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SN0923660003-01 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 06/06/2023 10:44 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 2 (06/06/2023 11:22 (SGT))



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

06/06/2023 10:44 (SGT) Both Policyholder and Actual Driver 05/06/2023 15:15 (SGT) Lor 34 Geylang, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLK9132T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No. No HO SHEN YEONG SXXXX796G johnny250477@yahoo.com.sg (Phone) +65-98398471

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

Mitsubishi Lancer

Private use

No - Reporting only Private car Auto 1499

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D23MTPV01002493

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

HO SHEN YEONG SXXXX796G 25/04/1977 Outdoor

Date Of Driving Pass 16/10/2000 Driving experience 22 YEARS AND 8 MONTHS Gender Male Mobile Number (Phone) +65-98398471 Alt. Phone Number **Email Address** johnny250477@yahoo.com.sg Address BLK 108 SIMEI STREET 1 #05-756 Address complement Postcode 520108 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 SKE7899X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

(Phone) +65-83100088

Vehicle Category

Name of Driver Contact Number

Address	
Address complement	77.2
Postcode	500 17.2
Insurance Company Name	
Nature Of Damage	172
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.

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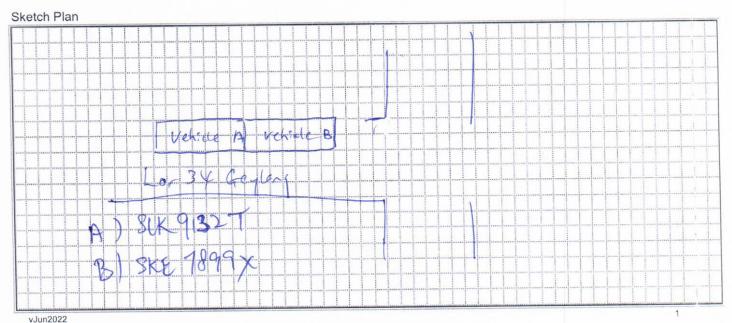
Policyholder's Signature / Date & Time

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

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

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policyholder) / Date & Time (Name as in NRIC/ID care



Describe Circumstance of the Accident	
On 5 In 2023 at obje 1515 hrs, I was about	Lor 34
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Geglang and was intending to park of the last lot in for	at of
the Offee shop at the lefe side of the road. There was an	other black
the Coffee shop at the left sick of the road. There was an Car, SKE FOREX purled in the middle lot.	
when my car, SLK91327 was in the lot, my right	leg was
caught in between the pedals and my car surged formed and	h'+ the
caught in between the pedds and my car surged found and stationary car mentined above. The owner was not inside the	car then.
That's all.	

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: 5 6 2023	TIME OF ACCIDENT: 15.15pm
	TRANSMISION: AUTO / MANUAL
MAKE & MODEL: Mitsubish? Lancer 1.5	LOCATION: Lor 34 Geglong
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY: SOMPO	POLICY NO: 023m TPV 01002493
TYPE OF COVERAGE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: HO STER YEARS	NRIC: 877107966
ADDRESS: BILL 108 Sime; 8t/1 \$1 05-756 S(520108)	CONTACT NO: 98398471
	VIDEO RECORDING : YES / NO
NAME OF DRIVER: AS ABOVE / JENO:	NRIC : CONTACT NO :
DRIVER OWNER RELATIONSHIOP:	PASSENGER: MALE() FEMALE ()
DATE OF BIRTH: 25/04/ 1177	DRIVING PASSING DATE: 16/ Oct / 2000
OCCUPATION: INDOOR / OUTDOOR	ADDRESS:
ANY INJURIES : NO, IE YES :	POLICE REPORT : NO/ IF YES WHERE ?
WEATHER CONDITION: CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO: SKEJOGGX	VEHICLE C REG NO :
	DRIVER NAME :
DRIVER NAME :	NRIC:
NRIC:	CONTACT :
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 04862; Tel: 6461 6555 | www.sompo.com.sg Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

MOTOR COVER NOTE

Cover Note No.	: D23MTPV01002493		
Issue Date & Time	: 27 JANUARY 2023 00:00		

Name of Insured: HO SHEN YEONG

having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Comprehensive / Third Party Fire & Theft / Third Party (whichever is applicable) Policy applicable thereto for the will be replaced with a Motor Certificate of Insurance / Policy.

Make & Model of Vehicle		Cubic Capacity		Used only for the following purposes		
MITSUBISHI LANCER 1.5		1500		For Private Use		
Engine Number - 4A910127544		Chassis Number -		JMYSRCY2AAU000508		
Regn Number - SLK9132T	Estimated Value	e - Market value at time of loss	Excess -	S\$ 500.00 - Section I		
Period of Insurance - 27 JANUARY	2023 TO 26 JANUA	ARY 2024				
Hire Purchase - SMARTCARS	BOUTIQUE PTE LT	TD .				

We hereby certify that this Cover Note is issued in accordance with the provisions of MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES,1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Important Notice:

Please note that this insurance is subject to the premium being paid and received in full by the Company (a) before the inception date where the Policy is to be issued to an individual; or (b) within the period specified in the Premium Payment Warranty applied to the Policy in all other instances, failing which there will be no liability under this cover.

Intermediary Code:

11R05204

SOMPO INSURANCE SINGAPORE PTE. LTD

Duj 20

X4D5ZW4JI1DBJKAN

Authorised Signatory



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: no92366000 2 ____ Vehicle Registration No: Original Report No: Pary 5 NRIC/FIN/Passport No: Name (as shown in NRIC): (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Singapore () Address: Contact (Tel):_____ Mobile No.: _ Email Address: _ Time of Accident: ___ Date of Accident: Place of Accident: **Insurance Company:** (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: SHIMME UNWANTED

Policyholder / Actual Driver's Signature
Date:

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

Date: