

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 19/12/2022 12:47 (SGT)
Reported by Both
Date of Accident 17/12/2022 18:30 (SGT)
Exact Location of Accident Duxton Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH9559K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HANG KIAT KIONG
NRIC No S7522786H
Email Address DON_HANG@YAHOO.COM
Mobile Phone No (Phone) +65-85183733
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1496

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number D22MTPV1004072

DRIVER

Name of Driver HANG KIAT KIONG
NRIC No S7522786H
Date Of Birth 07/08/1975
Occupation Indoor

Date Of Driving Pass	28/02/1996
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85183733
Alt. Phone Number	-
Email Address	DON_HANG@YAHOO.COM
Address	BLK 646 ANG MO KIO AVE 6 #05-4927
Address complement	-
Postcode	560646
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Wet

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)	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

ON 17/12/2022 AT ABOUT 1830HRS, I WENT TO PICK UP MY CAR (PARKED ALONG DUXTON ROAD) AFTER FINISHED MY DINNER AT NEARBY RESTAURANT. UPON ARRIVED THE CARPARK LOT, I SAW MY CAR'S REAR PORTION SUSTAINED DAMAGES, THEN I WENT TO UNDERSTAND THE ACCIDENT HAPPENING THEN FIND OUT A WHITE ALTIS (SLF8748A) COLLIDED ONTO VEHICLE B (SNC9088G) BEING PUSHED FORWARD AND THEN COLLIDED ONTO REAR PORTION OF MY CAR. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SNC9088G)'S INSURANCE FOR MY ACCIDENT DAMAGES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE SIZE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC9088G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIM
Contact Number	(Phone) +65-97979868
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF8748A
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 C
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

*1000hrs
19 Dec 2022*

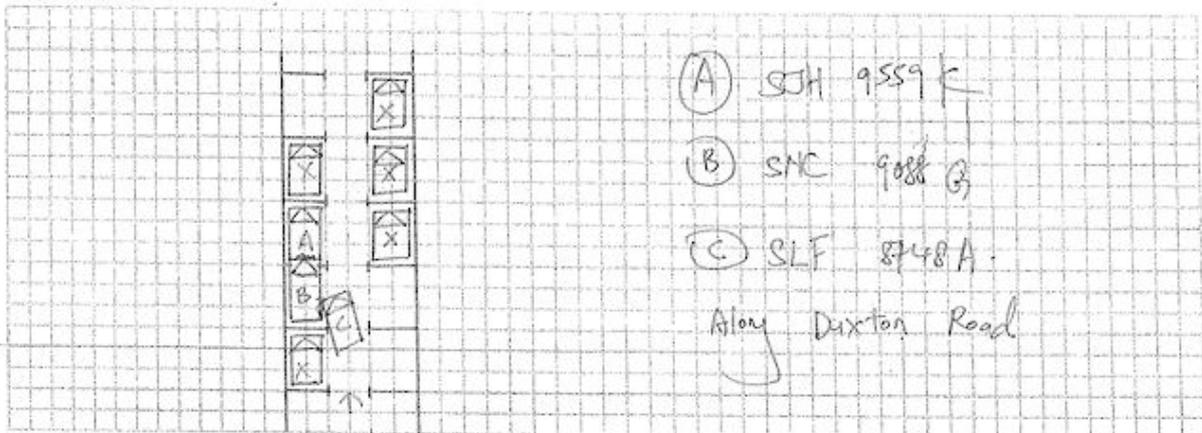
*1000hrs
19 Dec 2022*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 17/12/22 @ about 18:30hrs, I went to pickup my car (parked along Doctor Road) after finished my dinner at nearby restaurant. Upon arrived the car park lot, I saw my car's rear portion was sustained damages, then I went to understanding the accident happening then find out that a white Altis (SLE 8748A) collided onto Veh. B (SNC 9088G) which was parked at my car behind, due to the huge impact, veh. B (SNC 9088G) being push forward and then collided onto rear portion of my car. Hence, I hereto lodge this report to claim against Veh. B (SNC 9088G)'s insurance for my accident damages.

Declaration

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.

18:30hrs
19 Dec 2022

 Policyholder's Signature / Date & Time

18:30hrs
19 Dec 2022

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

Witnessed by Reporting Centre Personnel











Sompo Insurance Singapore Pte Ltd.
50 Raffles Place, #03-03
Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | 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. : D22MTPV01004072
Insured : HANG KIAT KIONG (HAN JIQIANG)
Vehicle Registration No. : SJH9559K
Coverage : COMPREHENSIVE - EXCELDRIVE GOLD
Policy Commencement Date : 02 MARCH 2022 11:12
Policy Expiry Date : 15 MAY 2023 23:59
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner : TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
Excess* : S\$500 - SECTION I
Voluntary Excess* : N.A
Waiver of Excess : COVERED
Excess is waived up to S\$1,000 (limit to one claim per policy year) if repair is done at authorised workshops. Additional Excess as indicated in the Policy Schedule will not be applicable for waiver.
Windscreen Excess* : S\$100 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.

Accident Reporting

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

For the list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

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 : 02 MARCH 2022 11:12

SOMPO ASSIST HOTLINE : (65) 6226 3323

In the event of road accident, please call our Sompo Assist Hotline immediately. Our MARS Specialist will arrive at the accident site within 20 minutes anywhere in Singapore. Alternatively, you may approach any of our Accident Reporting Centres for assistance in E-filing your accident report with your vehicle within 24 hours or on the next working days after the accident. Please note that this is compulsory regardless of whether there is any damage to your vehicle or if you are making a claim under your own policy.

Intermediary Name / Code : ASSURE INSURANCE AGENCY PTE. LTD. / 11A28209 CI Code: 22A JR0DHOK4RDM5YOKA