodu Sullace	Dry	
OTHER INFORMATION		
OTHER IN ORIGINATION		
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?	· u	
Was any other vehicle or property damaged?	Yes	
Number of Passengers (Including Driver)	1	
	, , , , , , , , , , , , , , , , , , ,	
Has the driver been approached by unknown person(s)	No	
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	<u> </u>	
Original language used in the statement		
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	No	
was the accident reported to the police?		
Was notice of intended Prosecution given?	No	
If yes, against whom?	-	
CIRCUMSTANCES OF ACCIDENT		
REFER TO REPORT		
ATTACHMENT(S)		
300 4 50 44		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
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DETAILS OF OTHE	R VEHICLE PROPERTY 1	
Vahiala Bagistration Number	CI D9452A	
Vehicle Registration Number	SLP8452A	
Vehicle Manufacturer	=	
Vehicle Model	93	
Vehicle Variant	-1	
Vehicle Colour	_	
	Private car	
Vehicle Category Name of Driver	Private car	
DESTRUCTOR OF LIFTURE		

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.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

- 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.

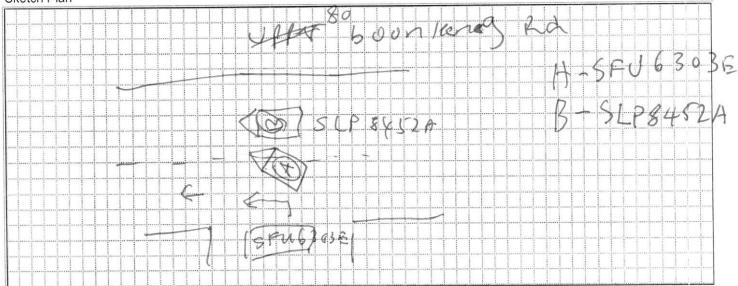
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Policyholder's Signature / Date & Time

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

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

Sketch Plan



vJun2022

28/11/22

Describe Circumstance of the Accident	
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Homeron, I repaired on 25/11/1022 (invaionable)	w is

Declaration

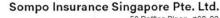
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

ACCIDENT STATEMENT

. Accit	DENT DATE: (24/11/2002) (DD/MM	1 0	НІКММ):
LOCA'	TION: 80 BOON KENS. M	JAP .	
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	dipolicy type: (Comprehensive / THE		E &THEFT)
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	FITYPE ISALOON / COUPE / MPV /VAN	LORRY / MOTORCYCLE. / C	STHERS)
,	alvehicle category: (PRIVATE / COM	MERCIAL / MOTOROTOCCI	
1511	h) PURPOSE OF USING AT ACCIDENT TIM I) ARE YOU CLAIMING UNDER YOUP OW	N INSURANCE (YES/NO)	•
===	IF NO, PLEASE STATE (THIRD PARTY CHA	IM / REPORTING ONLY)	t y
2.	. INSURED / POLICY HOLDER	[MALE / F	FMAIF)
9	ANAMEI.	CONTACT	CIAIVECÍ
	b NRIC/FIN/PASSPORT:	ONINOTO	
	O)ADDRESS:		· · ·
	* CONTINUE TO S.d IF DRIVER ALSO PO	UCY HOLDER	,
tho of person get			EMALE
Cluckeding driver	a)NAME:	963	183994
CIDAMING CITIZET,	DIMINOTAL STEEL STEEL		
	C) ADDRESS: 18 104 Sign		
		(DD/MM/YYYY) :	
	6)OCCUPATION: (INDOOR / OUTDOO	1991 For	
بر	TOTAL AND MAN OVER OF THE	INSURED'S COMPANY?	YES YNO DWNER
5	ALWEATHER CONDITION: (CLEAR) RA	HAILA LOUISING	
9	DIROAD SURFACE: (DRY / WET / OTHE WAS ANYBODY INJURED (YES / NO)	1/0	
	CIREROPTED TO POLICE (YEST NO)	1	3 2
	IF YES, PLEASE STATE WHICH POLICE	STATION	
8	THIRD PARTY VEHICLE		T HUNDA
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() 5	THIRD PARTY VEHICLE	MODEL:	1 11 1
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email = angil - china @ continental - com





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)

Certificate/Policy No.

: D22MTPV01015370

Insured

: CHUA LAY HOON

Motor Vehicle (Registration No.): SFU6303E

Coverage

: Comprehensive - ExcelDrive PRESTIGE

Policy Commencement Date

: 13 NOVEMBER 2022 00:00

Policy Expiry Date

: 12 NOVEMBER 2023 23:59

Maximum Liability (Section I)

: Market value at time of loss

Excess*

: \$600 - Section I

Voluntary Excess*

: N.A

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.

Lui 20

Authorised Signatory

Date/Time of Issue: 10 SEPTEMBER 2022 02:01

IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle; Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter189), 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;

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);

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