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SINGAPORE ACCIDENT STATEMENT

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

19/04/2023 14:53 (SGT) **Actual Driver** 18/04/2023 17:50 (SGT) KPE, Singapore TOWARDS TPE AFTER UPPER PAYA LEBAR EXIT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLV1180Z

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No LING CHOON KEE SXXXX496J h188@ymail.com (Phone) +65-93887288

VEHICLE PARTICULARS

Manufacturer Model Variant

CC

Mercedes E300

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

Private use

No - Claiming third party Private car

Auto 2996

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Sompo Insurance Singapore Pte. Ltd. D22MTPV01020817

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

TANG MAY YOKE SXXXX543H 11/12/1969 Outdoor

Date Of Driving Pass	08/10/1998	
Driving experience	24 YEARS AND 6 MONTHS	
Gender	Female	
Mobile Number	(Phone) +65-90666998	
Alt. Phone Number	E.	
Email Address	h188@ymail.com	
Address	3 RHU CROSS #10-13	
Address complement	**************************************	
Postcode	437433	
Is the driver the policyholder?	No	
If No, Relationship of the Driver with the Insured	Spouse	
	No	
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	110	
Venicle Registration Number of Other Venicle Owned by Driver		
Insurance Company of Other Vehicle Owned by Driver		
Insurance company of other vehicle owned by bivor		
GENERAL INFORMATION OF THE ACCIDENT		
GENERAL IN CHARACTER THE MODELL		
Type of Accident	Collision - Head to Rear	
Weather Conditions	Clear	
	Dry	
Road Surface	Biy	
OT UTO NUTODIAL TION		
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)	1	
Number of Passengers (including Driver)		
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	-	
DETAILS OF POLICE ACTION		
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
Was notice of Intended Prosecution given:	NO	
If yes, against whom?	-	
CIRCUMSTANCES OF ACCIDENT		
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 OTHE	ER VEHICLE PROPERTY 1	
Assumption of the property of the second of		

Vehicle Registration Number	SMY3183A
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	
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
- (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 (incliding their lawyers/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 & Time

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

Sketch Plan

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	:	

B: SM43183A

A: SLV11802 KPE towards TPE

after ripp paya lebor exit.

cribe Circumstance of the Accident
On the stated date and time, I has travelling
along KPE towards TPE after Upp Pana Lebar 1xit.
The vehicle ahead braked and stopped in which
I followed suit in a safe manner. Suddenly,
I telt a luge inject from the rear of my
vehicle. I alighted and realised rehicle B had
collided onto my rear.
claration e declare the foregoing particulars are true in every respect.

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

Winessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

Date of Accident	: 18/04/2023 · Accident Time 125
Accident Place	: 18/04/2023. Accident Time: 1750. (24-HR-FORMAT)
Vehicle Reg. No (Car plate No.)	TOURS ITE ALLOY VAUN LONAL TUIL
	Vehicle Make/Model: Mercedu E300.
Insurance Company	Sompo. Policy No. D22MTPV01020817
Name of Registered Owner	: Company / Indi Daual Ling Choon Kee.
ID of Registered Owner	
OWNER EMAIL ADDRESS:	: Co Reg No: Owner's NRIC No: \$ 7223496
4188 @ ymail. com	: Co Contact No: Owner's Contact No: 93887288
DRIVER'S Name	: Tang May Yoke. DRIVER'S NRIC No: 16944543H
DRIVER'S Date of Birth	: 11/12/1969 - DRIVER'S License Pass Date 08/10/1998
Relationship bet. Owner & Driver	: Space \ Parents \ Children\ Sibling \ Employee\ Others:
DRIVER'S Address	: 3, Rhu Cross, #10-13, s(437483).
DRIVER'S Contact No./ Alt No.	(1) 90666998 2)
DRIVER'S Occupation	: INDOOR (OUTGOOR (eg. working inside or outside of an ofc.)
Email Address	Weng88 Dymail.com.
Weather & Road Surface	: CLEAR BRY RAINING & WET WITER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (including D Was the accident reported to the po Was there any video Captured by ca Exact purpose for which vehicle wa Any injuries, if yes(name of the i	river); Name & Gender;
Othe.	Party Driver's Particulars (if any)
Vehicle Reg No: SMY 3183 A.	Vehicle Reg No:
Vehicle Make\Model:	Vehicle MakelModel:
Name DRIVER:	
IC No. DRIVER:	
DRIVER'S Contact & add:	
REPORT FORM EXPLAINED IN : ENGLISH	H / CHINESE / MALAY / TAMIL OTHERS:
WHO REPORTED THE ACCIDENT : OWN	FR / DRWED / BOTH
	- COLOUR SOLI

בסוווףם וווסמומווסב סוווקמףסום ו נכו בנם.

50 Raffles Place, #03-03 Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | www.sompo.ccm.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.

: D22MTPV01020817

Insured

: LING CHOON KEE

Vehicle Registration No.

: SLV1180Z

Coverage

: COMPREHENSIVE - EXCELDRIVE GOLD

Policy Commencement Date

: 21 DECEMBER 2022 00:00

Policy Expiry Date

: 20 DECEMBER 2023 23:59

Maximum Liability (Section I)

: MARKET VALUE AT TIME OF LOSS - EXCL. COE

Hire Purchase Owner

: DBS BANK LTD

Excess*

: S\$900 - SECTION I

Voluntary Excess*

: BUY UP : S\$200 - SECTION I

Waiver of Excess

: COVERED

Excess is waived up to \$\$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. 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 MTP.30

Sompo Insurance Singapore Pte. Ltd.

Lui 20

Authorised Signatory

Date/Time of Issue: 19 DECEMBER 2022 15:27

SOMPO ASSIST HOTLINE: (65) 6226 3323

In the event of road accident, please call our Sompo Assist Holline 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.

^{*} Subject to GST wherever applicable