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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 <u>completed by the Policyholder and/or the Actual Driver</u>
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.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability of 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

29/05/2023 17:27 (SGT) Both Policyholder and Actual Driver 26/05/2023 07:35 (SGT) Dunearn Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SBR8898E

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No

No LINDA NG SHU PING SXXXX544J gold_bloom@hotmail.com (Phone) +65-91512968

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Model Variant

Audi A5

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

Private use

No - Reporting only Private car Auto 1984

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Sompo Insurance Singapore Pte. Ltd. D23MTPV01002071

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

LINDA NG SHU PING SXXXX544J 05/11/1973 Indoor

ate Of Driving Pass	09/01/1995	
riving experience	28 YEARS AND 4 MONTHS	
ender	Female	
lobile Number	(Phone) +65-91512968	
It. Phone Number	-	
mail Address	gold_bloom@hotmail.com	
ddress	8A AIDA STREET	
ddress complement	-	
Postcode	459928	
s the driver the policyholder?	Yes	
No, Relationship of the Driver with the Insured	-	
Opes Driver Own Other Vehicles?	No	
/ehicle Registration Number of Other Vehicle Owned by Driver		
	-	
nsurance Company of Other Vehicle Owned by Driver	•	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
Type of Accident Weather Conditions	Clear	
	Dry	
Road Surface		
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	
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?	- L	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
	V	
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
70AC - 170 -		

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB2621D
Vehicle Manufacturer	Kia
Vehicle Model	
Vehicle Variant	=
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR CHIN
Contact Number	(Phone) +65-87276922



Address	-
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 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 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)

5. USph Sketch Plan

Describe Circumstance of the Accident
It was raining and I was driving along Dunearn Rd. I could not brake in
time as the road was slippen and
hit the card in front of me. I was
travelly about 10-20 tm/hr.
The other party's car was only slightly
damajed. One end of his back bumper ame slightly loose. No dents or
scratches were seen in other party's
Car.

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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)

Actual Driver's Signature (if driver is not the policyholder)

/ Date & Time

Actual Driver's Signature (if driver is not the policyholder)

/ Date & Time

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 26/5/23	TIME OF ACCIDENT: 7-53 am
VEHICLE NO: SBR 8898 F	TRANSMISION: AUTO / MANUAL
MAKE & MODEL :	LOCATION:
Audi As	Dunearn Rd
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT	CLAIM TYPE:
/PRIVATE USE / PRIVATE HIRE	OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: Sompo	POLICY NO: D23 MTPV6100267/
TYPE OF COVERAGE :	VEHICLE TYPE : (SALOON)
COMPREHENSIVE THIRD PARTY / THIRD PARTY & THEFT	COUPE/MPV/VAN/LORRY/MOTORCYCLE)
CONTRETENSIVE	
NAME OF OWNER:	NRIC:
a h	57340544 J
ADDRESS:	CONTACT NO:
	91512968
8A Aida St (459928)	VIDEO RECORDING : YES / NO
EMAIL ADDRESS: gold-bloom@hotman	
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC: CONTACT NO:
com	
	PASSENGER: MALE() FEMALE()
DRIVER OWNER RELATIONSHIOP :	PASSENGER: MALE() FEMALE ()
DATE OF BIRTH: 5 / 11 / 1973	DRIVING PASSING DATE: 9/1/1/1995
OCCUPATION : INDOOR / OUTDOOR	ADDRESS:
	POLICE REPORT (NO) IF YES WHERE ?
ANY INJURIES , NO, IF YES :	POLICE REPORT MODIF TES WHERE
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO: SKB 2621 D	VEHICLE C REG NO :
DRIVER NAME: Mr Chin	DRIVER NAME :
	NRIC :
NRIC:	INRIC.
CONTACT: 87276922	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
	NAME:
DRIVER NAME :	NAME:
NIDIC .	CONTACT:
NRIC:	
CONTACT:	
	7
WAS NOTICE OF PROSECUTION GIVEN? (YES (NO)	
WAS NOTICE OF THOSE OF THE	WERE SEAT BELTS WORN ? : YES / NO
IF YES, AGAINST WHOM:	WERE SEAT BELTS WORN ? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : 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 (MAL-

Certificate/Policy No.

: D23MTPV01002071

Insured

: LINDA NG SHU PING

Vehicle Registration No.

: SBR8898E

Coverage

: COMPREHENSIVE - EXCELDRIVE PRESTIG.

Policy Commencement Date

: 29 JANUARY 2023 00:00

Policy Expiry Date

: 28 JANUARY 2024 23:59

Maximum Liability (Section I)

: MARKET VALUE AT TIME OF LOSS

Hire Purchase Owner

: N.A

Excess*

: S\$700 - 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.

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 addrive 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 gulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Trafficact (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, ss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does no jover 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 all our Emergency Hotline: (65) 6226-3323.

 In the provides of the Motor Vehicles (Third-Party Risks and Compensation) conditions of exceptions of the Private Car Policy of MTP.30 UWE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance of Act (Chapter 189) and Part IV of the Road Transport Act. 1987 (Malaysia): and (2) the Policy terr

Sompo Insurance Singapore Pte. Ltd.

Lui 20

Authorised Signatory

Date/Time of Issue: 13 JANUARY 2023 10:04

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.

Subject to GST wherever applicable