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# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudia 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 aforeasid.

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

03/02/2023 17:58 (SGT) Both Policyholder and Actual Driver 15/01/2023 02:00 (SGT) 60 Geylang Bahru, Singapore 330060 CAR PARK Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SNC860C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Passport No/FIN **Email Address** 

Mobile Phone No Alternative Phone No

HANDOYO HALIM FXXXX931R handoyo.halim@gmail.com (Phone) +65-82888803

VEHICLE PARTICULARS

Manufacturer Model

Variant

CC

Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

LandRover Range rover

Private use

1997

No - Reporting only Private car Auto

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D22TPV01020608

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

HANDOYO HALIM FXXXX931R 29/10/1981 Indoor

Accident report SN092323000B

Date Of Driving Pass	04/02/2016	
Driving experience	6 YEARS AND 11 MONTHS	
Gender	Male	
Mobile Number	(Phone) +65-82888803	
Alt. Phone Number	-	
Email Address	handoyo.halim@gmail.com	
Address	1003 BUKIT TIMAH ROAD #10-01	
Address complement	-	
Postcode	596289	
Is the driver the policyholder?	Yes	
If No, Relationship of the Driver with the Insured	1=	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver		
	;-	
Insurance Company of Other Vehicle Owned by Driver	12	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Side Swipe	
Weather Conditions	Clear	
Road Surface	Dry	
	<b>□.</b> ,	
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)	I.	
soliciting/offering accident claims assistance?  Translator's name	No	
Translator's ID		
Translator's phone number		
Translator's email		
Original language used in the statement		
Chighlat language about 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?	No	
ii yes, against wildin:		
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are applied to be a profile to the second		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
DETAILS OF OTHE	R VEHICLE PROPERTY 1	
Vahida Pagistration Number	0017104	
Vehicle Registration Number Vehicle Manufacturer	SCH710A	
	•	
Vehicle Model	-	
Vehicle Variant Vehicle Colour	-	
Vehicle Category	- Drivete and	
Name of Driver	Private car	
Number	-	

Contact Number

Address	
Address complement	
Postcodo	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	33
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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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;

3/2/2022

- (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

v.lun2022

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

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

Dascribe Circumst	
Describe Circumstance of the Accident	
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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)

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

# ACCIDENT STATEMENT

$C_{2}$
ACCIDENT DATE: (15,11, 2023) (DD/MM/YYYY), TIME; (02,00) (HH:MM)
DEYLAND BALTRU BIK 60
LOCATION: NEYLAND BATTRU BIK 60
· · · · · · · · · · · · · · · · · · ·
1. DETAILS OF VEHICLE SNC 860 C
alvehicle NUMBER!
BINSURANCE COMPANY: SON 020608
CIT OCIO TINO PARTY / THIRD PARTY / THIRD PARTY PIRC ATTOM
d) POUCY TYPE: (COMPREHENSIVE) THINGS IN THERS)
F) MAKE & MODEL: AND LORRY / MOTORCYCLE, / OTHERS) F) TYPE: (SALOON / COUPE / MPV/VAN / LORRY / MOTORCYCLE)
GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
HIPURPOSE OF USING AT ACCIDENT TIME! PLIVE (TO ME)  HIPURPOSE OF USING AT ACCIDENT TIME! (YES/NO)
h)PURPOSE OF USING AT ACCIDENT TIME  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO. PLEASE STATE (THIRD PART ) COMMIT ( THE PART )
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CITACITY CONTRACTOR CO
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(Including diver.) BINRIC/FIN/PASSPORT! CONTACT:  () DIADDRESS:  () ODATE OF DIRTH: (29/10/1981)(DD/MM/YYYY)  () OCCUPATION: [INDOR/OUIDOOR]  () DIAGRE, OF DRIVING PARSE  () ON ACT:  ()
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(Including diver.) BINRIC/FIN/PASSPORT!  (a) DATE OF DIRTH: (29/10/19/1)(DD/MM/YYYY)  (b) OCCUPATION: (INDOOR / OUIDOOR)  (i) DATE OF DRIVING PASS  (i) WAS DRIVER AN EMPLOYEE OF THE INSURED: OWN AND THE NO. RELATIONSHIP OF THE DRIVER WITH INSURED: OWN AND THE NO. RELATIONSHIP OF THE DRIVER WITH INSURED:  (a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS  (b) ROAD SURFACE! (DRY) WEI / OTHERS
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email= HANDOYD - HALLE HMHIL. 6M

## 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.

: D22MTPV01020608

Insured

: HANDOYO HALIM

Vehicle Registration No.

: SNC860C

Coverage

: COMPREHENSIVE - PREFERRED WORKSHOP PLAN

Policy Commencement Date

: 10 DECEMBER 2022 15:32

Policy Expiry Date

: 18 FEBRUARY 2024 23:59

Maximum Liability (Section I)

: MARKET VALUE AT TIME OF LOSS - EXCL. COE

Hire Purchase Owner Excess\*

: OCBC BANK LIMITED

: S\$700 - SECTION I

Voluntary Excess\*

: N.A

Waiver of Excess

: NOT COVERED

Windscreen Excess\*

: S\$100 FOR EACH AND EVERY APPLICABLE CLAIM

# 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.

# 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.

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 IV of the Road Transport Act, 1987 (Malaysia); and (2) the Policy terms, conditions and exceptions of the Private Car Policy ref MTP.31

Sompo Insurance Singapore Pte. Ltd.

Lui 20

**Authorised Signatory** 

Date/Time of Issue: 10 DECEMBER 2022 15:27

# 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: AUTOSHIELD PTE. LTD. / 11A27404 CI Code: 22A JXDSPJ24N1Y0OKAX

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



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: \_\_ Vehicle Registration No: 🛇 NRIC/FIN/Passport No: \_ Name (as shown in NRIC): (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate Address: \_\_\_ Singapore ( Contact (Tel):\_\_\_\_\_ Mobile No.: Email Address: Date of Accident: Time of Accident: \_\_ n2 to Place of Accident: Insurance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments: Policyholder / Actual Driver's Signature Reporting Centre Personnel's Signature Date:

Name (as in NRIC/ID card):

Date: