

## 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 .....              | 28/02/2023 16:24 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 27/02/2023 17:35 (SGT)              |
| Exact Location of Accident .....      | CTE, Singapore                      |
| Additional Location Information ..... | CTE / SLE (YCK EXIT)                |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SNB9426U |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                        |
|--------------------------------|------------------------|
| Is company? .....              | No                     |
| Name Of Registered Owner ..... | LIM WEI XIONG DANVIN   |
| NRIC No .....                  | S9126398Z              |
| Email Address .....            | DANVINHMHS@HOTMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-93827196   |
| Alternative Phone No .....     | -                      |

#### VEHICLE PARTICULARS

|  |                   |
|--|-------------------|
| Manufacturer .....   | Honda             |
| Model .....  | Civic             |
| Variant .....  | CIVIC 1.6 VTI CVT |
| 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? ..... | Yes               |
| Vehicle Category .....   | Private car       |
| Transmission .....   | Auto              |
| CC .....   | 1597              |

#### INSURANCE COMPANY

|   |                                     |
|---|-------------------------------------|
| Name of Insurance Company .....         | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number ..... | D22MTPV01016195                     |

#### DRIVER

|                      |                      |
|----------------------|----------------------|
| Name of Driver ..... | LIM WEI XIONG DANVIN |
| NRIC No .....        | S9126398Z            |
| Date Of Birth .....  | 28/07/1991           |
| Occupation .....     | Indoor               |

|  |                        |
|--|------------------------|
| Date Of Driving Pass .....   | 10/09/2021             |
| Driving experience .....   | 1 YEAR AND 5 MONTHS    |
| Gender .....   | Male                   |
| Mobile Number .....  | (Phone) +65-93827196   |
| Alt. Phone Number .....  | -                      |
| Email Address .....  | DANVINHMHS@HOTMAIL.COM |
| Address .....  | 246 SERANGOON AVE 3    |
| Address complement .....   | #10-214                |
| Postcode .....   | 550246                 |
| 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 - Head to Rear |
| 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

PLS REFER TO THE SKETCH PLAN BY DRIVER

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |              |
|-----------------------------------|--------------|
| Vehicle Registration Number ..... | SJD2103J     |
| Vehicle Manufacturer .....        | -            |
| Vehicle Model .....               | -            |
| Vehicle Variant .....             | -            |
| Vehicle Colour .....              | -            |
| Vehicle Category .....            | Private car  |
| Name of Driver .....              | N KARTHIGEYA |
| NRIC No .....                     | S9329334G    |

Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLANIMPORTANT 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 Authorised 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. 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time:

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Ah Lim Motor Company  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:







































