# **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 Authorised 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.

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   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 28/03/2022 13:12 (SGT) Date of Accident 28/03/2022 09:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TWDS AIRPORT BEFORE THOMSON EXIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKS1159P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner

SEETOH YI YU NRIC No. S8130376B

Email Address seetohyiyu@gmail.com Mobile Phone No (Phone) +65-97408990

Alternative Phone No +65-97408990

VEHICLE PARTICULARS

Manufacturer Volvo Model S60

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

1500

**INSURANCE COMPANY** 

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number D22MTPV01004153

Cover Note Number

DRIVER

Name of Driver SEETOH YI YU NRIC No. S8130376B

Date Of Birth 20/09/1981 Occupation Outdoor Date Of Driving Pass 20/12/2006 Driving experience 15 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-97408990 Alt. Phone Number +65-97408990 Email Address seetohyiyu@gmail.com Address BLK 451 CHOA CHU KANG AVE 1 #11-155 Address complement Postcode 680451 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING STRAIGHT ALONG PIE TOWARDS AIRPORT BEFORE THOMSON EXIT AT THE EXTREME RIGHT LANE OF 4 LANES. THE TRAFFIC AT THAT POINT OF TIME WAS VERY HEAVY. VEHICLES WERE MOVING AND STOPPING INTERMITTENTLY. AS THE CAR IN FRONT OF ME HAD STOPPED, I ALSO FOLLOWED SUIT. SUDDENLY, I FELT A HUGE IMPACT. VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED MY VEHICLEE TO SURGE FORWARD AND COLLIDED ONTO VEHICLE C REAR PORTION. WHEN I ALIGHT FROM MY VEHICLE, I REALISED IT WAS 4 CARS CHAIN COLLISION. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLX5749Y
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	VEHICLE B
No. Of Passenger (Including Driver)	_

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SKJ80K -
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	VEHICLE B
No. Of Passenger (Including Driver)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SLT7369T
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	VEHICLE D
No. Of Passenger (Including Driver)	-

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	SEETOH YI YU
Gender	Male
Phone No	-
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	SKS1159P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SKS 1159P

B: SLX 5749Y

C: SKJ 80K

D: SLT 73697

PIE Towarde

Air port before

Thomson Exits

SM AUTO

was driving straight along PIE towards Airport before Thomson Exits at the extreme right lane of 4 lanes.
The traffic at that point of time was very heavy. Vehicles were moving and stopping
intermittently. As the car in front of me had stopped, I also followed suit.
Suddenly, I felt an huge impact.
Vehicle B collided into the rear portion of my vehicle and caused my vehicle to surge forward
and collided into Vehicle C rear portion.
When I alight from my vehicle, I realized it was 4 cars chain collision.
I Dank
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.:











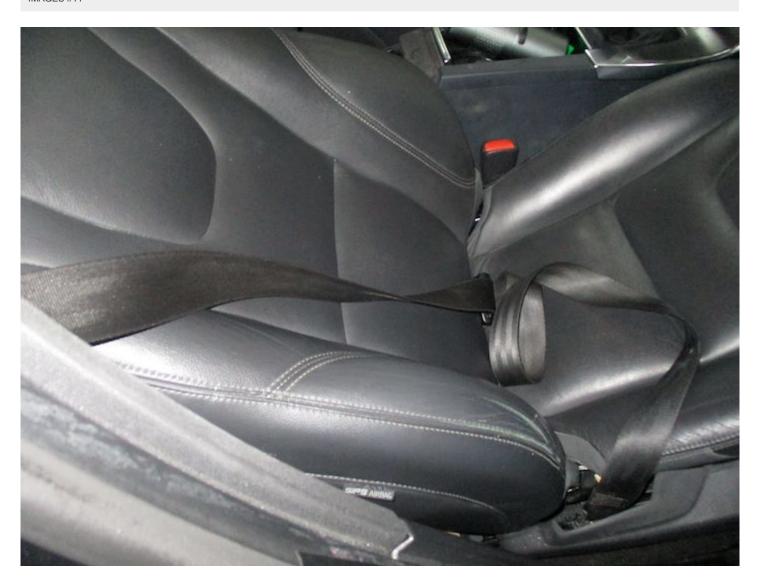














Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 6565 | Fax: 6221 3302 | www.sempo.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.

: D22MTPV01004153

Insured

: SEETOH YI YU

Motor Vehicle (Registration No.): SKS1159P

Coverage

: Comprehensive - EXCELDRIVE PRESTIGE

Policy Commencement Date : 26 MARCH 2022 00:00

Policy Expiry Date

: 25 MARCH 2023 23:59

Maximum Liability (Section I) : Market value at time of loss

Excess\*

: \$1000 - Section I

Voluntary Excess\*

: N.A

Windscreen Excess\*

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

Persons or Classes of Persons entitled to drive\*

- The Insured.
- 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 previsions 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: 03 MARCH 2022 10:50

#### IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle;
Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle or 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 Componsation) 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: 11R02003 & RVA INSURANCE AGENCY PTE, LTD. CI Code: 22A FJDBHB4KPIBBK4A4

<sup>\*</sup> Subject to GST wherever applicable