1770NAL Assepsment Centre	Services unin	~ Sugg28410	001)
101 -02 1000	Vel description	Date & Timb Cont	plated Done	p
104/2025 174/	SAS e-Illing		• 1	
el No: 1/8/ 8/10/9	E-mell petals the Ass	22012)	, 1	,
(ati No: \$5,000 /.	1-Diotor Claim For	and the same of th		, , ,
1.5.4: 14.64 JOS 14.78	1	weens hader of the sequence property and a	,	
Do . (79) Repening Only	1-Nictor W/O (Wim	5; dD 1915 Jr. 20153		····
	1. Phote Uplouded			
TP (Asuren	Varctiment/Survey (/ Hand to Owner/Wisks		mix *** ****
The state of the s	I Valid Rebout of Tax	Tol:	Fax:	1
rotorres Wkop I NO Assign Wkup I QW: (72 1115 k	ואס() אסהיואס() " .	
P Pendeularsi Veli Noi G	St 1315.	Tel:	1	
Overnor / Driver: (·) Cover Type: (}	24 Pagestanes autolitis
Later A Later A	icd: (iler Plinor	>	the state of the s
Confirmed by t'(District State (WO):	18: 0-2014, F: 21-7994.	F: 30-100M	
		· () 0%		
And his additional or and a second	The same of the sa	1	A STATE OF THE PERSON OF THE P	J
Excess (5) Loading: \$1,0	THE REPORT OF THE PARTY OF THE	Stanton of the Stanton	Sant Bar Sor file	· / . ·
eneria Kemishtasi Sara Sara Sara Sara Sara Sara Sara Sar	Triple of the Confedence of th			
) Walk-in Chatourit i Coatomera info	TID CENTLY	A STATE OF THE PARTY OF THE PAR	14 or eye to 4 to 400 to 40 do	
) Total Loss Cose ; to e-mail Ensur	e: YES()/NO() Towing Corl	With orbitalism to secure or)
Drive-In()/ Towed-In() Invoic	The state of the s	THE PERSON NAMED IN THE PE	(pp.14/24)1.14	oneby
RAMAPER OF THE WORLD TO SELECT THE	Segment of the	The state of the s	111111111111111111111111111111111111111	THE PERSON NAMED IN PROPERTY AND ADDRESS.
1) Apply for Transport Allowapee ()/	Contrat Car().	The state of the s		THE OWN PROPERTY OF
2) QC Check / Peyr Repute Inspection	()	1		and second second
3) Uploed Resurvey Photo (Repoir Cost > S	(3000)	1		
Injury:		The state of the s		
CT TO THE CONTROL OF THE PARTY OF			Service Servic	344 -
Smile ruming in consultation and consultation		b	" "	
M) desired by the format of the forether of the format of the format of the format of the format of	and the same of th			the same of the sa
A STATE OF THE PARTY OF THE PAR	1)	1	
Albana amenda di bana		***************************************	The second secon	
	-	Sur de l'Alle Salata de la Company	Windle Children	LEWIS CLASS
NB2301109		Invested Preparation Chr	Paragas actor paga	1656151 -17-7-515
	学机构和制度品等的证据。	E) DA : Dameze Assessment (\$10		
and have not the second of the	A P. Co. of Lot	3) TF 1 Towing Fit	<u> </u>	
The ELICIPIES	The same of the property of the same of th	Treatile of training a Salvay (E	Const (1 1/2 2002)	
- last No.		At THE Actions of the	375) 	
77.12et 140:	Name of the last o	WALLE THE TALL THE THEFT SUIVEY	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON OF THE PE	
anisard Portion: Frage		T) NI 110 DA + SMET SURVEY I) NI UC Addition Fervices.	-	
emisard Portion: Entre	and the same of th	1) NI HE DA + SME. SUPEY	55 P.1/28	
The state of the s	The second of th	T) NI + Head DA, + SME. 20147 I) KIUC Additional Federation OD! NI: Country Gr / Tet Allow NI: Resel Countries adon	3161	
Checked by (Engr-In-Charge))		1) NI HIVE DA. + SMIT. 20149 1) NIUC Addition Fervices OD: 1NI Courtey Gri / Tel Allow 1 NI Erpel Courter adon 1 Pri Fen Republicances	315) 533 (dinetion 41	
Checked by (Engr-In-Charge):		T) NI HA DA, + SMI, 20149 I) NIUC Addition Fervices OD' NII Courtey Gr/Tet Allow NII Repet Courtingson - NII Pen Hydri Greens Get TYPE DV/Colless Gets SI Get TYPE DV/Colless Gets SI Get	315) 533 (dinetion 41	
Checked by (Engr-In-Charge))		1) NI HIVE DA. + SMIT. 20149 1) NIUC Addition Fervices OD: 1NI Courtey Gri / Tel Allow 1 NI Erpel Courter adon 1 Pri Fen Republicances	315) 533 (dinetion 41	

:

٠,

SN09234H000J / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 17/04/2023 17:21 (SGT)

SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (17/04/2023 17:21 (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

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 17:21 (SGT) Both Policyholder and Actual Driver 14/04/2023 14:26 (SGT) Jln Bukit Ho Swee, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SS600T

No

CHIA SOON LOI

slchia99@singnet.com.sg

(Phone) +65-96383361

SXXXX731C

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address**

Alternative Phone No

Mobile Phone No

VEHICLE PARTICULARS

Manufacturer

Model Variant

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

Suzuki

Jimny

Private use

No - Claiming third party

Private car

Auto

1462

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D23MTPV01004805

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

CHIA SOON LOI SXXXX731C 24/08/1955 Indoor

Date Of Driving Pass Driving experience	20/08/1974 48 YEARS AND 8 MONTHS	
Gender	Male	
Mobile Number	(Phone) +65-96383361	
Alt. Phone Number	-	
Email Address	slchia99@singnet.com.sg	
	11 NATHAN ROAD #11-01	
Address Address complement	-	
Address complement	248732	
Postcode		
Is the driver the policyholder?	Yes	
If No, Relationship of the Driver with the Insured	No.	
Does Driver Own Other Vehicles?	No	
Vehicle Registration Number of Other Vehicle Owned by Driver		
Insurance Company of Other Vehicle Owned by Driver		
ACCIDENT		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
Weather Conditions	Clear	
Road Surface	Dry	
OTHER INFORMATION		
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)	3	
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	141	
Original language used in the statement		
PASSENGER 1		
Name	WIFE	
Gender	Female	
PASSENGER 2		
Name	DOG	
Gender	Male	
DETAILS OF POLICE ACTION		
Was the assident reported to the police?	No	
	No	
Was notice of intended Prosecution given?	-	
If yes, against whom?	5.	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
PLEASE REPER TO SILETOTTE SIL		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
	1	

Vehicle Registration Number	GBF1151K
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	THANGARASU PALANIYAPPAN
Passport No/FIN	GXXXX504P
Contact Number	40° E
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 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 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:

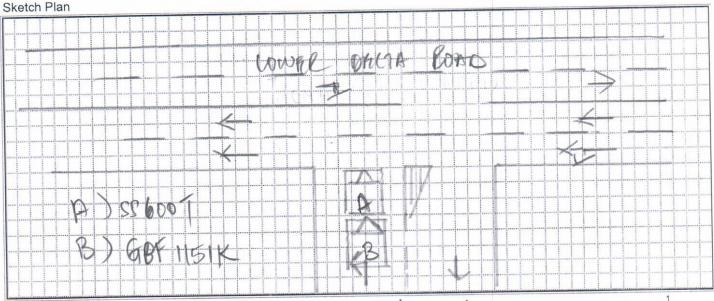
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 & Tim

