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## SINGAPORE ACCIDENT STATEMENT

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

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.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability of 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

11/01/2023 17:08 (SGT) Date of Submission Both Reported by 10/01/2023 10:00 (SGT) Date of Accident Singapore **Exact Location of Accident** AYE Additional Location Information Singapore Country/State of Loss

### **DETAILS OF OWN VEHICLE**

FBF8568X Vehicle Registration Number

### INSURED/POLICYHOLDER

No Is company? LIM CHENG MENG Name Of Registered Owner SXXXX399E NRIC No HUACHINMOTOR@SINGNET.COM.SG **Email Address** (Phone) +65-90729227 Mobile Phone No Alternative Phone No

### VEHICLE PARTICULARS

Daelim Manufacturer Daystar 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 - Claiming third party your vehicle? Motorcycle Vehicle Category Auto Transmission 125 CC

### INSURANCE COMPANY

Sompo Insurance Singapore Pte. Ltd. Name of Insurance Company D22MTMC01003169 Policy Number / Cover Note Number

### DRIVER

LIM CHENG MENG Name of Driver SXXXX399E NRIC No 19/07/1956 Date Of Birth Outdoor Occupation

07/11/1977 Date Of Driving Pass 45 YEARS AND 2 MONTHS Driving experience Gender (Phone) +65-90729227 Mobile Number HUACHINMOTOR@SINGNET.COM.SG Alt. Phone Number Email Address 646A SENJA CLOSE #08-203 Address Address complement 617646 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Clear Weather Conditions Dry Road Surface 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? Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Yes Was the accident reported to the police? Jurong West Neighbourhood Police Centre Police Station Name (Phone) +65-18002689999 Police Station Phone No (Fax) +65-62672438 Alt. Police Station Phone No 700 Corporation Road Singapore 649818 Police Station Address No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Yes Are accident photos available for attachment? Was there any video captured by Car Camera? No DETAILS OF OTHER VEHICLE PROPERTY 1 SMV473Z Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private ca
Name of Driver	-1
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	LIM CHENG MENG
Gender	Male
Phone No	(Phone) +65-90729227
Address	646A SENJA CLOSE #08-203
Address Complement	
Post Code	617646
Approximate Age Years Old	66
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBF8568X
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

### 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 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 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.

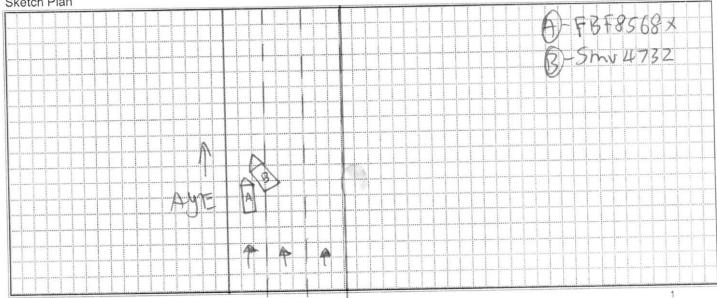
Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident
Refer to police Report
1/20230110/2085

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)





1 of 3

Report No. T/20230110/2085

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT Station Diary No.: Vide Report No.: Date/Time Report Made: 156 10/01/2023 16:21 Informant's Particulars Address: Name of Informant: APT BLK 646A SENJA CLOSE #08-203 SINGAPORE 671646 LIM CHENG MENG Contact No.: ID Type / ID No.: Mobile: 90729227 Home/Office: NRIC NO / S1268399E Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex: Rider 19/07/1956 66 Male Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 2B,2A,2,3 ESSO PUMP ATTENDANT

Type of Accident:	Injury Others	Drir Driv No		Date/Time of Accident: 10/01/2023 11:45		Type of Location: Straight Road
Location:	H EXPRESSWAY					
AYER RAJAR	1 EXPINESSWAT				Γ= .	0 11:14
Weather:		Road Surfa	ace:		Road	Speed Limit:
Cloudy		Dry				
Traffic Flow:		Traffic Cor			10 No. 10	c Volume:
One Way		Not Contro	lled		Light	
					1 100	ne conveyed by

Vehicle No.	ehicle Involve	Make	Model	Color	Condition	No of Passenge
FBF8568X	Motorcycle	DAELIM	DAYSTAR 125 MANUAL	Black	Slightly Damaged	0
SMV473Z	Car	TOYOTA	PRADO 2.7TX AT AIRBAG 4WD 5DR SR		Slightly Damaged	0





Report No. T/20230110/2085

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of V	ehicle Insurance	Insurance No	Effective	Expiry Date
Vahiala No	Insurance Company		03/08/2022	02/08/2023
FBF8568X	TENET SOMPO INSURANCE PTE.	9		

	Involved					
Any Pedestrian In	volved: No	Use of Pe	destrian C	rossi	ng: NA	
No. of Pedestrians	s Injured: NIL	grant control of			国的 医电子系统 (1985年) 1975年 (1985年)	
Rider	THE MENG	L-HSU(I) III III III III III III III III III	ID No.		S1268399E	
Vame	LIM CHENG MENG			90729227		
			Contact No.			
Related Vehicle	FBF8568X (Motorcycle)					
	NEIGHBOURHOOD I	MEDICAL	Class	of	Class: 2B,2A,2,3	
Hospital/Clinic	LIFELINE NEIGHBOURHOOD MEDICAL CLINIC		Driving Licence &		Date of Expiry: NIL	
	and the second s		Expiry	Date		
	10/04/2022	Date Dis	0.10.3		1/2023	
Date Treatment	10/01/2023	Degree	of Injury	Sligh	nt .	
No. of Days gran	nted Medical Leave 04				T == 0.004741	
Driver	Seah koon heng, Alvin		ID No.		S7806474I	
Name	Sean koon heng, / www				22222400	
	SMV473Z (Car)		Conta	ct No	. 86083499	
Related Vehicle	SIVI V4732 (Gai)	AND THE SHAPE BOOK			NIII	
	NIII		Class		Class: NIL	
Hospital/Clinic	NIL		Drivin		Date of Expiry: NIL	
			Licen			
			Expir	7		
	NIL	Date D	ischarge of Injury	NIL		
Date Treatmen						

On 10 January 2023 at about 1145hrs, I was riding my motorcycle (FBF8568X) along AYE towards MCE. I was at lane 3 when suddenly a car (SMV473Z) driving at lane 2 filter to lane 3 from behind. It happened very fast. There is a big scratch at the right front side door of his car. My motorcycle front area was damage, and it cannot be move.

We exchanged our particulars and decided to settle it with insurance. Thereafter, LTA arrived and advised us to lodge a police report. I went to visit the doctor and given 4 days MC. There is not government property damage. The driver give me S\$100/- for transport fee.





Report No. T/20230110/2085

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Informant: Signature of Officer Recording The Report: SGT 3 LOH JIAN HONG, DAN Date/Time: Signature Of Interpreter: 10/01/2023 16:21 Not applicable Classification Of Case: Officer In Charge Of Case: TP / AEIT / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN

**NP168** 

Contact No.: 65476219

# ACCIDENT STATEMENT

LOCATION: AUE	
LOCATION: AYE	D/MM/Y977), TIME:( 11 - 45 (HULLIA
COCATION: TYPE	18 a away
1. DETAILS OF VE	
1. DETAILS OF VEHICLE	
DIVEHICLE NUMBER: FBF8 56	SQX
OMPSORANCE COMPANY.	() 0000
CITULIC! NUMBER. DOO SATTO	The same of the sa
dIPOLICY TYPE: 100MBRETTEN	01003160
e MAKE & MODEL DOR LA	THIRD PORY / THIRD PARTY FIRE ETHEFT!
VITE ISALOON / COURS / LES	HUIC INDON
GIVEHICLE CATEGORY: (PRIVATE / CC h) PURPOSE OF USING AT ACCIDENT T	IN / LORRY / MOTORO THE / OTHERS
hIPURPOSE OF USING	OMMERCIAL / MOTORCYCLES
h) PURPOSE OF USING AT ACCIDENT T	TIME: going work
· · · · · · · · · · · · · · · · · · ·	
IF NO, PLEASE STATE (THIRD PARTY )	LAIM / REPORTING ONLY
2. INSURED / POLICY HOLDER	- SKIII O ONLI
AINAME: Lim Chena me	nd
DINRIC/FIN/PASSPORT: 5126	108C X 08 - 203
CIADDRESS: 646H Senje	0 Class x 20 = 3 = 3
4 January & (T. H. H. H.	0171116
CONTINUE TO 3.d IF DRIVER ALSO PO	S 671646
(Including duver) allame:	(MALE / FEMALE)
(1) b)NRIC/FIN/PASSPORT:	CONTACT:
STATE OF ESS.	
CIDATE OF BURNE	
DOCCUPATION: (19,07,1956	6)(DD/MM/YYYY)
THE PROPERTY OF LIKE VIVE - BYDDEDIE.	
IF NO, RELATIONSHIP OF THE DRIVER  5. GIWEATHER CONDITION: (CLEAR / RAIN)	R WITH INSUPER
5. GIWEATHER CONDITION: (CLEAR / RAINI DIROAD SURFACE: (LERY / WET / OTHERS	ING / OTHERS
DIROAD SURFACE: (URY / WET / OTHERS	- TOTAL CO.
6. WAS ANYBODY INJURED (NE / NO)	
- WINCHOKIED TO POLICE VERY VIOL	
THE WHICH POLICE STA	ATION: JURONA WIRCH NIDE
8. THIRD PARTY VEHICLE  a) VEHICLE NUMBER: Smy 473 Z  b) DRIVER'S NAME:	TOPE TIPE
VEHICLE NUMBER: SMY 4732	11000
bidada day b) DRIVER'S NAME:	WULL.
C) NRIC/FIN/PASSPORT:	CONTACT:
Y FEIDL DA STORY	ONIACI:
A PROJETY OF VEHICLE NUMBER:	MODEL
entrating deposit of DRIVER'S NAME:	WILL CO.
f) NRIC/FIN/PASSPORT:	
d) VEHICLE NUMBER:  a) DRIVER'S NAME:  t) NRIC/FIN/PASSPORT:	CONTACT
*	

Chair = huachinmotor & Singnet. com. sg

10x =

VIDE0 =



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

### 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.

: D22MTMC01003169

Insured

: LIM CHENG MENG

Motor Vehicle (Regn No.)

: FBF8568X

Cover

: Third Party

Policy Commencement Date

: 03 AUGUST 2022 00:00

**Policy Expiry Date** 

: 02 AUGUST 2023 23:59

Maximum Liability (Section I)

: Third Party

Excess\*

: NIL

Named Driver 1

: LIM CHENG MENG

HIRE PURCHASE OWNER

Persons or Classes of Persons entitled to drive\*

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or LIM CHENG MENG 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 purposes and

- (a) by the Insured in person in connection with his business or profession or
- (b) in connection with the Insured's business or profession

### The Policy does not cover

(i) Use for hire or reward

(ii) Use for racing pacemaking, reliability trial or speed-testing

(iii) Use for the carriage of goods (other than samples) in connection with any trade or business

(iv) Use for any purpose in connection with the Motor Trade

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.

For list of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6461 6555.

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 Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.04)

Sompo Insurance Singapore Pte. Ltd.



### **Authorised Signatory**

Date/Time of Issue: 01 JUNE 2022 13:16

### IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle;
Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), 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 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 On the sale of the Motor Vehicle 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);
Is an offence under the Motor Vehicle with the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

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.

Intermediary Code & Name: 11E07901 & ENSURE PTE, LTD, (MOTORCYCLE) CI Code: MY3 F2DBHO4P4J0LMZAJ

<sup>\*</sup> Subject to GST wherever applicable