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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 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.

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

08/05/2023 14:14 (SGT) Both Policyholder and Actual Driver 06/05/2023 12:30 (SGT) Corporation Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNC82G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

ONG JUNJIE SXXXX917Z

ahbot.theman@hotmail.com (Phone) +65-98791717

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

vour vehicle? Vehicle Category Transmission

CC

BMW

530i

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. D22MTPV01011299

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

ONG JUNJIE SXXXX917Z 17/08/1990

Indoor

Accident report SN0923580007

Date Of Driving Pass 11/06/2009 Driving experience 13 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-98791717 Alt. Phone Number Email Address ahbot.theman@hotmail.com Address BLK 156 JALAN TECK WHYE #10-57 Address complement Postcode 680156 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 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 2 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 PASSENGER 1 Name ONG HOCK CHYE Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Jurong West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002689999 Alt. Police Station Phone No. (Fax) +65-62672438 Police Station Address 700 Corporation Road Singapore 649818 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230508/2020 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF7482Y
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	2
Vehicle Colour	T ₂
Vehicle Category	Private car
Name of Driver	POH BOON LEE
NRIC No	SXXXX319D
Contact Number	(Phone) +65-96791002
Address	-
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP1870T
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)	-

INJURED PERSONS DETAILS

INJURED 1	
Name of injured person	ONG JUNJIE
Gender	Male
Phone No	(Phone) +65-98791717
Address	
Address Complement	teach =
Post Code	
Approximate Age Years Old	
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNC82G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	ONG HOCK CHYE
Gender	Male
Phone No	(Phone) +65-96341310
Address	
Address Complement	
Post Code	
Approximate Age Years Old	
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNC82G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

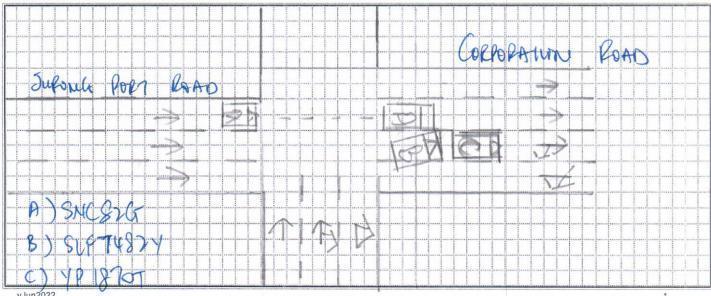
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Policyholder's Signature / Date & Time

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



Describe Circumstance of the Accident RUFUL TO POLICIE RUPORT T/20130708/2010	
10 102 cm 101/0101 1/2050 2020	
	/

Declaration

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

Md 95 11 5101. 20. 80 JA

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel / Date & Time

(Name as in NRIC/ID card)





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 1 of 4 Report No. T/20230508/2020

Tel No: 1800-2689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2023 10:57		Made:	Vide Report No.:	Station Diary No.: 78
Informant	s Partic	ulars		
Name of Ir ONG JUN			Address: APT BLK 156 JALAN TEC 680156	K WHYE #10-57 SINGAPORE
ID Type / I NRIC NO /		17Z	Contact No.: Home/Office:	Mobile: 98791717
Nationality SINGAPOR		EN	Email:	
Sex: Male	Age: 32	Date of Birth: 17/08/1990	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation OPERATION		TROLLER	Driving Licence Information Class: 3,4,5	: Date of Expiry:

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2023 12:3	Type of Location:
Location:				
CORPORATI Weather:	ON ROAD	Road Surface:		
weather.		rtoad Surface.		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collis Between Mov		Swipe - Same Direction		Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLF7482Y	Car					0
SNC82G	Car	BMW	530I MPST ADAPTIVE LED HL	Grey	Seriously Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





2 of 4

Report No. T/20230508/2020

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SNC82G	TENET SOMPO INSURANCE PTE.	D22MTPV0101129	29/07/2022	28/07/2023		
	LTD.	9				

Any Pedestrian Ir	volved: No					
No. of Pedestrian			Use of Pe	destrian	Cross	ing: NA
		North Hillians				
Name	POH BOON LEE			ID No.		S1685319D
Related Vehicle	SLF7482Y (Car)			Conta	ct No.	96791002
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of		NIL	
Driver						
Name	ONG JUNJIE		*	ID No.		S9030917Z
Related Vehicle	SNC82G (Car)		Contact No.		98791717	
Hospital/Clinic	NG TENG FONG G	ENERAL H	OSPITAL	Class Driving Licent Expiry	g ce &	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	06/05/2023		Date Disc			5/2023
	ted Medical Leave	03	Degree o		Sligh	
Passenger						
Name	ONG HOCK CHYE			ID No		S1280644B
Related Vehicle	SNC82G (Car)			Conta	ct No.	96341310
Hospital/Clinic	NG TENG FONG G	ENERAL H	OSPITAL	Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	06/05/2023		Date Disc	charge	06/08	5/2023
	ted Medical Leave	03	Degree o		Sligh	t





3 of 4

Report No. T/20230508/2020

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

Brief Details.

On 06/05/2023 at about 1230hrs, I was travelling along Corporation road towards Bulim driving my car SNC82G. I was in the middle lane and waiting for the traffic light to turn green. I noticed that the right lane of the next junction is jammed with vehicles but the lane I was in is clear. The light turned green and I accelerated. However, a car on the right lane SLF7482Y suddenly swerved out its lane and merged onto my lane. The said car hit onto the right rear side of my car and I stopped my vehicle. The driver of SLF7482Y also stopped and alighted from the vehicle. We exchange particulars and I called for Tow Truck as my car could not move anymore. I have one passenger in the car at that point of time. Both of us seek medical assistance and both received 3 days MC due to headache. I have in car camera footage of the incident. I wish to state that after the said car had hit onto my car, it also hit onto a lorry YP1870T. The lorry driver alighted to check his vehicle from damage and left without exchanging particulars.

CONTINUATION OF REPORT





4 of 4

Report No. T/20230508/2020

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

Signature of Officer Recording The Report: J / SGT 2 MUHAMMAD ADNAN BIN MOHAMED IBRAHIM	Signature Of Informant:	re
Signature Of Interpreter: Not applicable	Date/Time: 08/05/2023 10:57	
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:	
NP168		

ACCIDENT'STATEMENT.

ACCIDENT DATE: (06) .05. 3012.) (DD/MM/YYYY), TIME: (13 . 25) (HK:MM)
I DOVE LA HOUR P.
LOCATION
a) VEHICLE NUMBER! JOAPO INVICENCE.
CIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
B)MAKE & MODELL F)TYPE (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) G)VEHIOLE CATEGORY (PRIVATE) COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME! 1) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDONG, JUNJIE MALE FEMALE
OIADDRESS: BLK IST JAHN JECK WHYE #10-37 ST OFFICE WAYE
CONTINUE TO S. d IF DRIVER ALSO POUCY HOLDER WHO of presonger DRIVER ONG JUNJIE (MALE / FEMALE)
(Including driver) GINAME! STORY JOHN JECK WAYE #18-57: MEGOIGE)
() (DD/MM/YYY)
DOCCUPATION MINDS PASS OF THE THEHRED S COMPANY? (YES YES
TO NO, REDATIONS (OF AR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
8, THIRD PARTY VEHICLE CASTAGE MODEL TOYOTA 8, VEHICLE NUMBER: CASTAGE MODEL TOYOTA
Clinding driver.) O NRIC/FIN/PASSPORTI MODELL.
Who of passanger of DRIVER'S NAME!
(, Industing, direver) [] NRIC/FIN/PASSPORTI
ah boy. theman @ hot mail . com
··· VIDED THEMAN



50 Raffles Place, #03-03

Singapore Land Tower, Singapore 048623 Tel: 6461 6555 | Fax: 6221 3302 | 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.

: D22MTPV01011299

Insured

: ONG JUN JIE

Motor Vehicle (Registration No.): SNC82G

Coverage

: Comprehensive - ExcelDrive PRESTIGE

Policy Commencement Date

: 29 JULY 2022 00:00

Policy Expiry Date

: 28 JULY 2023 23:59

Maximum Liability (Section I)

: Market value at time of loss

: \$700 - Section I

Voluntary Excess*

: N.A

Windscreen Excess*

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

* Subject to GST wherever applicable

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 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: 04 JULY 2022 17:37

IMPORTANT NOTICE

Keep the Certificate in your Motor Vehicle;

Keep the Certificate in your Motor Venicie;
Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter189), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act;
On the sale of 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 On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency. on the sale of the Motor Vehicle of this large leason the insurance as terminated uting its contents, the insurance most surface of the Motor Vehicles (Third-Party Risks and Compensation) 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: 11K02305 & KENTAN INSURANCE AGENCY PTE, LTD. CI Code: 22A RXDPLH4JKBMLKKA8



<u>YMPORTANT NOTE:</u> Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

whom you submitted the Original Report.	
ADDENDUM	
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No:	No: SXXXXX 9172
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate	Singapore ()
Address:90	19/11
Contact (Tel): Mobile No.:	
Email Address: Time of Accident:	12:30
Place of Accident:	
Insurance Company:	
(B) ADDITIONAL INFORMATION / AMENDMENTS:	clude additional information or
(B) ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accident and would like to in make the following amendments: IP Vallage was a Septiment of the septiment o	
··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	Noslos/2023
Reporting Reporting	Centre Personnel's Signature n NRIC/ID card):
Policyholder / Actual Driver's Signature Date: Date:	

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