

# 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 .....	16/12/2022 16:24 (SGT)
Reported by .....	Driver
Date of Accident .....	16/12/2022 07:39 (SGT)
Exact Location of Accident .....	SLE, Singapore
Additional Location Information .....	SLE TOWARDS BKE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLU2790L
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIN TI SHI CHARLOTTE
NRIC No .....	S8509733D
Email Address .....	KSLEE_9004@OUTLOOK.COM
Mobile Phone No .....	(Phone) +65-91828928
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1591

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTPV01017625

### DRIVER

Name of Driver .....	LEE KAI SHYAN
NRIC No .....	S9086429G
Date Of Birth .....	27/07/1990
Occupation .....	Outdoor

Date Of Driving Pass .....	04/10/2019
Driving experience .....	3 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92259004
Alt. Phone Number .....	-
Email Address .....	KSLEE_9004@OUTLOOK.COM
Address .....	654 YISHUN AVE 4 #10-443
Address complement .....	-
Postcode .....	760654
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? .....	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 .....	MS NGU
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

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 .....	SKZ1136T
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 .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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 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 policyholder) / Date & Time

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

**Sketch Plan**

vJun2022

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## Describe Circumstance of the Accident

At 7.39 am. The car in front of me stopped suddenly, and I crashed into it before I had time to brake.

## 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)  
/ Date & Time



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





**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

### PRIVATE CAR POLICY SCHEDULE

Intermediary Code : 11J06508

Policy No. : D22MTPV01017625

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. MTP.30

Insured : LIN TI SHI CHARLOTTE  
Address : 197, PANDAN LOOP  
SINGAPORE 128385  
Business/Profession : FINANCE MANAGER

#### INSURED DETAILS

Date of Birth & Age : 10 MAR 1985 & 37 years old  
Driving Experience in Singapore : 16 years  
Identification Type : NRIC(Singaporean)  
Marital Status : MARRIED  
Gender : Female  
Identification No. : S8509733D

Period of Insurance : 28 NOVEMBER 2022 00:00 TO 27 NOVEMBER 2023 23:59

Persons or Classes of Persons entitled to drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

#### VEHICLE DETAILS

Vehicle Registration No. : SLU2790L  
Chassis No. : KNAFJ411MJ5753277  
Engine No. : G4FGHH686638  
Vehicle Make & Model : KIA FORTE K3 1.6  
Engine Capacity : 1600  
NCD Entitlement : 20%  
Year of Registration : 2017  
NCD Protection : No  
Estimated value of Vehicle : Market value at time of loss  
Hire Purchase Owner : NIL

#### PREMIUM DETAILS

Premium after applicable discount(s) : S\$ 1,199.65  
GST : S\$ 83.98  
Premium (incl. GST) : S\$ 1,283.63

Coverage : Comprehensive - ExcelDrive PRESTIGE

Excess : \$ 500 - Section I

Voluntary Excess : N.A.

Additional Excess :  
Named Young and/or Inexperienced Drivers : S\$1,500  
Un-named Young and/or Inexperienced Drivers : S\$3,000  
Un-named All Other Drivers : S\$500

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old.  
'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of driving experience in Singapore roads.

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

Endorsements Applicable :  
Endorsement AA1 - ExcelDrive Prestige Plan  
Endorsement D1 - Young and/or Inexperienced Drivers  
Endorsement E - Excess Clause  
Endorsement H - Total Loss  
Endorsement M - Inclusion Of Special Perils  
Endorsement P6 - Riot And Strike Endorsement  
Endorsement Z - Loss of Use Benefit

Special Clauses/ Conditions/Memo : SPECIAL RENEWAL ARRANGEMENT

It is hereby noted and agreed that this Policy is issued under Scheme arrangement and change of servicing intermediary is not allowed.

Additional Cover : NIL









