SA1C23310003 / AH LIM MOTOR COMPANY (MAIN)
ENTRY DATE & TIME: 01/03/2023 15:15 (SGT)
SUBMITTED BY: EILEEN CHUA
VERSION: 1 (01/03/2023 15:15 (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

Date of Submission	01/03/2023 15:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/02/2023 17:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INSTITUTE OF MENTAL HEALTH CAR PARK B ,10 BUANGKOK VIEW S(539747)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB5320S

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG SHI WEI
NRIC No	SXXXX184H
Email Address	SHIWEI.ONG@GMAIL.COM
Mobile Phone No	(Phone) +65-97576984
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	CN7 AVANTE 1.6 DOHC CVT S
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	1598

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01011340

DRIVER

Name of Driver	ONG SHI WEI
NRIC No	SXXXX184H
Date Of Birth	31/10/1975

Occupation	Indoor
Date Of Driving Pass	02/03/2001
Driving experience	21 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97576984
Alt. Phone Number	-
Email Address	SHIWEI.ONG@GMAIL.COM
Address	606 ANG MO KIO AVE 5 #08-2751
Address complement	-
Postcode	560606
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Raining
Road Surface	Wet

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)	0
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?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

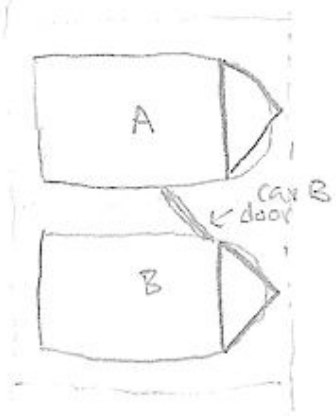
Vehicle Registration Number	QX508A
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

Date of accident: 28/02/2023 Time: 1750hrs Location: Institute of Mental Health carpark B 10, Buangkok View, SC539747)

My Vehicle A: SNB 53205 Vehicle B: SK508A Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car at IMH carpark B at about 0745hrs. on 28/02/2023. When I went to retrieve my car at about 1750hrs on the same day, a police car was parked next to my car. The police officer sitting inside the police car asked if I was ~~the~~ my car's owner, then proceeded to inform me that he had accidentally opened the passenger door too wide, causing it to hit against my driver's ~~side~~ door, causing a huge dent with some scratches, and white paint transfer from the police car.

Attached Police Report No.
F/20230228/2107

☐ Claim OD/TP at Ah Lim Motor ☑ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :
My workshop :
Email address :
& myself :
Email address : shiwei.ong@gmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
Date & Time: 1/3/2023 1315hrs

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

AH LIM MOTOR COMPANY

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

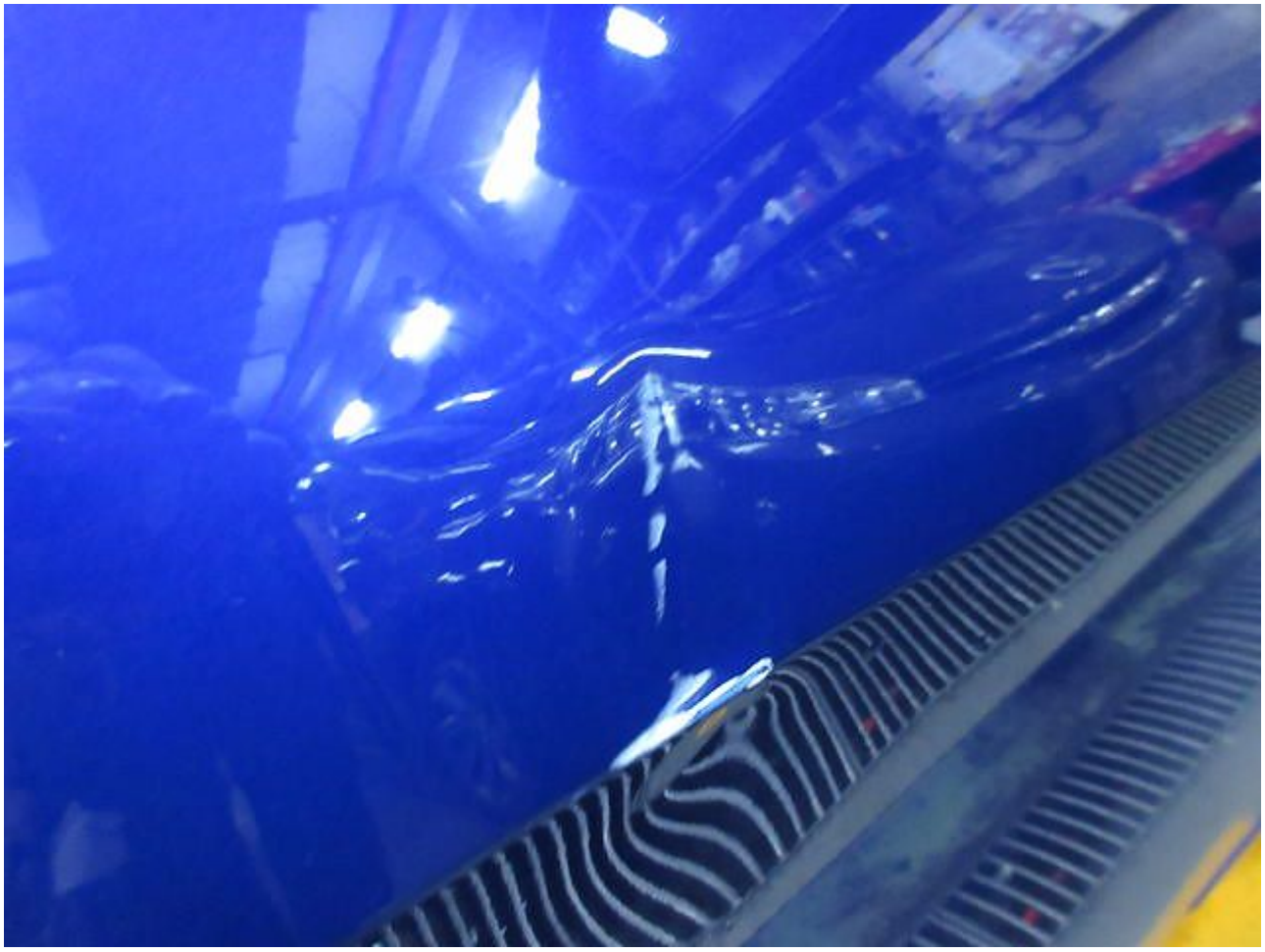
Policyholder's Signature Date & Time: 13/3/2023 13:15 hrs.	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4



IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

SINGAPORE POLICE FORCE

F/20230228/2107

POLICE REPORT (NP299)

Report No. F/20230228/2107

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made	Vide Report No.	Station Diary No.
28/02/2023 21:50	E/20230228/0163	54

Name Of Informant ONG SHI WEI	Address APT BLK 606 ANG MO KIO AVE 5 #08-2751 SINGAPORE 560606			
ID Type / ID No. NRIC NO / S7532184H	Contact No. Home/Office	Mobile 97576984		
Nationality SINGAPORE CITIZEN	Email Address shiwei.ong@gmail.com			
Occupation Psychiatrist	Sex Female	Age 47	Date of Birth 31/10/1975	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 28/02/2023 17:40	Location Of Incident 10 BUANGKOK VIEW BUANGKOK GREEN MEDICAL PARK SINGAPORE 539747			

Brief details.

On 28th February 2023 at about 1750hrs, I came back to my car, a blue Hyundai Avante bearing registration plate number SNB5320S which was parked in lot number 107 at the open carpark infront of the emergency main entrance of Institute of Mental Health.

I was approached by Police Officers who came out from their vehicle bearing registration plate number QX508A which was parked on the right side of my car. I was then informed that one of the officer had

Signature Of Officer Recording The Report: F / STAFF SGT KARTINA BINTE ZUHRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2023 21:50
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / SR STAFF SGT RUSSEL TONG JUN KAI Contact No.: 62181343	Classification Of Case:

SINGAPORE POLICE FORCE

F/20230228/2107

POLICE REPORT (NP299) CONTINUATION OF REPORT Report No. F/20230228/2107

accidentally opened the front passenger door too wide that it hit onto my driver's door causing a dent with some mild scratches and white paint transfer from the Police car.

I was advised to lodge this Police report before making any claims to the repair doned to my damaged door.

This is the first time such incident happened.

Signature Of Officer Recording The Report: F / STAFF SGT KARTINA BINTE ZUHRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2023 21:50
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / SR STAFF SGT RUSSEL TONG JUN KAI Contact No.: 62181343	Classification Of Case:

SOMPO INSURANCE

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.: 198905400E | 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.	: D22MTPV01011340
Insured	: ONG SHI WEI
Motor Vehicle (Registration No.)	: SNB5320S
Coverage	: Comprehensive - ExcelDrive GOLD
Policy Commencement Date	: 27 AUGUST 2022 00:00
Policy Expiry Date	: 26 AUGUST 2023 23:59
Maximum Liability (Section I)	: Market value at time of loss
Excess*	: $500 - 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.
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.

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 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.

Lui Jo

Authorised Signatory

Date/Time of Issue : 05 JULY 2022 12:04

IMPORTANT NOTICE

- 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 : 11A28209 & ASSURE INSURANCE AGENCY PTE. LTD. CI Code: 22A _RNDZBK4IBD0MH_A