

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	03/02/2023 17:58 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/01/2023 02:00 (SGT)
Exact Location of Accident	60 Geylang Bahru, Singapore 330060
Additional Location Information	CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC860C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HANDOYO HALIM
Passport No/FIN	FXXXX931R
Email Address	handoyo.halim@gmail.com
Mobile Phone No	(Phone) +65-82888803
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Range rover
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22TPV01020608

DRIVER

Name of Driver	HANDOYO HALIM
Passport No/FIN	FXXXX931R
Date Of Birth	29/10/1981
Occupation	Indoor

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	-
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCH710A
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 -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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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.

Wg 3/2/2022

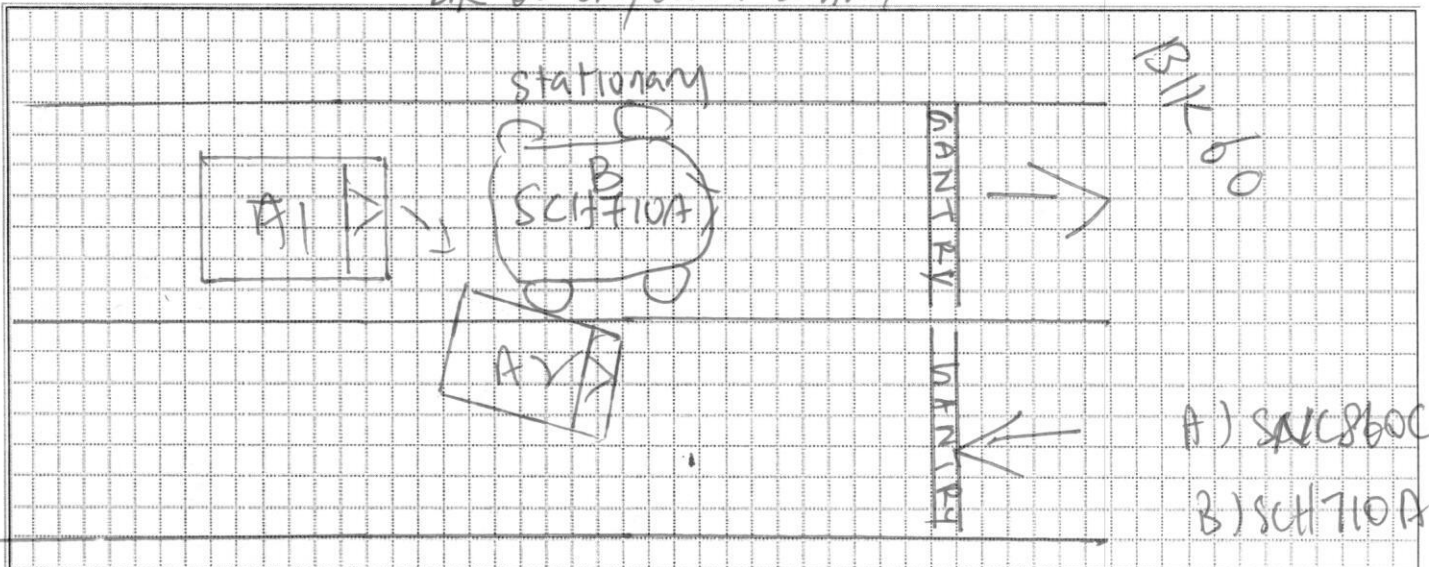
Policyholder's Signature / Date & Time

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

Wg 03/02/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

BK 60 GREY LONGB BATTERY



Describe Circumstance of the Accident


On the 15th Jan 2023 At 22 AM at Heylang Bahru
Blk 60, I just sent a friend home and while
leaving from the block, there is the vehicle
SHC710A in ~~stan~~ stationary position just blocking
the pathway behind the gentry. So I have to
move away to the opposite ~~dir~~ direction
to ~~cut~~ cut pass him as ~~he~~ the car was not
moving after a few horning. as it is late
at night, I think I accidentally brush off his
car while trying to move towards the gentry.

We came out and had some ~~reasoning~~ reasoning,
understanding he should illegally
park the car ~~is~~ blocking the gentry, ~~we~~
we agreed verbally to let this go and
not reporting each other ~~that~~ that
~~why~~ why I didn't report on the following morning

Declaration

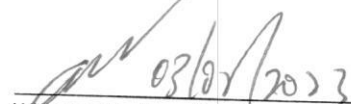
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 3/2/2022

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

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

 03/02/2023

ACCIDENT STATEMENT

ACCIDENT DATE: (15/1/2023) (DD/MM/YYYY), TIME: (02:00) (HH:MM)

LOCATION: MEYLANH BAITRU BIK 60

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNC 860C
 b) INSURANCE COMPANY: SOMPO
 c) POLICY NUMBER: P22MTPV01020608
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: LAND ROVER VELAR 2.0
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVE HOME
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: HANPOYO HAUM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: P171931R CONTACT: 82888803
 c) ADDRESS: 1003 1003 BUKIT TIMAH ROAD #10-01
 5596289

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
 (including driver)
 ()

- DRIVER AS ABOVE (MALE / FEMALE)
 a) NAME: AS ABOVE
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

d) DATE OF BIRTH: (29/10/1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04/12/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

No of passengers
 (including driver)
 ()

- a) VEHICLE NUMBER: SC17 710A MODEL:
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT:

9. THIRD PARTY VEHICLE

No of passengers
 (including driver)
 ()

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME: CONTACT:
 c) NRIC/FIN/PASSPORT:

email: HANPOYO - HAUM@hmail.com
 VIDEO

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 : OCBC BANK LIMITED
Excess* : S\$700 - SECTION I
Voluntary Excess* : N.A
Waiver of Excess : NOT COVERED
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.

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.



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 JXDSPJ24N1Y00KAX

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:

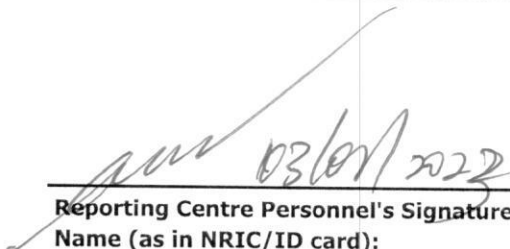
Original Report No: SN10923230003 Vehicle Registration No: SN1C 860C
Name (as shown in NRIC): HANNOYO HANUM NRIC/FIN/Passport No: F0000931R
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 92888803
Email Address: _____
Date of Accident: 15/01/2023 Time of Accident: 02:00
Place of Accident: 60 GUYANAH BARRU CALENDARIC
Insurance Company: Songro

(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:

To Transfer Policy Number D22M7PV01020608

Policyholder / Actual Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: