

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 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 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	18/05/2023 10:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/05/2023 08:40 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE380R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAI CHOON HIN
NRIC No	SXXXX019I
Email Address	drchlai@gmail.com
Mobile Phone No	(Phone) +65-81263401
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01001053

DRIVER

Name of Driver	LAI CHOON HIN
NRIC No	SXXXX019I
Date Of Birth	03/08/1955
Occupation	Indoor

Date Of Driving Pass	18/11/1976
Driving experience	46 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81263401
Alt. Phone Number	-
Email Address	drchlai@gmail.com
Address	5 STONE AVENUE
Address complement	-
Postcode	588227
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	Collision - Head to Rear
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)	1
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
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ5275A
Vehicle Manufacturer	Mazda
Vehicle Model	Cx-5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PETER SO
NRIC No	SXXX741C

Contact Number	(Phone) +65-96619241
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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

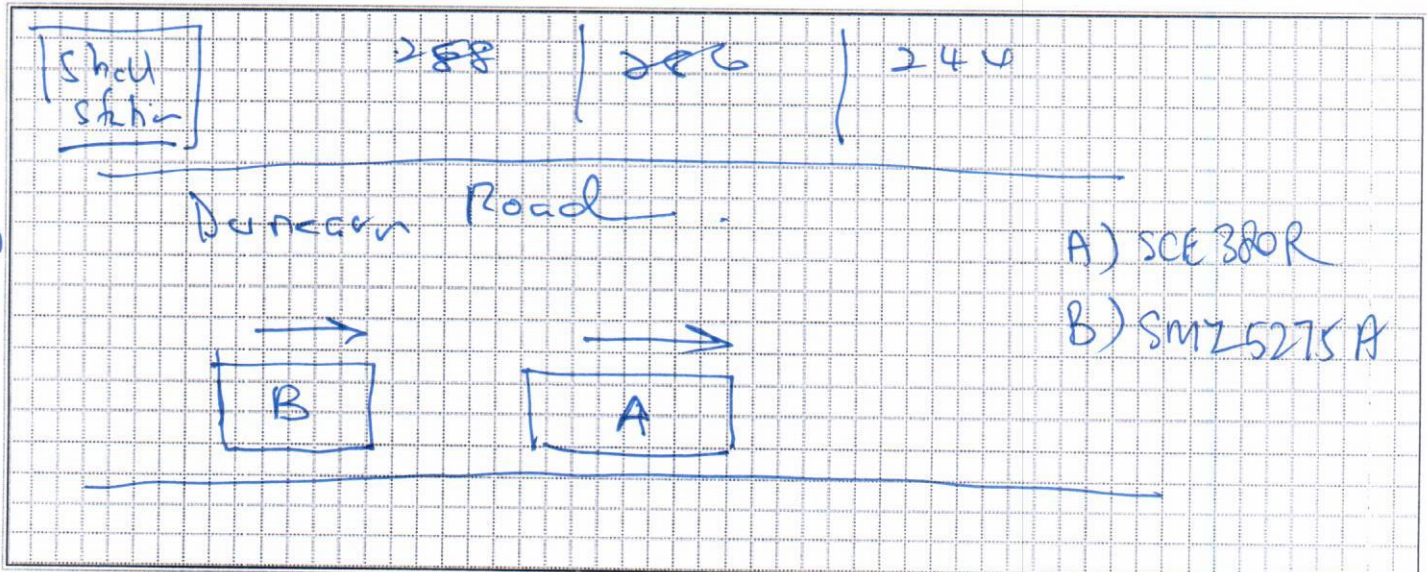
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

La 17/5/23
3:23pm
Policyholder's Signature / Date & Time

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

[Signature] 17/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was at Dunearn Road between University Road & Trevor Crescent, waiting at traffic light at about 8:40 am 17/5/23.

I saw car in front of me starting off, when I heard a loud bang from behind. I was shocked by impact. I got out of my car & saw a large dent on my Honda HRV Rear door ~~door~~. My car was hit from behind by SM25275A.

The driver of Mazda CX-5 SM25275A Mr. Peter So, came out & apologise to me.

We drove a side road beside house 284 to 284 Dunearn Road to exchange particulars.

Declaration

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

Car 17/5/23
3:22pm Car

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)

17/05/2023

ACCIDENT STATEMENT

ACCIDENT DATE: 17/5/2023 (DD/MM/YYYY), TIME: 8:40 am (HH:MM)

LOCATION: Dunearn Road between University Rd & Trevoise Crescent
near house No 288 & 284 Dunearn Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCE 380 R
b) INSURANCE COMPANY: SOMPO
c) POLICY NUMBER: 223MTPV01001053
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA HAV
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LAM CHON HIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 511670191 CONTACT: 81263401
c) ADDRESS: 5 Stone Avenue
5508 227

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
()

- DRIVER as above (MALE / FEMALE)
a) NAME: as above
b) NRIC/FIN/PASSPORT: as above CONTACT: as above
c) ADDRESS: as above

d) DATE OF BIRTH: 3/8/1935 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR Doctor

f) DATE OF DRIVING PASS: 18/11/1976

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE SM2 5275A MODEL: MAZDA CX-5

No of passengers
(including driver)
()

- a) VEHICLE NUMBER: SM2 5275A
b) DRIVER'S NAME: Peter So
c) NRIC/FIN/PASSPORT: 58965741C CONTACT: 9661 9241

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: as above MODEL: as above

No of passengers
(including driver)
()

b) DRIVER'S NAME: as above CONTACT: as above
c) NRIC/FIN/PASSPORT: as above

email: drchlai@gmail.com
VIDEO Yes

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. : D23MTPV01001053
Insured : LAI CHOON HIN
Vehicle Registration No. : SCE380R
Coverage : COMPREHENSIVE - EXCELDRIIVE PRESTIGE
Policy Commencement Date : 13 JANUARY 2023 00:00
Policy Expiry Date : 12 JANUARY 2024 23:59
Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner : N.A.
Excess* : S\$500 - SECTION I
Voluntary Excess* : N.A.
Waiver of Excess : COVERED
Excess is waived up to S\$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

* Subject to GST wherever applicable

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.

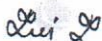
Accident Reporting

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.



Authorised Signatory

Date/Time of Issue : 22 DECEMBER 2022 15:32

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 : SEAGULL AGENCY / 11S05609 CI Code: 22A _DNDHHP4KDDDBTYA