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SINGAPORE ACCIDENT STATEMENT

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.

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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

11/01/2023 17:27 (SGT) Both 11/01/2023 10:00 (SGT) Singapore HOLLAND ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLD3497S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

HO HEE HAN SXXXX539D FRANSTEL47@GMAIL.COM (Phone) +65-98326377

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Jaguar

Xf

Private use

No - Reporting only

Private car

Auto

1989

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Sompo Insurance Singapore Pte. Ltd. D22MTPV01009739

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

HO HEE HAN SXXXX539D 16/01/1959

Indoor

Accident report SN09231B0009

Date Of Driving Pass	20/03/2001
Driving experience	21 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98326377
Alt. Phone Number	
Fmail Address	FRANSTEL47@GMAIL.COM
Address	47 OEI TIONG HAM PARK
Address complement	£
Postcode	267052
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	
	Callisian Chango/gross lane
Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
OTHER INFORMATION	
tradical distributions	No
Was any foreign vehicle involved in the accident?	2
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	-
Was any injured conveyed to hospital by ambulance?	
Was any other vehicle or property damaged?	1
Number of Passengers (Including Driver)	ı
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	
Original language used in the statement	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
vas die decident repetite	
VVas Hotice of interface i recommend	140
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
DESERVE DEPORT	
REFER TO REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment?	
Was there any video captured by Car Camera?	No No
DETAILS OF OTH	HER VEHICLE PROPERTY 1
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Vehicle Registration Number	SNH907B
Vehicle Manufacturer	. ·
Vehicle Model	-
Vehicle Variant	si •
Vehicle Colour	
Vehicle Category	Private car
Name of Driver	
Contact Number	va s•

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 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

vJun2022

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 13

escribe Circumstance of the Accident
escribe Circumstance of the Accident 1 was dist driving along Holland Road wanted 10 turn right to the Junction 1 signal to Show my
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intention to move to the 2 lane to turn right
vehicle Snh 9073 speed up and E more pass me
vehicle 5nh 90/13 speed up and I
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grazed his hear Left side of the vehicle.
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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
/ Date & Time
/ Date & Time

ACCIDENT'STATEMENT.

ACCIDENT CIATEMENT
ACCIDENT DATE: (11.1.1. 23) (DD/MM/YYYY), TIME: (10.100) (HR:MM).
LOCATION: holland Rond
a) VEHICLE NUMBER: SLD34975
b)INSURANCE COMPANY!
CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / JHIRD PARTY FIRE &THEFT)
DIMAKE & MODEL! ALAN (LOPRY / MOTORCYCLE, / OTHERS)
h)PURPOSE OF USING AT YOUR OWN INSURANCE (YES/NO)
IE NO PLEASE STATE (THIRD PART) CEATH / NOTE !
2 INSURED / POLICY HOLDER & (110 LIPE HON) IMALE / FEMALE!
bINRIC/FIN/PASSPORTI
c)ADDRESS: T
* CONTINUE TO S. d IF DRIVER ALSO POUCY HOLDER
WHO of prisonger DRIVER . [MALE / FEMALE]
(Including driver.) bINRIC/FIN/PASSPORTICONTACTI_
: 1 (DD / DD / MM/YYYY)
PROVE OF DISTANCE THE THE THE COMPANY I
IF NO, RELATIONSHIP OF PAINING OTHERS
b) ROAD SURFACE! (DRY / WET / OTHERS b) ROAD SURFACE! (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO)
6. WAS ANYBOAT BOLLCE (YES / NO)
IF YES, PLEASE STATE WHICH FOLLOW
4 110 of passing or a) VEHICLE NUMBER: ON ITACT
C Malacting Wriver (c) NRIC/FIN/PASSPORI
9. THIRD, PARTY VEHICLE MODEL: MODEL:
No all passanger, of DRIVER'S NAME! CONTACT!
(Industing, direver) NRIC/FIN/PASSPORT!
Last Daniel to
Franstel 470 gmail. com
: email = Franstel Oct7gmail.com
MIDED NO-

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.

: D22MTPV01009739

Insured

: HO HEE HAN

Motor Vehicle (Registration No.): SLD3497S

Coverage

: Comprehensive - ExcelDrive PRESTIGE

Policy Commencement Date

: 14 JUNE 2022 00:00

Policy Expiry Date

: 13 JUNE 2023 23:59

Maximum Liability (Section I)

: Market value at time of loss

Excess*

: \$600 - Section I

Voluntary Excess*

: N.A.

Windscreen Excess*

: \$\$100.00 for each and every applicable claim.

Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. The Insured.

Any other person who is driving on the Insured's order or with his permission.

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 I/V of the Road Transport Act, 1967 (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: 07 JUNE 2022 17:06

IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle: Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapterl 89), 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 sutrender 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.