

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 | 14/03/2023 13:15 (SGT) |
| Reported by | Driver |
| Date of Accident | 13/03/2023 22:18 (SGT) |
| Exact Location of Accident | Sims Way, Singapore |
| Additional Location Information | SIMS WAY TOWARDS PIE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|--------|
| Vehicle Registration Number | SGL20X |
|-----------------------------------|--------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------|
| Is company? | No |
| Name Of Registered Owner | TOH HWA YEE |
| NRIC No | S1394039H |
| Email Address | TOHMINGXUAN@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96600266 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Volvo |
| Model | Xc40 |
| Variant | XC40 T4 R-DESIGN |
| 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 | 1969 |

INSURANCE COMPANY

| | |
|---|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D21MTPV01017293 |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | TOH MING XUAN |
| NRIC No | S8944305I |
| Date Of Birth | 05/12/1989 |
| Occupation | Indoor |

| | |
|--|-----------------------|
| Date Of Driving Pass | 06/07/2009 |
| Driving experience | 13 YEARS AND 8 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96360508 |
| Alt. Phone Number | - |
| Email Address | TOHMINGXUAN@GMAIL.COM |
| Address | 228 SERANGOON AVE 4 |
| Address complement | #11-49 |
| Postcode | 550228 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| 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) | 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 | WAYNE |
| Gender | Male |

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 | XD6210R |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|--------------------------|
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | SUNDARAPANDIAN KUMARESAN |
| Passport No/FIN | G7290216K |
| 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.
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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:



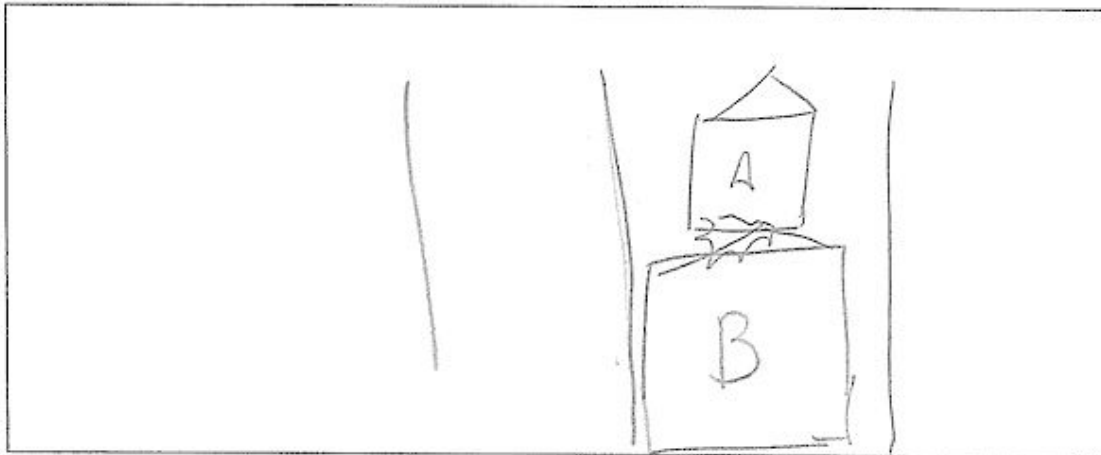
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

app. 24/04/2018/2019/2020/2021

Date of accident: 13/03/23 Time: 22:18 Location: Sms Way Towards PIE
 My Vehicle A: SGL 20X Vehicle B: XD 6210 R Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Along Sms Way towards PIE, at 10:18pm, I was headed towards PIE. As I was changing lane towards the right, SMD6118E, the car in front of me, did not signal and want to change to the right lane as well. Noticing this, I braked and honked at him, while maintaining a safe distance. The truck behind was unable to stop in time and collided on my rear.

☐ 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 :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY