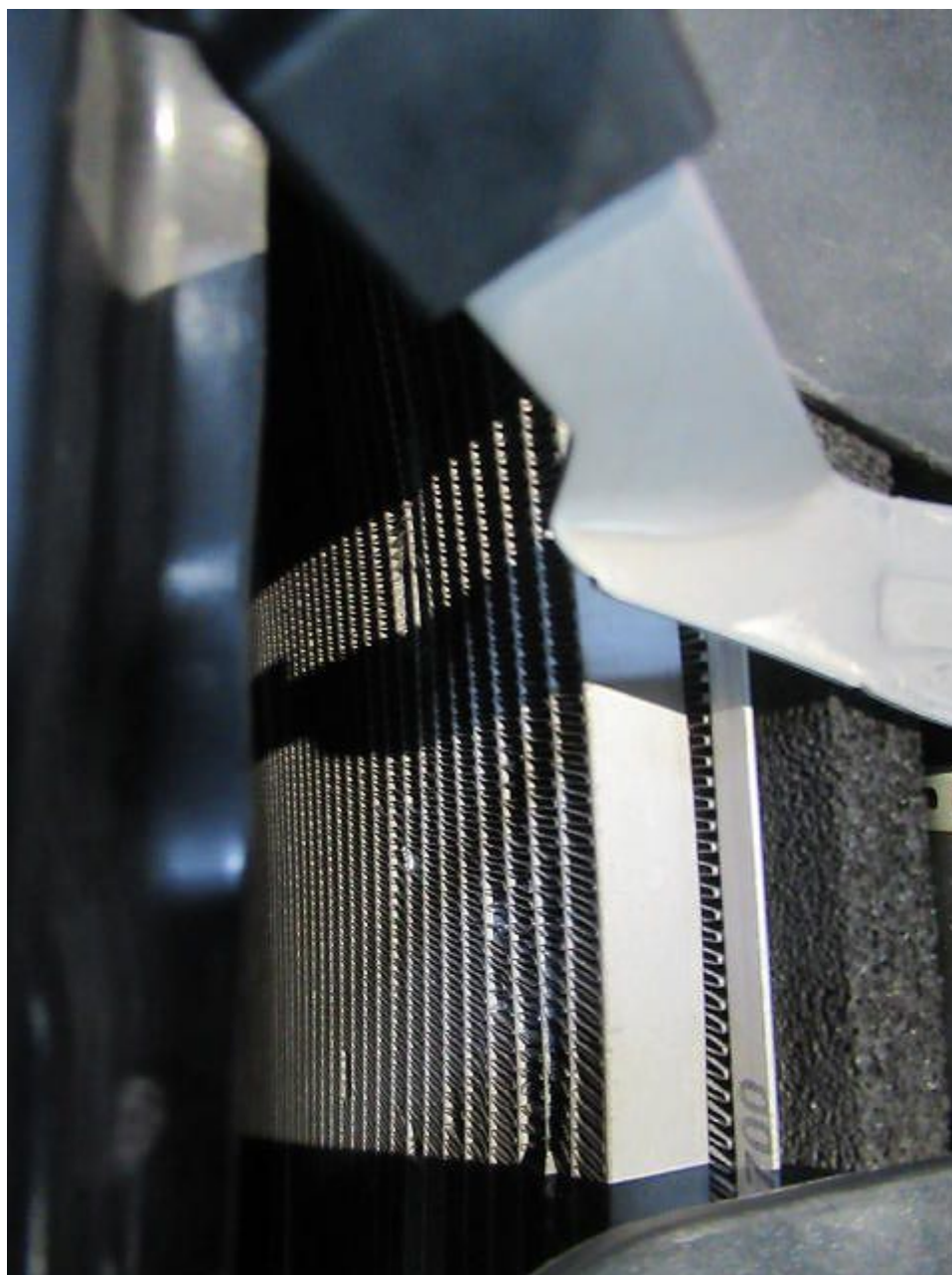


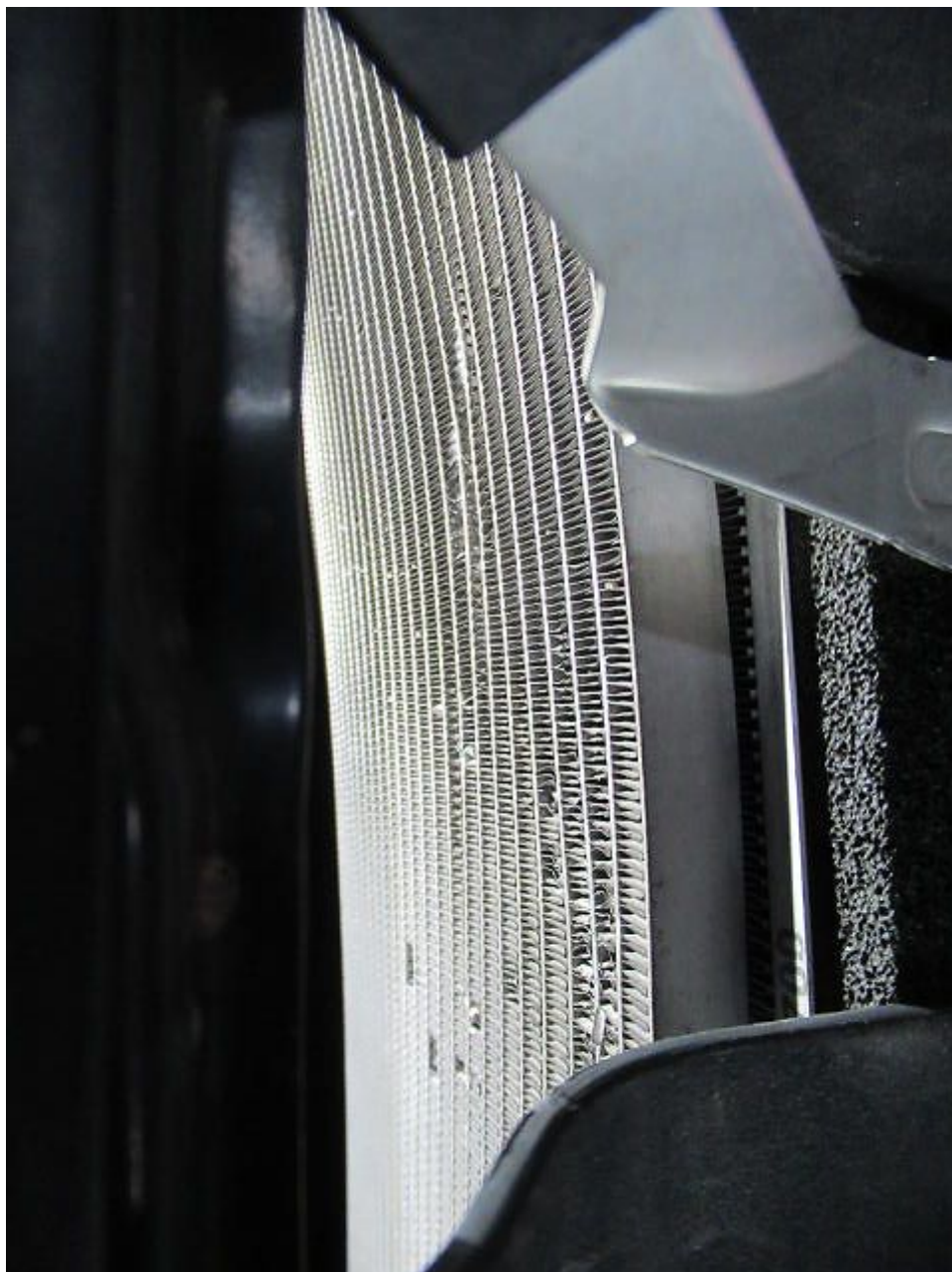



























**Sompo Insurance Singapore Pte. Ltd.**

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

**PRIVATE CAR POLICY SCHEDULE**
**Intermediary Code :** 11S35909

**Policy No. :** D22MTPV01016195

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the PRIVATE CAR Policy wordings, ref. MTP.30

**Insured :** LIM WEI XIONG DANVIN  
**Address :** 246 SERANGOON AVENUE 3  
#10-214  
SINGAPORE 550246

**Business/Profession :** IT SYSTEM ENGINEER

**INSURED DETAILS**

**Date of Birth & Age :** 28 JUL 1991 & 31 years old  
**Driving Experience in :** 1 year  
Singapore  
**Marital Status :** MARRIED  
**Gender :** Male  
**Identification Type :** NRIC(Singaporean)  
**Identification No. :** S9126398Z

**Period of Insurance :** 19 OCTOBER 2022 00:00 TO 18 OCTOBER 2023 23:59

**Persons or Classes of Persons entitled to drive :** Refer to Certificate of Insurance

**Limitations as to use :** Refer to Certificate of Insurance

**VEHICLE DETAILS**

**Vehicle Registration No. :** SNB9426U  
**Chassis No. :** MRHFC5650JT000488  
**Engine No. :** R16B25500546  
**Vehicle Make & Model :** HONDA CIVIC 1.6  
**Engine Capacity :** 1600  
**NCD Entitlement :** 10%  
**Year of Registration :** 2018  
**NCD Protection :** No  
**Estimated value of Vehicle :** Market value at time of loss  
**Hire Purchase Owner :** STANDARD  
CHARTERED BANK

**PREMIUM DETAILS**

**Premium after applicable discount(s) :** S\$ 1,381.62  
**GST :** S\$ 96.71  
**Premium (incl. GST) :** S\$ 1,478.33

**Coverage :** Comprehensive - ExcelDrive FOCUS

**Excess :** \$ 500 - Section I

**Voluntary Excess :** N.A

**Additional Excess :**  
Named Young and/or Inexperienced Drivers S\$1,500  
Un-named Young and/or Inexperienced Drivers S\$3,000  
Un-named All Other Drivers S\$500

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old.  
'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of driving experience in Singapore roads.

**Windscreen Excess :** S\$100.00 for each and every applicable claim.

**Endorsements Applicable :**  
Endorsement AA3 - ExcelDrive Focus Plan  
Endorsement D1 - Young and/or Inexperienced Drivers  
Endorsement E - Excess Clause  
Endorsement H - Total Loss  
Endorsement L - Hire Purchase  
Endorsement M - Inclusion Of Special Perils  
Endorsement P6 - Riot And Strike Endorsement

**Additional Cover :** NIL

**Named Drivers :**  
1. Name : LIM WEI XIONG DANVIN  
Date of Birth & Age : 28 JUL 1991 & 31 years old  
Driving Experience in Singapore : 1 years

**Date of Issue :** 23 SEPTEMBER 2022  
**Intermediary Name :** SG ALLIANCE PTE. LTD.  
**Producer Code & Name :** SGL35976 & LYNETTE SEAH ZHI NING  
**User Code :** LINGHAIL/PIKSEE  
**Old Policy No. :** NIL

Signed on this 23rd day of September 2022  
for and on behalf of SOMPO INSURANCE SINGAPORE PTE. LTD.

Authorised Signatory  
CI Code : 22A

**24-HOUR EMERGENCY HOTLINE**  
**Tel: (65) 6226 3323**

Specialist from 24 Hours Mobile Accident Response Service (MARS) will:  
- Take photographs of the vehicle involved.  
- Assist the driver to complete the accident statement and arrange for e-filing to General Insurance Association of Singapore (GIA) within 24 hours  
- Arrange towing service if necessary to the nearest ExcelDrive Workshop  
\* When overseas, inform the operator that you would like to place a collect call, or call on reverse charge basis.