



# 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 ..... 13/02/2023 15:24 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 11/02/2023 17:10 (SGT)  
Exact Location of Accident ..... Central Blvd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCK6889U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TOH CHOON CHWEE  
NRIC No ..... SXXXX893D  
Email Address ..... edmundtoh@gmail.com  
Mobile Phone No ..... (Phone) +65-82882000  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Jaguar  
Model ..... E-pace  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1997

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... D23MTPV01000121

### DRIVER

Name of Driver ..... TOH CHOON CHWEE  
NRIC No ..... SXXXX893D  
Date Of Birth ..... 12/02/1971  
Occupation ..... Indoor

Date Of Driving Pass .....	21/12/1990
Driving experience .....	32 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82882000
Alt. Phone Number .....	-
Email Address .....	edmundtoh@gmail.com
Address .....	31 BANGKIT ROAD #10-01
Address complement .....	-
Postcode .....	679973
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 .....	Collision - Change/cross lane
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

PASSENGER 1

Name .....	LOK ENG TIONG
Gender .....	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230213/7031

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 .....	SFS816S
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) .....	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person .....	TOH CHOON CHWEE
Gender .....	Male
Phone No .....	(Phone) +65-82882000
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SCK6889U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

Describe Circumstances of the Accident

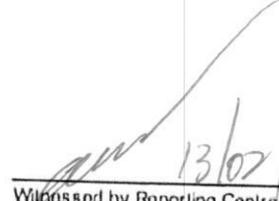
PLEASE REFER TO POLICE REPORT. T/2023/0213/7031

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Control Personnel  
13/07/2023



**SINGAPORE  
POLICE FORCE**



T/20230213/7031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20230213/7031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/02/2023 12:17		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: TOH CHOON CHWEE		Address: 31 BANGKIT ROAD #10-01 SINGAPORE 679973		
ID Type / ID No.: NRIC NO / S7104893D		Contact No.: Home/Office: Mobile: 82882000		
Nationality: SINGAPORE CITIZEN		Email: EDMUNDTOH@GMAIL.COM		
Sex: Male	Age: 52	Date of Birth: 12/02/1971	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: self employed		Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2023 17:10	Type of Location: Straight Road
Location:  CENTRAL BOULEVARD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SCK6889U	Car	JAGUAR	F-PACE PORTFOLIO 2.0 I4D SR	Grey		0
SFS816S	Car					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20230213/7031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230213/7031

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCK6889U	TENET SOMPO INSURANCE PTE. LTD.	D23MTPV0100012 1	13/01/2023	12/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH CHOON CHWEE	ID No.	S7104893D
Related Vehicle	SCK6889U (Car)	Contact No.	82882000
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/02/2023	Date	13/02/2023
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

On the stated date and time, I, Vehicle (SCK6889U) was travelling straight along Central Boulevard. Suddenly, Vehicle (SFS816S) from lane 3 made a sudden right turn on a non turning lane towards marina gardens drive and collided onto my front and left side portion of my vehicle.

Due to the accident. The pain on my body still persisted. I went to unihealth 24hrs clinic at Jurong to seek medical treatment and was given 3 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20230213/7031

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230213/7031

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
13/02/2023 12:17

Classification Of Case:

SKETCH PLAN

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- 6. The 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.

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.

*[Handwritten Signature]*

Policyholder's Signature / Date & Time

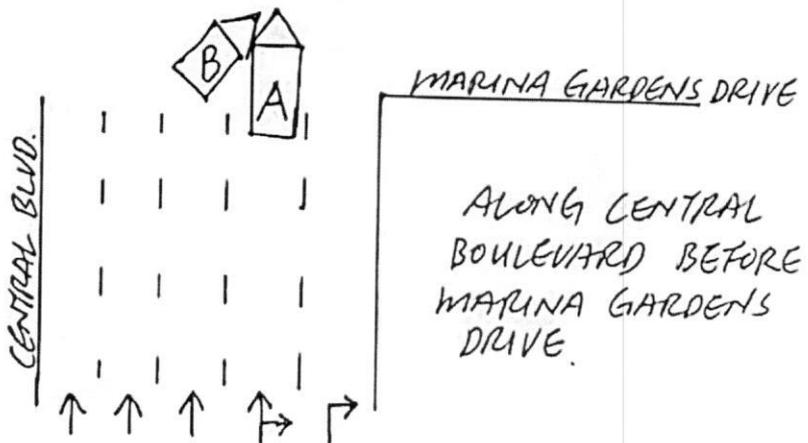
*[Handwritten Signature]*

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

*[Handwritten Signature]* 13/01/2023  
Witnessed by Reporting Centre Personnel

Sketch Plan

VEH. A - SCK6889U  
VEH. B - SFS 816 S



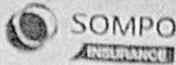
Date of Accident : 11/02/2023 Accident Time: 1710 (24-HR-Format)  
 Accident Place : ALONG CENTRAL BOULEVARD  
 Vehicle No. (Car Plate No.) : SCK6889U Make/Model: JAGUAR F-PACE  
 Insurance Company : Sompo Policy No: D23MTPV01000121  
 Owner or Company Name /IC No. : TOM CHOON CHWEE 57104893D  
 Owner or Company Contact No. : 82882000 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : SAME AS ABOVE  
 DRIVER'S Date Of Birth : 12/02/1971 DRIVER'S License Pass Date 21/12/1990  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER  
 DRIVER'S Address : 31 BANGKIT ROAD #10-01 5679973  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
 Email Address : EDMUNDTOM@GMAIL.COM  
 Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only \ Claim Other Party Claim Own Insurance  
 Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose  
 Any Injury (If YES, Pls state): YES, TOM CHOON CHWEE 3 DAYS M.I.C.

Other Party Driver's Particular (if any)

(B)  
 Vehicle No: SFS 816 S Vehicle No: \_\_\_\_\_  
 Vehicle Make Model: \_\_\_\_\_ Vehicle Make Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_ Name Driver: \_\_\_\_\_  
 IC No. Driver/Contact: \_\_\_\_\_ IC No. Driver Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:  
LOK ENG TIONG - MALE



Sompo Insurance Singapore Pte. Ltd.  
50 Raffles Place, #13-03  
Singapore Land Tower, Singapore 048623  
Tel: 6451 6655 | www.sompo.com.sg  
Co. Reg. No.: 193905490E | GST Reg. No.: M200003196

### 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. D23MTPV01000121  
Insured TOH CHOON CHWEE  
Vehicle Registration No. SCK6889U  
Coverage COMPREHENSIVE - EXCELDRIVE GOLD  
Policy Commencement Date 13 JANUARY 2023 00 00  
Policy Expiry Date 12 JANUARY 2024 23 59  
Maximum Liability (Section I) MARKET VALUE AT TIME OF LOSS  
Hire Purchase Owner TOKYO CENTURY LEASING (SINGAPORE) PTE LTD  
Excess\* S\$800 - SECTION I  
Voluntary Excess\* N/A  
Waiver of Excess COVERED  
Excess is waived up to S\$1,000 (limit to one claim per policy year) if repair is done at authorised workshops. Additional Excess as indicated in the Policy Schedule will not be applicable for waiver.  
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](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6226 3323.

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 30.

Sompo Insurance Singapore Pte. Ltd.

Authorised Signatory

Date/Time of Issue : 24 NOVEMBER 2022 10:13

**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 : ASCEND ASSURANCE AGENCY PTE. LTD. / 11A28403 CI Code : 22A DD8DBZK4NR0DDKRA