ATTONAL Assessment Centre Services	el 1 J2ef\$\$]	QU05)31	W 000		
		Date &Time Com	teled	Done by	
		1			
100 100 100 100 100 100 100 100 100 100	an AIC Noval	1	1.,		-
Veh No: SDU99030 / E-molt (within th		- · · · · · · · · · · · · · · · · · · ·			
D.O.A: 280 200 3 -13:30 1-Motor Claim		- 5 * 1 *	-	, -maile	
OD AT Pepening Only		A street,			
i-Pilete Opios			<u> </u>		
TP insurer:		[		ar segun has N ++ 1 T = T	
II ASS'RESORTO	A Bux ( 12020 h	Owner/Whap	L		1
Proformed Wkop / INC Assign Wkap / QW: (		Tol:	Fax:		
To Penticularsi Veh No: TREE .	, INC (		) ",		
Owner / Driver: (		Tel:			
Polley No: ( ) Perled: (	)	Cover Type: (		/	·
Confirmed by : '(	Date:	Times	E. 20 100	1/43	· · · · · · · · · · · · · · · · · · ·
Insured/Driver Liability: ( %) (Note-Bist Status (V		Ove. 11 21 - 12 70.	F. 3041.0	/ I'	
Year of Registrations ( ) Warranty: YES (	) 0 % (	<i></i>			
Excess: (5 ) Loading: \$1,000 ( ) / \$2,000	d posterior de la lace de lace de la lace de lace de la lace de la lace de la lace de lace de lace de la lace de lace de la lace de lace	Art of the street of the street	7 13570		
Gencel Remarks 1888 (1986) Hall (1986) Hall (1986)	The second second	Marie Edition 19	and property and address of the last of	277 . 112 1/2 //	
( ) Walk-in Customer's Information strictly Co		01707 140 15:01 01			
( ) Total Loss Case : (o e-mail Insurer URGENTLY.		Towing Co: (			)
The second secon					CIPTING -MAIN
Remarkator Nune houlden consideration	原位。海南	LL Directine Gre	palaing Man	15 of moute	y
1) Apply for Transport Allowance ( ) / Courtsay Car (	).				
2) QC Check/ Post Repair Inspection (	}				
3) Upload Resurvey Photo [Repair Cost > \$3000] (	)	1			
Injury :					
Daje pural) . Action by a first and a firs				33.4.	
679			** ·	. " "	
		A			
	Carlo Service	reparation Chres	aist chai	是影響。	(Cartalana)
N4230027]		deal Reserving (\$30);	STATE OF STA	· Characteristics	- CANADIA
litter nice Particulturges and a constant of the little decision	E) DA : Den	uge Assessment (\$100)	; INC (35	75 4 5	
river/Owner:	3) TF: Town	well brown to Salviy		35c)	
A commission of the commission	3) FT : Palls	on the servey (Ber	SE 10 112 200		
ontest No:	Part Citter				Annual Control of the
3 mg and an annual state of the	6) TR: Red	Smeedin		\$140	
antiged Forden: 19.69	6) TR: Red T) N1: Head 4) NTUC A	Speedir DA, FEMENT Survey Johnson Fements		-	
and fed Forden: Fig.	6) TR: Red T) N1: Head &) N1UC A GDT *N5: Co	Amerika DA / SMRT Survey dollinasi Servicent anny Carl Top Allower		\$160	
emiged Forden: Finds	6) TR: Red T) NI : History 6) NIUC A GD* 'NS: Co	Amerika DA, P. SMRT Survey Additional Servicess. Juneary Carl Tot Allower Tele Countination		\$160	
Checked by (Engr-In-Charge):	6) TR: Red 7) N1: 144 4) NTUC A 9 PT *N5: Co *N6: Re *N6: Re	6 medan  DA + Sheft Survey  Johnson Fervices  enery Carl Ipt Allower  peir Courdination  Repoli forpestion  V Collect Parent Chard	nstion	\$160 \$5 \$10	
amilged Forden: Finds	6) TR: Red 7) N1: 144 4) NTUC A 9 PT *N5: Co *N6: Re *N6: Re	6 media DA + Shept Survey delitions fervices: actory Carl Tot Allowers pelit Conditions on Marpoli Inspection V / Collect Expection V / Collect Expection (1): TP (N-in INC) equive (3): Mobile	nstion	\$140 \$55 \$10 \$23 \$10 \$10 \$10 \$10 \$10 \$10	1278

. .

SN09231Q000I / National Assessment Centre Services [408933] SUBMITTED BY: Chew Hsiao Tong
VERSION: 1 (26/01/2023 18:01 (SGT))



# 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**

26/01/2023 18:01 (SGT) Date of Submission Reported by Both Date of Accident 24/01/2023 15:30 (SGT) **Exact Location of Accident** Dunearn Rd, Singapore JUNCTION WITH ENG NEO Additional Location Information Singapore Country/State of Loss

#### **DETAILS OF OWN VEHICLE**

Toyota

SDL9903A Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? No NG YAW SIM Name Of Registered Owner NRIC No SXXXX647B **Email Address** mwidayat@hotmail.com Mobile Phone No (Phone) +65-94318132 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Harrier 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? Vehicle Category Private car Transmission Auto CC 2487

#### INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. DD22MTPV01005051 Policy Number / Cover Note Number

### DRIVER

Name of Driver NG YAW SIM NRIC No SXXXX647B Date Of Birth 07/10/1969 Occupation Indoor

25/06/1991 Date Of Driving Pass 31 YEARS AND 7 MONTHS Driving experience Gender (Phone) +65-94318132 Mobile Number Alt. Phone Number mwidayat@hotmail.com Email Address 28 WATTEN RISE Address Address complement 287322 Postcode Yes Is the driver the policyholder? 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 Hit by fallen tree / Other objects Type of Accident Weather Conditions Raining Wet Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 1 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) 4 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 WIFE Name Gender Male PASSENGER 2 SON Name Male Gender PASSENGER 3 NIECE Name Male Gender 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 PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes

# 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
- 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)

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose I understand, acknowledge, agree and consent that: 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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

26/1/23

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

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

Erel NRO Sketch Plan

14 - Assidant	A
WAS DRIVING ALONG DUNEARD	RUAD
WITH CARPENLY THE TREE	FELL
WHEN SUPPENLY THE TREE  IN FRONT OF ME. THE TRAFF  GOT KNOCKED WAS AND FELL	ic LIGHTS
IN TROO OF FOR	ON THE
GOT KNOCKED WAR AND COO	
GLOUND AS WELL.	
2 -	225
AS A RESULT, THERE  SCRATCHES ON MY CAR M  THE DUMPER / BONNET.	ARE
SCRATCHES ON MY CAR	05/29 01
THE RUMPER / BONNET.	

Declaration

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

ACCIDENT	STATEMENT
----------	-----------

AGCIDENT'STATE	MENT. PM
	2 <0
ACCIDENT DATE: (241-1-23) (DD/MM/YY	11/1/1/14/
LOCATION: ENG NEO / DUI	NEARN RD:
LOCATION: EDG NO	
•	Α
1. DETAILS OF VEHICLE SDL 9903	DO INSURANCE
ajvehicle number:	TO 2 FOE I
BINSURANCE COMPANY: DZ-Z M (P)	O O DA BTY FIRE &THEFT)
OPOLICY TYPE: (COMPREHENSIVE) THIRD I	PARTY / THIRD PART
alpodo III c. Toyota HVIK	THERS!
B)MAKE & MODELL TOYOTA HAR F)TYPE: (SALOON / COUPE / MPY / YAN / LO	DRRY / MOTOR CYCLE)
WINCELL DE CALCOONING TO THE C	1 1800
	LINID AND THE LIEUVIS THE TOTAL THE
DARE YOU CLAIMING UNDER YOUR OWN	LEEBORTING ONLY)
IR LIO BIRASE SIGIL IIIII	( TENALE)
2. INSURED / POLICY HOLDER	3 111
AINAME!	49B CONTACTE 94518124
	RISE
CIADDRESS: 28 WATTER	1
* CONTINUE TO 3.d IF DRIVER ALSO POUG	CA HOLDEK
COMMISSION	MALE / FEMALE
14 No of person get DRIVER	CONTACTI
(Including driver.) DINRIC/FIN/PASSPORTI	CONIACIT
14DDBESS!	
1066	J(DD/MM/YYYY)
	- / 0 / / 0 / 2
e) OCCUPATION: (INDOOR) OUTDOOR	2 + TOMBANY? (YES (NO)
TIDATIS OF THE	INSURCO
1) DATE OF THE AN EMPLOYEE OF THE 4. WAS DRIVER AN EMPLOYEE OF THE DRIVING NO. RELATIONSHIP OF	ER WITH INSURED LIGHT RAINING
TO NOT THE TOTAL COLLAR / RAI	NING / OITH
5. a) WEATHER CONDITION; (VET / OTHER P) ROAD SURFACE! (DRY / WET / OTHER P) (YES / NO)	3
DILLOW IN HIRED IYES (NO)	,
6. WAS ANYBODY INJUNE (YES / NO) 7. a) REPORTED TO POLICE (YES / NO)	STATION: BUXIT TIMA PI.
IE VES. PLEASE STATE TITLE	VII. 1
	MODELL
Who of passanger of VEHICLE NUMBER:  DRIVER'S NAME:	CONTACT
("Including driver) B) DRIVER STRORT!	1 11
( Induding driver,) A NRIC/FIN/PASSPORTI	1 11
(4) 9. THIRD, PARTY VEHICLE	MODEL!
(4) 9. THIRD PARTY VEHICLE  (4) VEHICLE NUMBER!	MODEL!
( Induding driver,), c) MRIC/FIN/PASSPORT!  ( 4 ) 9. THIRD, PARTY VEHICLE  ( VEHICLE NUMBER!  ( No of passenger, e) DRIVER'S NAME:	1 11
(4) 9. THIRD PARTY VEHICLE	MODEL!
( Induding driver,), c) MRIC/FIN/PASSPORT!  ( 4 ) 9. THIRD, PARTY VEHICLE  ( VEHICLE NUMBER!  ( No of passenger, e) DRIVER'S NAME:	MODELL

email.= mwidayat@



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 1969 (MALAYSIA)

Certificate/Policy No.

: D22MTPV01005051

Insured

: NG YAW SIM

Motor Vehicle (Registration No.): SDL9903A

Coverage

: Comprehensive - ExcelDrive PRESTIGE

Policy Commencement Date

: 27 APRIL 2022 00:00

Policy Expiry Date

: 26 APRIL 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

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 I/V 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.

Quei 20

**Authorised Signatory** 

Date/Time of Issue: 18 MARCH 2022 12:06

#### IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle;

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.

Intermediary Code & Name: 11P14005 & PRO-LINK INSURANCE AGENCY CI Code: 22A X3XDHOJ4KBDTDVKA