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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

24/04/2023 15:09 (SGT) Both Policyholder and Actual Driver 21/04/2023 10:00 (SGT) Holland Rd, Singapore BEFORE HOLLAND AVENUE Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKJ3008B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

CHEW SOK MENG SXXXX853F

smchew17@yahoo.com.sg (Phone) +65-93833567

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Camry

Toyota

Private use

No - Reporting only Private car

Auto 2497

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D22MTPV01019161

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHEW SOK MENG SXXXX853F 07/09/1954 Indoor



Date Of Driving Pass 02/10/1985 Driving experience 37 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-93833567 Alt. Phone Number **Email Address** smchew17@yahoo.com.sg Address BLK 73 ENG WATT STREET #01-17 Address complement Postcode 160073 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 Side Swipe 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) 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? Police Station Name Tiong Bahru Neighbourhood Police Post Police Station Phone No (Phone) +65-18007759999 Alt. Police Station Phone No (Fax) +65-67764246 Police Station Address Blk 128 Kim Tian Road #01-123/ 125 Singapore 160128 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230421/2078 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 Number GU34J

Toyota

Dyna

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 <u>truthful</u> and <u>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.

12.60pm 24-4-2023

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

A) SK J 3008 B

- R) All 34 J

Describe	Circumstance of	the Accide	ent (C)	01.0007	1/2022018	21/2018
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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)





1 of 3

Report No. T/20230421/2078

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time 21/04/2023		ade:	Vide Report No.:	Station Diary No.: 19		
Informant	's Particul	ars				
Name of Ir			Address: APT BLK 73 ENG WATT STREET #01-17 SINGAPO 160073			
ID Type / I NRIC NO	D No.: / S006385	3F	Contact No.: Home/Office: Mobile: 93833567			
Nationality SINGAPO	re citize	EN	Email:			
Sex: Female	Age: 68	Date of Birth: 07/09/1954	Type of Informant: Driver			
Race: Chinese			Language:			
Occupation: Unemployed			Driving Licence Information Class: 3	on: Date of Expiry:		

		CARLO CONTRACTOR OF THE PARTY O			
General Infor	mation of the Accide	ent	District Control		
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/04/2023 10:0	Type of Locatio Straight Road	
Location:					
HOLLAND Rown Weather: Clear	OAD	Road Surface: Dry			
Traffic Flow:	raffic Flow: Traffic Control:			Traffic Volume:	
Two Way		Traffic Light - Wo	rking	Light	
Type of Collis Between Mov	sion: ving Vehicles - Head ⁻	Γο Side		Anyone conveyed be ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GU34J	Lorry				Slightly Damaged	1
SKJ3008B	Car	TOYOTA	CAMRY 2.5 AUTO	Silver	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKJ3008B	TENET SOMPO INSURANCE PTE. LTD.	D22MTPV0101916	26/11/2022	25/11/2023





T/20230421/2078

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

CONTINUATION OF REPORT

2 of 3 Report No. T/20230421/2078

Details of Perso	on Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestriar	Cross	sing: NA
Driver						
Name	CHEW SOK MENG	}	and a constant of the constant	ID No		S0063853F
Related Vehicle	SKJ3008B (Car)		Conta	act No.	93833567	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On the 21/04/2023 at about 1000hrs, I was driving along Ulu Pandan Rd towards Holland Rd. As I was on the rightest lane where vehicles were slowly turning right, I decided to signal left so I could go to the middle lane. While I was turning left to the middle lane, a vehicle (GU34J) did not give way to me and continued driving forward, which eventually collided onto my front left bumper. My front left bumper suffered slight damage as it was partially dislodged. I was not able to take a picture of the damage of the vehicle (GU34J).

I wish to state that neither of us were able to exchange information. The driver of (GU34J) just took a few pictures of my vehicle using his phone, and then drove off. We did not even manage to hold a conversation.





