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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. 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	24/05/2023 17:14 (SGT)	
Reported by	Actual Driver	
Date of Accident	23/05/2023 19:19 (SGT)	
Exact Location of Accident	PIE, Singapore	
Additional Location Information	TOWARDS ADAM ROAD	

### **DETAILS OF OWN VEHICLE**

Singapore

Vehicle Registration Number	SLM8000L

#### INSURED/POLICYHOLDER

Country/State of Loss

Is company?	No
Name Of Registered Owner	GOH PHENG PHENG
NRIC No	SXXXX736D
Email Address	agpp2k@gmail.com
Mobile Phone No	(Phone) +65-91526688
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1395

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D23MTPV01003148

### DRIVER

Name of Driver	SHANNEN CHUA QI SHAN
NRIC No	SXXXX779J
Date Of Birth	10/12/1996
Occupation	Indoor

Date Of Driving Pass 30/11/2015 Driving experience 7 YEARS AND 6 MONTHS Gender Female Mobile Number (Phone) +65-91526688 Alt. Phone Number Email Address agpp2k@gmail.com Address 51 HILLVIEW AVENUE #01-02 Address complement Postcode 669565 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Chain Collision Type of Accident 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? 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 No Was the accident reported to the police? 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? No

### DETAILS OF OTHER VEHICLE PROPERTY 1

SKW946U Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver YANG WEI NRIC No SXXXX426B



Contact Number	(Phone) +65-82989925
Address	(1110116) +03-82989925
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 Vehicle Manufacturer	SJM8612U
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	1
Name of Driver	Private car
	NG KAM HON
NRIC No	SXXXX914E
Contact Number	(Phone) +65-97564732
Address	() 00 07001702
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 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.

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

R J SUM8600

R J SUM8600

C J STM 861-14

vJun2022

Describe Circumstance of the Accident
priving along PIE towards Adam Road and SKW946U bumped into my
car from the back. There were a total of 3 cars involved, caused by vehicle c: SJM8612U hitting Into relice B: SKW9464 then
followed by B hitting my car, SLM 8000L.

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

# **IDAC ACCIDENT STATEMENT**

DATE OF ACCIDENT: 23 May 2023	TIME OF ACCIDENT: 19:19
VEHICLE NO : SLM8000 L	TRANSMISION : AUTO / MANUAL
MAKE & MODEL: Audi A3	LOCATION: PIE TOWARDS ADAM ROAD
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY:	POLICY NO: D23MTPV 01 00 3148
TYPE OF COVERAGE:  COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE )
NAME OF OWNER: GOW Pheng Pheng	NRIC: 573117360
ADDRESS: 51 HillMen Ave #01-02 S669565	CONTACT NO: 91526688
EMAIL ADDRESS: agpp 2k@ gmail com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC: 596457797 CONTACT NO: 81239307
SNAMMEN Chua Qi Shan	
DRIVER OWNER RELATIONSHIOP: Daughter	PASSENGER: MALE ( ) FEMALE ( )
DATE OF BIRTH: 10 / 12 / 96	DRIVING PASSING DATE: 30 / 11 / 2015
OCCUPATION: INDOOR / OUTDOOR	ADDRESS: 51 Hillview Are #01-02 S669565
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO: SKW 96 946V	VEHICLE C REG NO : STM 8612U
DRIVER NAME: Yang Wei	DRIVER NAME: Ng kam Hon
NRIC: S76804268	NRIC: 52193914E
CONTACT: 8298 9925	CONTACT: 9756 4732
VEHICLE D REG NO :	ANY WITNESS? NO, IF YES:
DRIVER NAME :	NAME :
NRIC:	CONTACT:
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO) IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : YES / NO



## Sompo Insurance Singapore Pte. Ltd.

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 OVER THE PARTY OF THE PARTY OF

# 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.

: D23MTPV01003148

Insured

: GOH PHENG PHENG

Vehicle Registration No.

: SLM8000L

Coverage

: COMPREHENSIVE - EXCELDRIVE PRESTIGE

**Policy Commencement Date** 

: 27 FEBRUARY 2023 00:00

: 26 FEBRUARY 2024 23:59

Policy Expiry Date Maximum Liability (Section I)

: MARKET VALUE AT TIME OF LOSS

Hire Purchase Owner

: UNITED OVERSEAS BANK LIMITED

Excess\*

: S\$400 - 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

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.

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: 10 FEBRUARY 2023 02:01

### 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: FINANCIAL ALLIANCE PTE LTD / 11F02505 CI Code: 22A DVDBLM4INPY0JFA4

<sup>\*</sup> Subject to GST wherever applicable