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

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



vJun2022

HO SWEEL

ibe Circumstance of the Accident	
I was at Jalan Bukit Ho Sw Junction of Lowel Delta Road, high bump, I came down and bong into weal portion of m	ee stop at the
Junction of Lowel Delta Road.	Suddenly (Felt a
hugh bump, I came down and	Saw da lorne
have into weal position of w	A. (
D TO THE STATE OF	y car.
	•
aration	
declare the foregoing particulars are true in every respect.	
WIN	
	17/01/2
yholder's Signature / Date & Time Actual Driver's Signature (if driver is not the pol	licyholder) Witnessed by Reporting Centre Personne

vJun2022

2

ACCIDENT STATEMENT
17 042023
ACCIDENT DATE: (. / . /) (DD/MM/YYY), TIME; () (HK:MM).
LOCATION: JLN BUKH HO Swee-
1. DETAILS OF VEHICLE SS 600T
DINISTRANCE COMPANY SOMDO
D23M7PV0 00 48°
CHOOLICY TYPE (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
DIMAKE & MODELL SIZUKI JIMNY
alvehicle category: IPRIVALE / COmmencine / March 1
h)PURPOSE OF USING AT ACCIDENT TIME
IF NO, PLEASE STATE ITHIRD PARTY CLAIM / REPORTING ONLY)
NICH 2. INSURED / POLICY HOLDER , CHIA SOON LOT MALE / FEMALE
DOG DINRIC/FIN/PASSPORTI 5 2563731C CONTACT 7638 336
CIADORESS
* CONTINUE TO 3.d IF DRIVER WLSO POLICY HOLDER
* CONTINUE TO S. O. I. DRIVER MUSO TO CONTINUE TO S. O. I.
WHO of prisonnes DRIVER . AS ABOVE , MALE / FEMALE)
(Including driver.) GINAME: CONTACT! CONTACT!
O)ADDRESS!
- COLLIGE (DD/MM/YYYY)
d) DATE OF DIRTH: 124 08/1950 (DD/MM/YYYY)
1) DATE OF DRIVING PASS OF THE INSURED'S COMPANY? (YES (NO) 4. WAS DRIVER AN EMPLOYEE OF THE DRIVER WITH INSURED: OWNER 1F NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER 1 TO A THER CONDITION! CLEAR / RAINING / OTHERS
IF NO, RELATIONSHIP OF THE DRIVER WITH INSOITE
5. GIWEATHER CONDITION! CLEAR / RAINING / OTHERS
DIROAD SURPACE ON IT
6. WAS ANYBODY INJURED (YES (NO) , 7. GIREPORTED TO POLICE (YES (NO)
IF YES, PLEASE STATE WHICH POLICE STATION!
A THIRD PARTY VEHICLE GET 113 K MODEL!
W HO OF PASSINERY OF VEHICLE NUMBER! PALANIXA PRASIL PALANIXA PRAN
(lududina diviver) B) DRIVER'S NAMED BY E 2807 50 4 D CONTACTION
P, THIRD, PARTY VEHICLE MODELS
WEHICLE NUMBER!
Who at passangic at DRIVER'S NAME!
(Induding deliver) MRIC/FIN/PASSPORTI

email. = slchiaa a singnet-com. sg

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.

: D23MTPV01004805

Insured

: CHIA SOON LOI

Vehicle Registration No.

: SS600T

Coverage

: COMPREHENSIVE - EXCELDRIVE PRESTIGEPLUS

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

: S\$500 - SECTION I

Voluntary Excess*

: N.A

Waiver of Excess

: COVERED

Excess is waived up to S\$1,000 each claim if repair is done at authorised workshops 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
 - 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.

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 ASMTP.5

Sompo Insurance Singapore Pte. Ltd.

Dui 20

Authorised Signatory

Date/Time of Issue: 16 MARCH 2023 11:42

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: MARSH (SINGAPORE) PTE LTD - AUTO SECURE / 11M08808 CI Code: 22A 34DL5Q44RTTBW AJ

^{*} Subject to GST wherever applicable