

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	29/05/2023 09:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/05/2023 12:15 (SGT)
Exact Location of Accident	Eng Neo Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME9510E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOJIMA TAKAHIRO
NRIC No	SXXXX295E
Email Address	junwenzenn@gmail.com
Mobile Phone No	(Phone) +65-91765139
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Xv
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1995

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01015239

DRIVER

Name of Driver	KOJIMA TAKAHIRO
NRIC No	SXXXX295E
Date Of Birth	19/12/1976
Occupation	Indoor

Date Of Driving Pass	26/05/2018
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-91765139
Alt. Phone Number	-
Email Address	junwenzenn@gmail.com
Address	66 CHESTNUT AVENUE #14-12
Address complement	-
Postcode	679520
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)	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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6360R
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

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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.

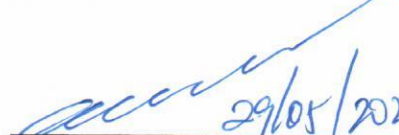
(collectively the "Purposes")

(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.

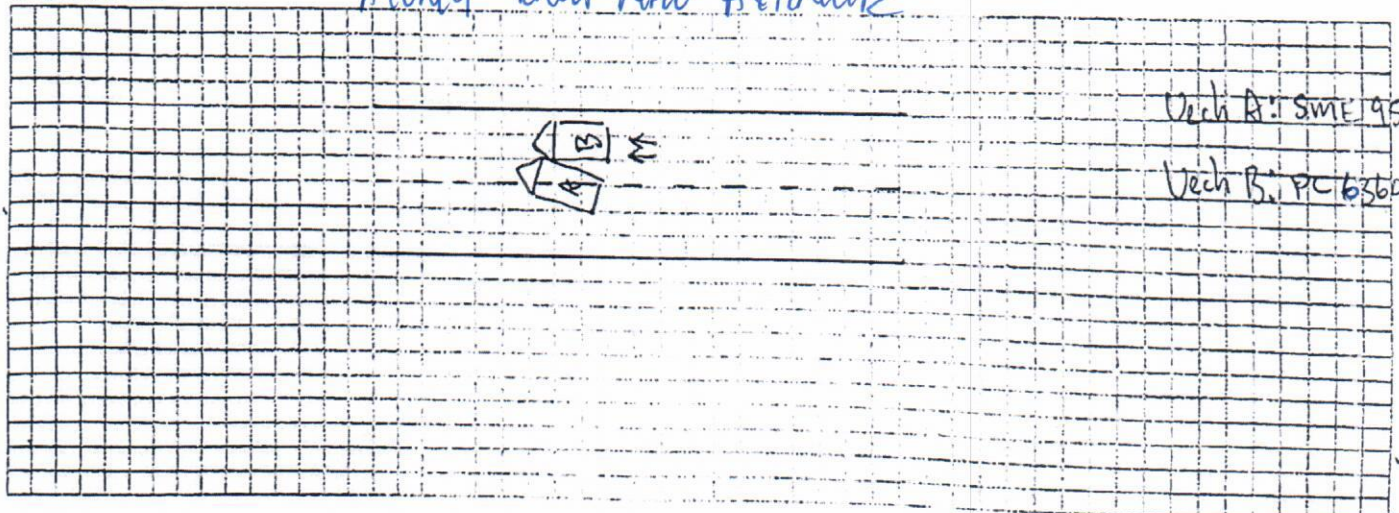

Policyholder's Signature / Date & Time


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


29/05/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

ALONG KALLANG AVENUE



Describe Circumstances of the Accident

On the stated date & time, I was driving along ang neo Ave toward dunearn, there was heavy roadwork which closed off one lane and car were merging into a single lane, I was stationary after filtering into the lane when suddenly a van behind me just squeeze thru and hit onto my right side mirror, I stop and wanted to take down his carplate number, when suddenly he just speed off, I do not want to put other motorists at risk by trying to chase him, I wanted to lodge a report but I'm unable to obtain his lincense plate. I wish to state that I was stationary at the point of time and there are only minor scratches damage to my side mirror.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time,