3 of 3

Report No. T/20230421/2078

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

NP168

CONTINUATION OF REPORT

Signature of Officer Recording The Report: A / SGT 2 LEE JING KAI	Signature Of Informant:		
Signature Of Interpreter: Not applicable	Date/Time: 21/04/2023 14:51		
Officer In Charge Of Case: TP / GIA / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:		

ACCIDENT STATEMENT

ACCIDENT DATE: 21, 104, 2023 (DD/MM/YYY), TIME; (1010) AND (HH:MM)
LOCATION: Holland ROAD (Near Ford AVE)
a) VEHICLE NUMBER: SKJ 3008 B b) INSURANCE COMPANY: SMF SOMPO
OPOLICY HUMBER: D22MTPVO101916/ DPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT) B) MAKE & MODEL: TOVOTA COMMING. F) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE, / OTHERS)
BIVEHIOLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER S'OR MGN (MALE / FEMALE) A) NAMEL : CHEW S'OR MGN (MALE / FEMALE) b) NRIO (FIN/PASSPORT) S 506 3853E CONTACT (9 3833567) C) ADDRESS: S 006 3853E BIG 73. Fins WATTS ST
* CONTINUE TO S.d IF DRIVER ALSO POUCY HOLDER
Concluding diver, DINRIC/FIN/PASSPORTI CONTACT!
ODATE OF DIRTH: (07) 09 (154(DD/MM/YYY) ODOCCUPATION: (INDOOR (OUIDOR) ODATE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED: OWNER ON RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER OF THE DRIVER OF THE DRIVER OF THERE
b) ROAD SURFACE! (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. GIRERORIED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION (TITLE). THIRD PARTY VEHICLE GUSY MODELL WHO of passinger a) VEHICLE NUMBER: GS GUSY MODELL
(_) 9, THIRD PARTY VEHICLE MODELL MODELL MODELL
(Induding, deliver) DRIVER'S NAME: (Induding, deliver) NRIC/FIN/PASSPORT! CONTACT!!

email = Smchew IF @ yahoo.com.sg



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

PRIVATE CAR POLICY SCHEDULE

Intermediary Code: 11102506

Policy No.: D22MTPV01019161

S\$ 1,045.31

S\$ 1,118.48

S\$ 73.17

This Schedule is issued in accordance and should be read in conjunction with the terms, conditions and exceptions of the

PRIVATE CAR Policy wordings, ref. MTP.30

Insured

: CHEW SOK MENG

Address

: BLK 73 ENG WATTS ST

#01-17

SINGAPORE 160073

Business/Profession

: HOUSEWIFE

INSURED DETAILS

Date of Birth & Age: 07 SEP 1954 & 68 years old

Marital Status : MARRIED

Driving Experience in : 27 years Singapore

Gender: Female

Premium after applicable discount(s)

Identification Type: NRIC(Singaporean)

Identification No.: S0063853F

PREMIUM DETAILS

Premium (incl. GST)

GST

Period of Insurance

: 26 NOVEMBER 2022 00:00 TO 25 NOVEMBER 2023 23:59

Persons or Classes of Persons entitled to drive: Refer to Certificate of Insurance

Limitations as to use

: Refer to Certificate of Insurance

VEHICLE DETAILS

Vehicle Registration No.

Chassis No.

Engine No.

: SKJ3008B

: MR053AK5004003612

: 2AR0760940

Vehicle Make & Model

: TOYOTA CAMRY 2.5

Engine Capacity

: 2494

NCD Entitlement

: 50%

Year of Registration

: 2012

NCD Protection

: Yes

Estimated value of Vehicle

: Market value at time of loss

Hire Purchase Owner

: DBS BANK LTD

Coverage

: Comprehensive - ExcelDrive PRESTIGE

Excess

: \$ 600 - Section I

Voluntary Excess

: N.A

Additional Excess

Young and/or Inexperienced Drivers

S\$1,500

Un-named Young and/or Inexperienced Drivers

S\$3.000

Un-named All Other Drivers

S\$500

'Young Drivers' shall be defined as drivers (including the Insured) who are below 27 years old.

'Inexperienced Drivers' shall be defined as drivers (including the Insured) who have less than 1 year of

driving experience in Singapore roads.

Windscreen Excess

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

Endorsements

Applicable

: Endorsement AA1 - ExcelDrive Prestige Plan

Endorsement D1 - Young and/or Inexperienced Drivers

Endorsement E - Excess Clause Endorsement H - Total Loss Endorsement L - Hire Purchase

Endorsement M - Inclusion Of Special Perils Endorsement P6 - Riot And Strike Endorsement Endorsement V - No Claim Discount Protection

Endorsement Z - Loss of Use Benefit

Additional Cover

: NIL