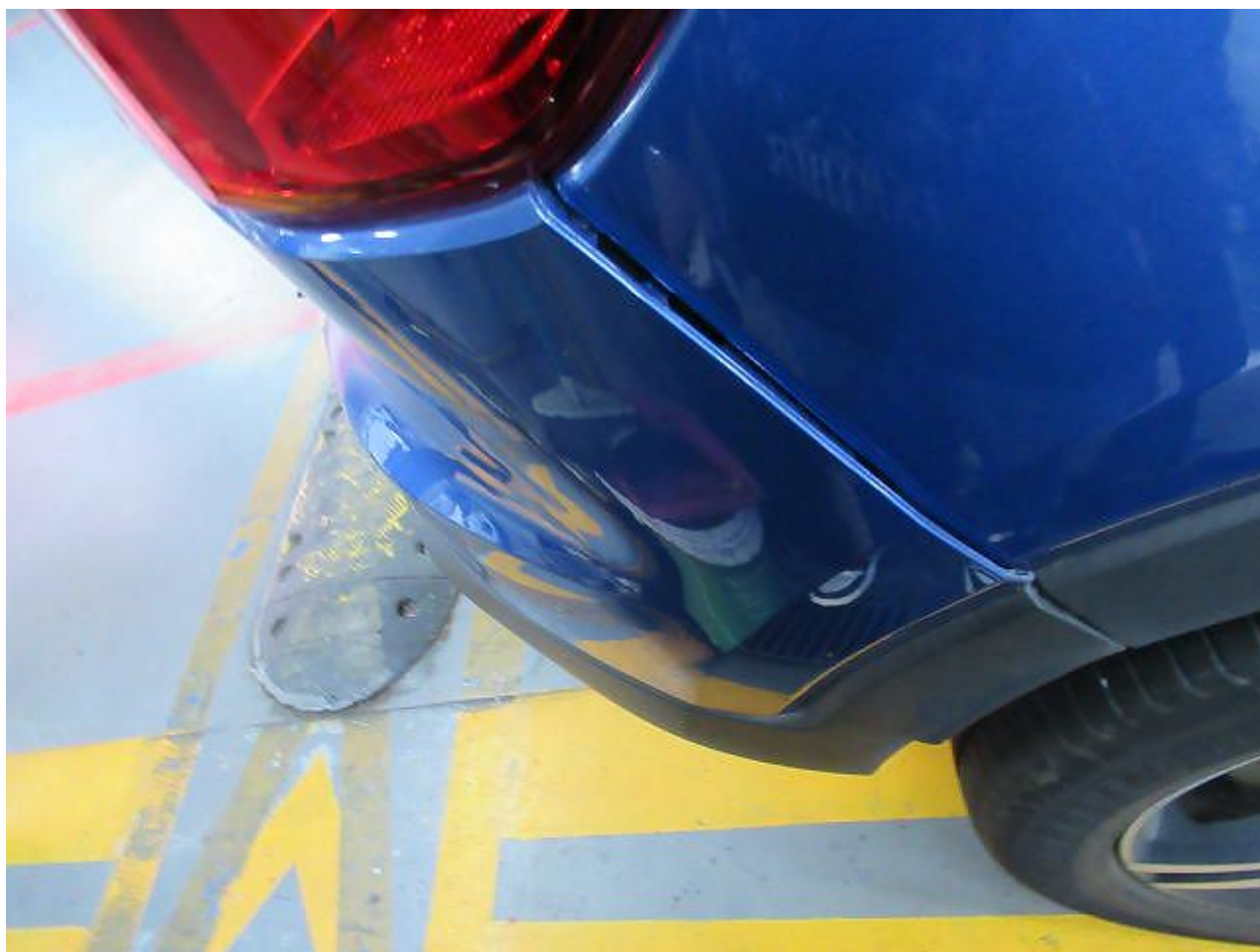






























Sompo Insurance Singapore Pte. Ltd.

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 : 11N03907

Policy No. : D21MTPV01017293

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 : TOH HWA YEE
Address : 20 BLANDFORD ROAD
SINGAPORE 559813

Business/Profession : DIRECTOR

INSURED DETAILS

Date of Birth & Age : 16 OCT 1959 & 62 years old
Driving Experience in Singapore : 35 years
Identification Type : NRIC(Singaporean)
Marital Status : MARRIED
Gender : Male
Identification No. : S1394039H

Period of Insurance : 06 DECEMBER 2021 00:00 TO 05 DECEMBER 2022 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. : SGL20X
Chassis No. : LYVXZAKZDML419282
Engine No. : B4204T317568623
Vehicle Make & Model : VOLVO XC40 2.0
Engine Capacity : 2000
NCD Entitlement : 50%
Year of Registration : 2020
NCD Protection : Yes
Estimated value of Vehicle : Market value at time of loss
Hire Purchase Owner : OCBC BANK

PREMIUM DETAILS

Premium after applicable discount(s) : S\$ 1,219.23
GST : S\$ 85.35
Premium (incl. GST) : S\$ 1,304.58

Coverage : Comprehensive - ExcelDrive PRESTIGE

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 AA1 - ExcelDrive Prestige 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
Endorsement V - No Claim Discount Protection
Endorsement Z - Loss of Use Benefit

Additional Cover : NIL