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

Witnessed by Reporting Centre Personnel

29/05/2023

3

VEHICLE NO:	SME 9510E		MAKE & MODEL:	Subaru XV		AUTO/MANUAL
DATE OF ACCIDENT	20 / 5 / 2023		C.C.	1600		
TIME OF ACCIDENT	12 : 15		AM /	(PM)		
LOCATION OF ACCIDENT	Along eng neo Ave					
EXACT PURPOSE USED AT TIME OF ACCIDENT	Private use /					
NAME OF OWNER	Kojima Takahiro					
EMAIL			OFFICE:	MOBILE: 91765139		
NRIC / UEN	S7658295E					
CLAIM TYPE	OD /		THIRD PARTY	(REPORTING ONLY)		
FLEET POLICY	YES / (NO) ?					
INSURANCE CO.	Sampo					
TYPE OF COVERAGE	(Comprehensive)		/	Third Party	/	Third Party Fire & Theft
POLICY NO.	D22MTPV01015239					
NAME OF DRIVER	(AS ABOVE) / IF NO.					
NRIC	S7658295E					
DATE OF BIRTH	19 / 12 / 1976					
ANY PASSENGER	(YES) / NO					
NAME OF PASSENGER						
GENDER OF PASSENGER	(MALE) / (FEMALE)					
OCCUPATION	OUTDOOR / (INDOOR)					
DATE OF DRIVING PASS	26 / 05 / 2018					
GENDER	(MALE) / FEMALE					
CONTACT NO.	MOBILE :		91765139	OFFICE :		
EMAIL	Junwenzenn@gmail.com					
ADDRESS	66 chestnut Ave #14-12 S679520					
DOES DRIVER OWN OTHER VEHICLES?	(NO) / IF Yes. Reg no. :		INSURER :			
RELATIONSHIP	Employee / If No.		owner			
WEATHER CONDITION	(Clear)		Raining	Other.		
ROAD SURFACE	(Dry)		Wet	Other.		
ANY INJURIES	(NO) / IF Yes. Who?.					
CONVEYED BY AMBULANCE	(NO) / IF Yes. Who?.					
POLICE REPORT	(NO) / IF Yes. Where?.					
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF Yes. Who?.					
VEHICLE B NO.	PC 63602		Any Passenger		UNSURE	
NAME						
CONTACT NO.						
VEHICLE C NO.	Any Passenger					
VEHICLE D NO.	Any Passenger					
VEHICLE E NO.	Any Passenger					
VEHICLE F NO.	Any Passenger					
ANY WITNESS						
WITNESS CONTACT NO.						
WAS THERE ANY VIDEO CAPTURE?	YES /		(NO)			
WAS THERE ANY AUDIO RECORDED?	YES /		(NO)			
SCENE ACCIDENT PHOTOS TAKEN?	YES /		(NO)			
Who is Reporting	Driver		(owner)	Both		
Original Language Used	(English)		Mandarin	Others :		
Have you been approach by unknown person soliciting offering accident claims assistance?	YES /		(NO)			

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.	: D22MTPV01015239
Insured	: KOJIMA TAKAHIRO
Vehicle Registration No.	: SME9510E
Coverage	: COMPREHENSIVE - EXCELDRIIVE PRESTIGE
Policy Commencement Date	: 24 OCTOBER 2022 00:00
Policy Expiry Date	: 23 OCTOBER 2023 23:59
Maximum Liability (Section I)	: MARKET VALUE AT TIME OF LOSS
Hire Purchase Owner	: DBS
Excess*	: S\$600 - 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.
Windscreens 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.

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 : 08 SEPTEMBER 2022 12:19

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 : IFAST FINANCIAL PTE LTD / 11102409 CI Code: 22A_BDP5Q2_KBMLJPAX

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SNE923510003 Vehicle Registration No: SMK 9510R
 Name (as shown in NRIC): KOJIMA TAKAHIRO NRIC/FIN/Passport No: 8X000295E
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9176 5139
 Email Address: _____
 Date of Accident: 20/05/2022 Time of Accident: 12:15
 Place of Accident: Fullerton Avenue
 Insurance Company: Sompo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Changed Name to KOJIMA TAKAHIRO

Policyholder / Actual Driver's Signature
Date:

29/05/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: