VALTIONAL Assessment Centre	Services um	1 /2//(1)	20723	ZMOOD	1
Dave In: 1 27/93 7023 095	I deb description	10	ate & Time C	constitut	Done by
ReINO: XBB (SMO)30009287	SAS e-Illing		Name and Address of the Party o		
Veli No: SKD-89160	E-mail patrila there	AIC 2his)		, ,	, /
D.D.A: 23,02 7073 -1615	1-Diotor Claim I'			,	
OD . 79 / Reporting Only	1-Motor W/O (W	linter OD anni, ar	11.013		The second second
Jan Halland	1. Phote Uploude	d !			
TP insurer:	Assessment/Surve	Report			The state of the s
	Ass't Report by Fr	O w beatter	wner/YYlisa		Aprenio martino high is 143 % in the part of the part
Protocred Wkop (NO Assign Wkap / QW: (1 ,	7	Tol:	Fax	1
TP Panticulars: Veli No: 8	L 3292K	, INC(אוויתם און	() / .	,
Oviner / Driver: (The state of the s		Tel:		1
Policy 10: () Pe	ried: (. ·) c	over Type:	()
Confirmed by t'(THE PARTY OF THE P	aler	Tim		> .
The state of the s	Note-list Status (WO)		, F: 21.798	A. F: 20-10	0N)
AND DESCRIPTION OF THE PROPERTY OF THE PARTY		180()		-	
Excess: (S) Londing: S1,0	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN C)			
General Kembekent (Spring Spring) in the Control of	Menderal de la company de la c				Ser like the control
() Walk-in Customar's Customers in o		ential & Suid	ly HO rator	of topolier.	
() Total Loss Cose : to e-mail Insur-	er URGENTLY	t .	Later Market Market Company of the		
Drive-In ()/ Towed-In (); Invoice		() Tow	ing Corl)
Kamapisioo Aung Looma, og beiden i			Date de Calific S	Whiplated III.	in the Bone by
1) Apply to: Transport Allowance ()/(Courtmy Car ()				Charles the second of the seco
2) QC Check / Post Repute Inspection	()		***************************************		A MAN AND AND AND AND AND AND AND AND AND A
3) 'Spined Resurvey Photo [Repair Cost > S.	3000] ()	,	And the second of the second o		
Injury;					Section Sectio
			- ASSESSED V	TO STATE	
SAME TO STREET SAME T	Wednesday In St. 5	相談社会學	30,540,000	4.1960年1月1日	10016211401
		·			-
	المستند و المعاون المعاون المعاون و المعاون و المعاون المعاون المعاون المعاون المعاون المعاون المعاون المعاون 	3	war was at the financial or the same that	\$1 000000000000000000000000000000000000	
4///				1	
			Principal Control		The second second second
X/A230DA36	ji e	ny vice Prend	rallou Cliv	Pilit Ship	Angenieshis Wasten
7.4778	Strok - C	ATTI Accident Pa	exercity (530	1	
influence Bandenthians 12 12 2021 18 19 3		DA : Damage A)	THE RESIDENCE ABOUT THE PARTY AND ADDRESS OF T	216	1515
riner/Owner:	4) FT : Fellow-The) FT : Pallew-The	with Service		336
onizet Not		Fredering see	ing 1927 Cally	C. C. C. C. L. C.	379
errieged Forden: EVIII	1) TR: Redsmerd +,ACualitik (CONTACT TUINGY		\$140
A STATE OF THE PROPERTY OF THE	and the same of th	DEC Addition	al Fedvistation		
Checked by (Engr-In-Charge);	, ,	'NS: Coursesy	arliet Allews	K/I \$	\$151
	Jan to have been supported to	*Nit Repeti Co			519
distract Commency S. S. See S. C.	《新聞》(新聞)	THE DY / Coll	tal Careatt Cent	dinetion	3161
1 1	· E	77 ((11)) : T8 13 M (11) (14) Mov	(Rea NO) teals	131 1176	101
L. 2/3:	many and influence i manifest, son strikense of the straight and	In spite dated	The state of the s	Fis Charges	THE SECOND
day - dispression	1	Turing to 4 9 7 9 4			

SN09233M0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 22/03/2023 09:53 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (22/03/2023 09:53 (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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	Driver 23/02/2023 16:15 (SGT) Yishun Ave 6, Singapore	
引起 的复数国际设置	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD8916D	
INSURED/POLICYHOLDER		
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	MERDEKA CONSTRUCTION CO PTE LTD 1XXXXX267R fullstop423@gmail.com (Phone) +65-98806900	
Manufacturer	Mazda	

Manufacturer	Mazua
Model	6
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 Commercial vehicle Transmission Auto CC 1998

INSURANCE COMPANY

Sompo Insurance Singapore Pte. Ltd. Name of Insurance Company D23MTPV01001095 Policy Number / Cover Note Number

DRIVER

LEE ENG KEONG Name of Driver SXXXX888A NRIC No Date Of Birth 17/10/1983 Occupation Indoor

Date Of Driving Pass	23/04/2009	
Driving experience	13 YEARS AND 10 MONTHS	
Gender	Male	
Mobile Number	(Phone) +65-98806900	
Alt. Phone Number	(Filotie) 103-98800900	
Email Address	f. II. t. = 100 @ iI	
Address	fullstop423@gmail.com	
	76 PUNGGOL WALK #15-55	
Address complement Postcode		
	828788	
Is the driver the policyholder?	No	
If No, Relationship of the Driver with the Insured		
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver		
Lawrence Commonwell 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		
Road Surface	Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?	No	
was any foreign vehicle involved in the accident?	0	
Number of vehicles involved in the accident		
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)		
Has the driver been approached by unknown person(s)	,	
soliciting/offering accident claims assistance?	No	
soliciting/offering accident claims assistance?	140	
Translator's name		
Translator's ID	-	
Translator's phone number	-	
Translator's email		
Original language used in the statement		
Original language uses in the estatement		
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?		
If yes, against whom?		
ii yes, against whom:		
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
DETAILS OF OTH	ER VEHICLE PROPERTY 1	
DETAILS OF OTH		AND STATE OF THE PARTY OF THE P
Vehicle Registration Number		
Vehicle Manufacturer	-	
Vehicle Model		
Vehicle Variant		
Vehicle Colour		
Vehicle Category	Private car	
	I IIVato oui	

Private car

Vehicle Category

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

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 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
- 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:

- 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)
 - (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
- (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
 - my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or 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.

MERDEKA CONSTRUCTION OF PET LTD MERDEKA CONSTRUCTION OF PET LTD A5 Policyholder's Signature Date Name: NRIC/FIN No.:	agents(including their lawyers	/law firms), which may be sited outside of Si	ngapore, for one of more of the
Policyholder's Signature Date With the policyholder Date Oriver's Signature Driver's Signature Name: NRIC/FIN No.:	特佳建築工程私人有限之 MERDEKA CONSTRUCTION OF PET		102/02/2025
N 1111E.	Policyholder's Signature Date	Driver's signature (If driver is not the policyholder) Date & Time:	Name:

Yishum Me 6 SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	2 14		
Af mentioned Date as	d Tim	e ,	1
was driving along Yishin	Ave 6		Im
cannot stop intime, and	h't	into	
vehicle (B)			
	β ;	SKD	89.163
	8:	SKL	3292K
	-		-
			-

DECLARATION

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

特佳獎案工程為人才限公司 MERDEKA CONSTRUCTION CO PTE LITD 45 SHUN INDUSTRIAL PARKA SINGAPORE 768723 TEL: (65) 6481 8328 FAX: (65) 6481 1375 FAX: (65) 6481 1375 Policyholdekenskaww.merdekasg.com Policyholdekenskaww.merdekasg.com

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

& Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

GIARMC SketchPlanForm_V3

& Time:

7

Email: sm@idac.com.sg Tel no: 6555 6888
*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23 / 02/2023 (dd/mm/yy) Time of Accident: 16: 24-HR-FORMAT)	
Vehicle No.: SKD 8916D Vehicle Make & Model: MAZON 6	25 25 26 26
Vicher Art 6	
Policyholder's Name: Mrdla Construction Co. Pta Ltd I/C/UEN: 198001267R	
Policyholder's Name: MINACCA CIBITOCHOT COTTA LIVE INCTOER.	8
Driver's Name / IC No.: Lee Eng Keary Sf 377888A (As Above) Driver's Contact No.: 98506900 Company Contact No (Company Veh Only):	
Driver's Contact No.: 98 506 900 Company Contact No (Company Veh Only):	
Driver's Address: To Punklin Wark \$ 15-\$5 (828288)	
Email address: full stop 423 & g mril-com Insurance Company: 1710 1007 2704 2005	
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:	
What do you wish to claim? (Please TICK one only)	
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)	
Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor	
Was being assured (Including Driver):	
Conder: Male / Female *Passar	iger
*Passanger Name:	
"Passanger Hamel	
a L. Male / Famala	
Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident)	
Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident)	-
Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:	-
Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by Your Car Camera? Yes / No	
Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by Your Car Camera? Yes / No No No No No No No No	
Name: Gender: Male Female	
Name: Gender: Male Female	
Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by vour Car Camera? Yes / No Any Injuries: Yes / No (If YES) Injured Person' Name: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station:	- - L
Name: Gender: Male / Female Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by vour Car Camera? Yes / No Any Injuries: Yes / No (If YES) Injured Person' Name: Injured Person in Which Vehicle: Police Report filed: Yes / No (If YES) Which Police Station:	- 2K
Name:	- 2K
Name: Gender: Male Female	
Name:	-
Name:	-
Name: Gender: Male / Female	-
Name:	-



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03

Singapore Land Tower, Singapore 048623

Tel: 6461 6555 | www.sompo.com.sg Co. Reg. No.: 198905490E | 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.

: D23MTPV01001095

Insured

: MERDEKA CONSTRUCTION CO PTE LTD

Vehicle Registration No.

SKD8916D

Coverage

: COMPREHENSIVE - EXCELDRIVE GOLD PLAN

Policy Commencement Date

: 16 JANUARY 2023 00:00

Policy Expiry Date

: 15 JANUARY 2024 23:59

Maximum Liability (Section I)

: MARKET VALUE AT TIME OF LOSS

Hire Purchase Owner

Excess*

: S\$1100 - SECTION I

Voluntary Excess*

: BUY DOWN: S\$100 - SECTION I

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

Persons or Classes of Persons entitled to drive

1. Any other person who is driving on the Insured's order or with his permission but excluding the Insured himself.

2. 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

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.

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.30

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue: 23 DECEMBER 2022 10:56

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: ALFA-MEGA ASSOCIATES PTE LTD / 11A06302 CI Code: 22C _4JDH5B4JBNDBOAA

^{*} Subject to GST wherever applicable