The state of the s	- deminstration	TOUR TENANCE	2007	,
IONAL Assaysment Centre S	services. Introdu	Sylvissingo	Done Done	193, ·
10 NAL Assessment Cettine of	den description	Dans Whine Consists	100	
110 2000 200 200 200	SAS c-IIIIIs "			-
MAN DIVISION AST	E-mail (within the old the)		· '	
8003	1-Motor Claim Form	1		
19/05/10.25	PATOTOL ALLO (Alpus: 05)	נונון ארך ווווון		
To Proporting Only	1-Phote Uploaded	1	1	
	The second of the second second			1111 E. Ser . E. F. C.
SENTER:	Ass' Report by Fax (Mas	Man Danes Anna	No. 10 August 1995	2 170 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
A CONTRACTOR OF THE PARTY OF TH	The state of the s	Tol:	Fax:	-
1 WO L dux, Mullery ON LESS CONTRACTOR	1 226 A . 18) ONI-ron 1(,) O)	
endoulars Yell Mon + S	The state of the s	Tel:		J 42 (136m2) Process Control of the
iner / Driver () Per	ied: () Cover Type: (II a section requirement
inutio: ((3.7/2)	7'01107	N. 30-11/07/	
Confirmed by C'(Hotelist Saws (WO): 11	: 0.30M, F: 21.7770.		
\$ 1,00 th = 1,1 th = 1,000	WATTERTY! YES () / NO	()		
car of Attustion		TO NOT THE PARTY OF THE PARTY O	To be a second	in her hand
stoess: (\$		Tallet and the contract of	epeliet.	
) Malk-In Chaomar I Charomera Iol	primation strictly Cantidonile	ा र हार्गकात । ।		
A Train Loss Cost + to e-mail Ensur	P. V. I T.	military mail)
) : 1717 () :	CEL YES () / NO () Towing Coll		(1000/20)
Ave-in ()/ Tower-in (the same of the sa	Harry Carry March	in brains i l'agric	AND ALL PROPERTY AND A PARTY OF THE PARTY OF
1996年度が高い。 1996年度が高い。 1997年度の 1997	Courties Car ()	And the work of the same of th		
1 11/ [] · [[] [] [] [] · []	()	1		
OC Check / Peri Repuir Inspection	\$3000] ()	1		
	The state of the s			
1 Datable Meantreat and the				
THE WAY I COMPANIE STATE WATER CONTRACTOR		Contraction of the second		SAME IN THE
Injury 1	Salver in Salver			Sea Alder
AND HILL I Company some warred commender				Market State of the State of th
Anjury i				MANUE -
Injury 1				NAME OF THE PROPERTY OF THE PR
Anjury :			Constitution of the second	
Injury :		verce Propagation City		NAME OF THE PERSON OF THE PERS
NA 2391 YOU.		ARTHURST ANGENISM (33)	(35); SRC (354)	10.00
NA 2891 YOU		DA : Berryt America (37	(35); SRC (354)	17
NA 2801 (91)		DA : Berryt America (37	(35); SRC (354)	17
NB 289 YOU.		ARCAGESTING BALLERYTT AMERICAN (ST. 1977) PETERSON THE SESSIVEY P	(99); \$19(6); (1); (1); (1); (1); (1); (1); (1); (1	17
NA 2801 (97)		ARTAGESTAL BATTAGESTAL 127 Towns The Street Street 127 Towns The Street Street 127 The Design Street 127 The	(99); \$19(6); (1); (1); (1); (1); (1); (1); (1); (1	7.50
NB 2861 (90)		ARTAGESTI BATTAGESTI 1771 Tevles 711 1771 Tevles 712	(55); SNC (559) \$1975 (17) (17) (17) (17) (17) (17) (17) (17)	17. 17. 17. 17. 17. 17. 17. 17. 17. 17.
NA 2801 YOU.		ARCAGOSTI DA CENTRAL ARTHMOST (ST. 127 Towler Pt. 127 Towle	(35) SNC (350) \$12/3 EATATO \$7) CONTRACTOR (12: 2027)	(1) (1) (2) (3) (3) (4) (4) (4) (5) (5) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7
NA 2801 490		ARCAGOSTI BACAGOSTI BACAGOSTI 1271 Tevins 711 1271 Te	(35); SNC (350) \$49/3 EATOTY \$7) (200, C 12-11, 2022))	315 315 315 315 315 315 315
NO 2801 (97) Manage Paracallos (200) Manage		ARTAGESTI BATTAGESTI DATE STATE AND STATE OF THE STATE	SAC (SA) SAC (SA) BALOTONY CONTO CA LA TECH ANGE CONTO CA LA TECH CONTO CA LA	315 315 316 317 317 317 317 317 317 317 317
Many Andrews A		ARCAGOSTI BACAGOSTI BACAGOSTI 1271 Tevins 711 1271 Te	(35); SNC (350) \$49/3 EATOTY \$7) (200, C 12-11, 2022))	315 315 315 316 317 411 411 411 411 411

:

.



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

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

22/05/2023 11:20 (SGT)
Both Policyholder and Actual Driver
19/05/2023 13:45 (SGT)
Sengkang E Rd, Singapore
TOWARDS TPE
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SCW3663K

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

TAN AIK LEE ALAN SXXXX447B

alanaiklee@gmail.com (Phone) +65-91006226

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

Subaru

Forester

Private use

No - Claiming third party Private car

Auto 1995

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D22MTPV01014052

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

TAN AIK LEE ALAN SXXXX447B 21/11/1955 Outdoor



Date Of Driving Pass	19/12/1974	
Driving experience	48 YEARS AND 5 MONTHS	
Gender	Male	
Mobile Number		
Alt. Phone Number	(Phone) +65-91006226	
Email Address		
Address	alanaiklee@gmail.com	
3.44.45.45.45.45.45.45.45.45.45.45.45.45.	9 WALMER DRIVE	
Address complement		
Postcode	555034	
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	-	
OCHEDAL INCODUATION OF THE ACCIDENT		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
Weather Conditions	Clear	
Road Surface	Dry	
OTHER INFORMATION		
OTHER INFORMATION		
	5 P	
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	
	1	
Has the driver been approached by unknown person(s)	No	
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		
DETAILS OF FOLIOE ACTION		
	**	
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?	No	
If yes, against whom?	2	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
DETAILS OF OTHE	R VEHICLE PROPERTY 1	
Vehicle Registration Number	FBN2851A	
Vehicle Manufacturer	Honda	
Vehicle Model	Cb150r	
Vehicle Variant	351001	
Vehicle Colour	d)	
Vehicle Category	Motorcycle	
Name of Driver	-	

Name of Driver Contact Number

Address	
Address	
Postcode	
Insurance Company Namo	
Natura Of Damaga	
Dotaile of proporty domas and in a side of	
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 Authorised 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.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- ation may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents

(including their law yers A	aw firms), which may be s	Sited outside of Singapore, for one or more of the above Purposes.
Policyholder's Signature	& Time	hature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel KAST ROM TOWARDS 1PE
		A: S C W 3 6 6 3 K B: F B N 2 8 5 1 A

Describe Circumstances of the Accident
On 19/05/2023 @ 13.45 hvs, I was travelling un
the second lane of Songkang East Road. Suddenly,
I felt an hard impact on the rear of my
véhicle from véhicle 13.

Declaration

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

Policyholder's Signature / Date & Time

Driver's Dignature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Personnel

Date of Accident	: Ochumbayhum Accident Time: 1345HRs (24-HR-Format)
Accident Place	: Seng Kang East Road towards TPE
Vehicle. No. (Car Plate No.)	: SCW 3 663K Make/Model: Suban Forester XT
Insurace Company	: Sompo. Policy No: D 22 MT PU or 0x 4052*
Owner or Company Name /IC No.	: Tan Ale Lee Alan SIZZI447B
Owner or Company Contact No.	: 9100 6226 Owner's Hp -1 - Company Tel
DRIVER'S Name / IC No.	: As above
DRIVER'S Date Of Birth	: 21/11/1955 DRIVER'S License Pass Date 19 /12/1974.
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 9 Walmer Dave, 5 (555034)
DRIVER'S Contact No./ Alt No.	:1) As above. 2)
DRIVER'S Occupation	: INDOOR \ OUTBOOR (e.g. working inside or outside office)
Email Address	: ALAN AIK LEE@GMAIL . COM.
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 1 ·
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state):	r camera: RES \ NO s being used at the time of accident: Pricate use \ Work purpose
Other F	Party Driver's Particular (if any)
Vehicle. No: FBN 28511	Yehicle. No:
Vehicle Make\Model: HardaCBI50	R Vehicle Make\Model:
Name Driver: 4	Name Driver:
IC No. Driver/Contact:/-	IC No. Driver/Contact;

^{*} NEW - Passenger's name & gender:



Sompo Insurance Singapore Pte. Ltd.

56 Rather Place, 901-03 Singapore bark Tower, Singapore 648628 Tec 6481 6585 J. www.scrape.com.iig Co. fleg. No. 1999054002 J. 057 Reg. No. A200902196

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.

D22MTPV01014052

Insured

TAN AIK LEE : SCW3663K

Vehicle Registration No.

COMPREHENSIVE - EXCELDRIVE PRESTIGE

Coverage

Policy Commencement Date : 11 SEPTEMBER 2022 00:00

Policy Expiry Date

: 10 SEPTEMBER 2023 23:59

Maximum Liability (Section f) : MARKET VALUE AT TIME OF LOSS

Hire Purchase Owner

NA

Excess"

: \$\$700 - SECTION !

Voluntary Excess*

NA

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

The Insured

The insured.

Any other person who is driving on the Insured's order or with his permission.

In the event of the death of the Insured,
a any member of the Insured's farrity, 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 registeration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

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.

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 Hoffine: (65) 6226-3323.

Wile HERESTY CERTORY that the policy to which the Certificate relates a insued in accordance with 11). The provisions of the Mation Vehicles (Third-Plant) Reaks and Compensation). Act [Chapter 1889] and Plant IV of the Road Transport Act, 1987 (Malaysia); and (I) the Policy Server, 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 AUGUST 2022 14:37

SOMPO ASSIST HOTLINE: (65) 6226 3323

in the event of med accident, please call but Surgio Asset Hotina immediately. Our MARS Specialist will arrive at the accident site within 25 remates anywhere in Singapone Attendatively, you may approach any of our Accident Reporting Centres for assistance in E-fing your accident report with your national within 24 hours or you fine seek working days when the accident Planse note that their a conspiciously regardeds of whether them is not yellow which or of you are making a claim under your own poticy.

Intermediary Name / Code: NG BENG SAN / 11N03907 CI Code: 22A FHDHHT4KKILYVBAA

^{*} Subject to GST wherever applicable