

[illegible]



## 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 17:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/05/2023 07:35 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR8898E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LINDA NG SHU PING
NRIC No	SXXXX544J
Email Address	gold_bloom@hotmail.com
Mobile Phone No	(Phone) +65-91512968
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	1984

#### INSURANCE COMPANY

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

#### DRIVER

Name of Driver	LINDA NG SHU PING
NRIC No	SXXXX544J
Date Of Birth	05/11/1973
Occupation	Indoor

Date Of Driving Pass	09/01/1995
Driving experience	28 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91512968
Alt. Phone Number	-
Email Address	gold_bloom@hotmail.com
Address	8A AIDA STREET
Address complement	-
Postcode	459928
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?	No

#### 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) ..... -



### IMPORTANT NOTICE

- ## 8. Consent under the Personal Data Protection Act (PDPA)

(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.

DUNKIRK ROAD

Sketch Plan

Diagram 1

A) SKR 8898E

B) SKB 2621D



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 slippery and hit the car in front of me. I was travelling about 10-20 km/hr.

The other party's car was only slightly damaged. One end of his back bumper came slightly loose. No dents or scratches were seen in other party's car.

Declaration

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

 29/5/23  
Policyholder's Signature / Date & Time

5:05 pm

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

 29/05/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 26/5/23	TIME OF ACCIDENT : 7.53 am
VEHICLE NO : SBR 8898 E	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Audi A5	LOCATION : Dunearn Rd
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : Sompo	POLICY NO : D23MTPV01002071
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE )
NAME OF OWNER : Linda Ng Sha Ping	NRIC : 57340544/J
ADDRESS : 8A Aida St (459928)	CONTACT NO : 91512968
EMAIL ADDRESS : gold-bloom@hotmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : com	NRIC : CONTACT NO :
DRIVER OWNER RELATIONSHIP : /	PASSENGER : MALE ( ) FEMALE ( )
DATE OF BIRTH : 5 / 11 / 1973	DRIVING PASSING DATE : 9 / 1 / 1995
OCCUPATION : INDOOR / OUTDOOR	ADDRESS :
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 : SKB 2621 D	VEHICLE C REG NO :
DRIVER NAME : Mr Chin	DRIVER NAME :
NRIC : -	NRIC : /
CONTACT : 87276922	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC : /	CONTACT :
CONTACT :	WERE SEAT BELTS WORN ? : YES / NO
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO )	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
IF YES, AGAINST WHOM :	



# 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. : D23MTPV01002071  
Insured : LINDA NG SHU PING  
Vehicle Registration No. : SBR8898E  
Coverage : COMPREHENSIVE - EXCELDRIIVE 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  
\* 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.

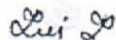
## Accident Reporting

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](http://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 : 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.

Intermediary Name / Code : PHILLIP SECURITIES PTE LTD / 11P04201 CI Code: 22A DRDHLB4R2RDCYAA