VATIONAL Assessment Centre	Services min	-:: SUDJESY	110002	- Marian - M
Desertor 1 1719 8/2023 11/18	Leb description	Date &Timo	Completed	Done by
Relivo: KAA QUINTZOOZOON	SAS e-Illing "	* * 1		Miles Committee of the
Veli No: OMO 13587	E-molt policia sher, At	C 2513)	. 1	
D.O.A: 16/04/9023 72:57	1-Motor Claim For	nn	· · · · · ·	111111
second of the se	1-Nictor W/O (Win	st OD this or this?		
OD . (79) Repenning Only	1-Phote Uplouded		. !	
The second secon	Vascriming grand			Andrews and profit to the trace of
TP insurer	Ass't Report by Fax	/ Pland to Owner/Whi		
Protonted Wkep I MC Assign Wkup / QW: (	line .	Tol:		1X:
To Pendicularia Yeli Noi	SMN 96867	INC( )/ Non-R	4C( )",	
Owner / Driver: (		Tel:		the desired the Linearity and property of
Polley No: ( ) Per	ied: (	· ) Cover Typ		
Confirmed by + '(			liner to 20 t	101/3
	dote-list Status (WO):		79%, 7: 50-1	10.53
1 chi ci statication i	The same of the sa	KO( )		The state of the s
THE PARTY OF THE PROPERTY OF THE PARTY OF TH	00( )/52,000(		Association	The state of the s
General Remails and Sandy Sand Sand Sand				
( ) Walk-in Customer a Customers Info	implien strictly Confide	eriel & schools in the	of ct to benefit	# ************************************
( ) Total Loss Cost : (o e-mail Insur				,
Drive-In( )/ Towed-In( ); Invoice	e; YES( )/NO(		Actual Assessment does not not assess pressure	
Kemapis postivis politici (otkeigo i ote	Age Control	A THE WAY THE WAY	ा के कि	in the second of
1) Apply to: Transport Allowance ( )/	Contrat Cat ( ).			-
2) QC Check / Post Repair Inspection	( )			
3) Upland Resurvey Photo Mepair Cost > S	3000] ( )	i		1
Injury:				The state of the s
Property of the Control of the Contr	18 18 17 57 57 57 58 58 58 58 58 58 58 58 58 58 58 58 58	TANK TO STATE OF THE STATE OF T	VY TOUR	100 S.
Differential and the second of	A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	-	(p. )	H
6.7				
	T.	5	-	
The same of the sa				1
	Andrews	Street of the st	The On John	是是14年(15年)。 14年11日
NA)30/096		invoiced frequention	Girchnistop	Principal Control Std
a application of the land of t	The state of the s	1) AR : Aceldent Paper Ste 2) DA : Damage Assessment	(1201)	(354)
fellowith gardenthistic after any meets	+1 1/2 1/1 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/	SYTE Towing Fis	*1	\$1975434
th et/Owner		4) PT : Yellow-Through Sar. 5) of : Hallewilleringh Sat.		\$36-
onizer Not		6) TR. Resignation		375
amiliad Forden: Every.		T) NI HELO DA + SMET 9.	1111	
Control the second seco	Control of the contro	OP	- Name to become on the party	\$55
Checked by (Engr-In-Charge);	-	173; Country Carl Tet	70	3161 5139
and a supplied to the supplied	HARMETER THE PROPERTY	PREPARENTAL CONTRACTOR	iça .	\$1
Caronive commences	<b>经验的证明的</b>	T7 (11) 1 T7 (21 cm 124 C	3 FI Parky To	3161
(* 1.	properties after properties or considerate properties and controlled	13 Million Moves	Fis CA	21864
L.2/5:		lucinius dated	ties sub	40-14
				The same of the sa

.



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

 Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
 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

17/04/2023 11:18 (SGT) Both Policyholder and Actual Driver 16/04/2023 12:55 (SGT) 355 Tanglin Rd, Singapore 247960 GRACE ASSEMBLY OF GOD B1 CARPARK Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMQ1358T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** 

Mobile Phone No Alternative Phone No No

GOH BOON HOCK

SXXXX303E

boon\_hock@yahoo.com (Phone) +65-94885380

VEHICLE PARTICULARS

Manufacturer Model

Variant

Toyota Camry

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

Private use

No - Claiming third party

Private car Auto 1998

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D23MTPV01004933

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

GOH BOON HOCK SXXXX303E 06/12/1969 Indoor



Date Of Driving Pass 13/03/1995 Driving experience 28 YEARS AND 1 MONTH Gender Male Mobile Number (Phone) +65-94885380 Alt. Phone Number Email Address boon\_hock@yahoo.com Address BLK 73 TELOK BLANGAH HEIGHTS #10-313 Address complement Postcode 100073 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 Hit and run / Vandalism / Damaged whilst parked Type of Accident 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) 0 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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 PLEASE REFER TO SKETCH PLAN 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 NumberSMN9686JVehicle ManufacturerHyundaiVehicle ModelAvanteVehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of DriverSEETO CHEE CHOONGNRIC NoSXXXX270Z



Contact Number	(Phone) +65-96483511
Address	-
Address complement	
Postcode	
Insurance Company Name	-
Nature Of Damage	-1
Details of property damaged in accident	-0
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 Actual Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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)

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

GRAGE BERMMAY OF GOD, TONDY B COMPACE

TUMING

A SIMO 13587

B SMW 96667

MY 66466

SMB 13587

SMW 96868

Describe Circumstance of the Accident
I parted my car in base ment I of my church, Grace
Assembly of God, on 16 April 2023 to attend Sunday
church senire around 11.30 am Afer the service
around 255 pm, when I reached my car 2 fellow church
members were uniting for me. The driver CMS secto)
infermed me that whe had accidently hit the front
Grand brunger of my car when exilise her nacking
lot. My car sustained damaged to the front
bumper on the right side and also scrath on the
right front light. Ms secto or han visible dances
on the left clar door and wheel arch area from
the impact. (mosteryer)
Both husband, and aife (driver) were goologetic
and admitted that she was at fault for not
checking before making the turn out of her
carpolit lot beside me when turing left.

## Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

# ACCIDENT'STATEMENT

ACCIDENT DAYE: (16, 104) 3823) (DD/MM/YYY), TIME; (12. 55)	
LOCATION: Grave Assembly of God Tangan B/ carpo	
1. DETAILS OF VEHICLE	Υ.
DINSURANCE COMPANY: SOMPO Insurance	- c 1
CIPOLICY HUMBER: DOSMT PVOLOG 4933  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE	etilem)
BIMAKE & MODEL! TO VOTA CAMPY 2, 0	
FITYPE: BALOON / COUPE / MPY / VANY LORRY / MOTORCYCLE!	
HIPURPOSE OF USING AT ACCIDENT TIME! THEN THE	1000
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY)	
2. INSURED / POLICY HOLDER HOCK MALE FE	MALE
DINRIC/FIN/PASSPORTI 36942303 E CONTACTO 773	3
5(100073)	1
+ CONTINUE TO S. d IF DRIVER ALSO POUCY HOLDER  THATE / FE	1 ( ) [ ]
All	WALE
(_) b)NRIC/FIN/PASSPORYICONTACT!CONTACT!	
d) DATE OF DIRTH: (06) (D) 1969 (DD/MM/YYYY)	1
PLATE OF DRIVING PASS 13 MAICH 1995	rea / NO
4. WAS DRIVER AN EMPLOYEE OF THE INSURED! OWA	iel .
5. diweather condition! (Curaly Raining)	
DIROAD SURFACE! ORY/WET/OTHERS.	1 ,1
7. DIREPORTED TO POUCE (YES (NO)  IF YES, PLEASE STATE WHICH POLICE STATION:	1 1 1
8. THIRD PARTY VEHICLE SMN 9686 I MODELL HUNDON	in Avonte 1.6
(Induding driver) b) DRIVER'S NAME SO TO CHE GROUPS CONTACT: 96-	483511
(2) 9. THIRD PARTY VEHICLE	1 11
Who of passenger at DRIVER'S NAME:	
(Induding, driver) [] NRIC/FIN/PASSPORTICONTACTION	
	1
how a valor of	n.

email. = boon-hock@yahoo.com



## 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.

: D23MTPV01004933

Insured

: GOH BOON HOCK

Vehicle Registration No.

: SMQ1358T

Coverage

: COMPREHENSIVE - PREFERRED WORKSHOP PLAN

**Policy Commencement Date** 

: 05 APRIL 2023 00:00

Policy Expiry Date

: 04 APRIL 2024 23:59

Maximum Liability (Section I)

: MARKET VALUE AT TIME OF LOSS

Hire Purchase Owner

: N.A

Excess\*

: S\$600 - SECTION I

Voluntary Excess\*

: N.A

Waiver of Excess

: COVERED

This Waiver of Excess benefit is limited to 1 accident claim per policy year and not applicable to

Additional Excess as indicated in the Policy Schedule

Windscreen Excess\*

: S\$100 FOR EACH AND EVERY APPLICABLE CLAIM

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

 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.

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.31

Sompo Insurance Singapore Pte. Ltd.

Lui 20

**Authorised Signatory** 

Data/Time of Issue . 18 MADCH 2022 20-12

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