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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 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 report by insurance companies is not an admission of policy maximy 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

12/06/2023 16:30 (SGT) Both Policyholder and Actual Driver 11/06/2023 14:10 (SGT) PIE, Singapore **TOWARDS TUAS** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGZ5248A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address**

Mobile Phone No

Alternative Phone No

No

SOH YIP YONG SXXXX989C

deansyy@yahoo.com.sg (Phone) +65-98625183

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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

Honda

Vezel

Private use

No - Claiming third party

Private car Auto

1496

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D23MTPV01004369

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

SOH YIP YONG SXXXX989C 19/05/1974 Outdoor



Accident report SN09236C000B

Page 1 of 21

Date Of Driving Pass 22/08/1995 Driving experience 27 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-98625183 Alt. Phone Number Email Address deansyy@yahoo.com.sg Address 291B COMPASS STREET #11-244 Address complement Postcode 542291 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 PASSENGER 1 Name EILEEN CHEN HUA LING Gender Female PASSENGER 2 Name **BIG BOY** Gender Male PASSENGER 3 Name SMALL BOY Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Sengkang Neighbourhood Police Centre Police Station Phone No

(Phone) +65-18003438999

2 Sengkang Square #01-02

(Fax) +65-63438939

No

CIRCUMSTANCES OF ACCIDENT

Alt. Police Station Phone No

Police Station Address

If yes, against whom?

PLEASE REFER TO POLICE REPORT T/20230612/2022



Was notice of intended Prosecution given?

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes No

GBK463R

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category
Name of Driver
Contact Number
Address
Address complement

Commercial vehicle

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 SNA4976L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car 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)

INJURED PERSONS DETAILS

Male

INJURED 1

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

-SLIGHT INJURY SGZ5248A

SOH YIP YONG

(Phone) +65-98625183

SGZ5248A Yes No

INJURED 2

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code

EILEEN CHEN HUA LING

Female - Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SLIGHT INJURY SGZ5248A Yes No

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 Authorised 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. The 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.
- 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(including their law yers/law firms),	n be disclosed by any of the insurers and/o w hich may be sited outside of Singapore, f	or GIA to their third party service pro or one or more of the above Purpos	oviders or agents es.
ASS.	420	ne.	12/06/201
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the po	licyholder) / Date Witnessed by Personnel	Reporting Centre
Sketch Plan		T GI GGI III GI	
		AzSGZ	5248A
	PIE	B 2 GBK	463R

Please	Refler to the police report no:	
	Refler to the police report no.:	
1000		
	T/20230612/2022	
	1 2020012 1022	
	1	

Declaration

I/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





1 of 3

Report No. T/20230612/2022

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
12/06/2023 12:08	The stape of the state of the s	Station Diary No.
12/00/2023 12.00		37

				31
Informa	nt's Partic	ulars		
SOH YIF			Address: APT BLK 291B COMPASSVA SINGAPORE 542291	ALE STREET #11-244
ID Type / ID No.: NRIC NO / S7415989C			Contact No.: Home/Office:	Mobile: 98625183
Nationality: SINGAPORE CITIZEN		'EN	Email:	
Sex: Male	Age: 49	Date of Birth: 19/05/1974	Type of Informant: Driver	
Race: Chinese			Language: English	*
Occupati Self-emp		ine Supply)	Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Infor	mation of the Acci	dent		Carry Harrison Te
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/06/2023 14:10	Type of Location: Straight Road
Location: PAN-ISLAND Weather: Clear	EXPRESSWAY	Road Surface:		
Traffic Flow: One Way		Dry Traffic Control: Not Controlled	1	Traffic Volume: Moderate
Type of Collis Between Mov	ilon: ring Vehicles - Head	To Rear		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBK463R	Lorry	MITSUBISHI	CANTER FEA01BR2S DEK (CBU)	White	Slightly Damaged	0
SGZ5248A	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR	Silver	Slightly Damaged	3
SNA4976L	Car	MERCEDES BENZ	A200 FL STYLE (R17 HLG)	Black	Slightly Damaged	0





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

2 of 3 Report No. T/20230612/2022

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective	F D.
-	TENET SOMPO INSURANCE PTE.	D23MTPV0100436		Expiry Date

Any Pedestrian I			7			
No. of Pedestrian	ns Injured: NIL		Use of Per	destriar	Cross	ing: NA
Driver						
Name	SOH YIP YONG			ID No		S7415989C
Related Vehicle	SGZ5248A (Car)			Conta	ct No.	98625183
Hospital/Clinic	HEALTHMARK FAMILY CLINIC (COMPASSVALE)		Class Drivin Licent Expiry	g ce &	Class: 3,4,5 Date of Expiry: NIL	
Date Treatment	12/06/2023		Date Discl			/2023
No. of Days grant	ted Medical Leave	03	Degree of		Slight	

Brief Details.

On 11/06/2023 at about 1410hrs, I was driving my car (SGZ5248A) along PIE towards Tuas direction, I was on lane 2 due to some roadworks on lane 1. I noticed another vehicle in the front came to a full stop, I applied emergency brakes to my car and managed to stop in time. A few seconds later, I felt an impact coming from the rear. After regaining composure from the impact, I came out of my car and noticed that a lorry (GBK463R) had collided into the rear of my car. I had also realized that another car (SNA4976L) had collided into the lorry's rear.

All drivers discussed about the accident, exchanged contact numbers and drove off as to not cause obstruction to the road. I have a front facing camera installed, however it is faulty and did not record the accident that had taken place.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

3 of 3 Report No. T/20230612/2022

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F / SGT 2 KANG YONG LER JAMESON	Signature Of Informant:	JASEL.
Signature Of Interpreter: Not applicable	Date/Time: 12/06/2023 12:08	80 1
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:	
NP168		

Date of Accident : 11.06.2023 Accident Time: 14/Ohrs (24-HR-Format) Who reported the accident? Owner / Driver / Both PIE foward Tuas Accident Place : SG Z 5248A Make/Model: Honda Vezel 1.5x CVT Vehicle No (Car Plate No) : Sompo Policy No: D23MTPV01004369 Insurance Company Fleet Policy YES (NO) Type of Coverage Comprehensive / Third Party / Third Party Fire & Theft : Soh Yip Yong (57415989c) Name of Owner / IC No . 986 25 183 Owner's Hp _____ Company Tel Owner Contact No Driver Name / IC No :_____As above : 19.05.1974 Driver's License Pass Date: 22.08.1995 Driver's Date of Birth Relationship of Driver : Spouse / Parents / Children / Sibling / Employee / Other: Owner : 291B Compassvale St #11-244 S 542292 Driver's Address :1) 98625183 2) Driver's Contact No. Driver's Occupation INDOOR / QUTDOOR (e.g. working inside or outside office) : Deansyy @ yahoo. com. sa **Email Address** Weather & Road Surface CLEAR & DRY + RAINING & WET / AFTER RAIN & WET Reporting Type Reporting Only / Claim Third Party / Claim Own Insurance : touson (1 Driver, 3 passinger) Number of Passenger(include Driver) Was ther any video footage? YES / NO Exact purpose used at time of accident Private Use / Private Hire / Work Purpose Yes (1 Driver, 1 Passenger Elicen) Any injury (If Yes, Pls State) Other Party Driver's Particular (if any) VEHB: GBK 463 Name & Contact No: VEHC: SNA 4976L Name & Contact No: VEH D: Name & Contact No: VEH E: Name & Contact No: *NEW - Passenger's Name & Gender: F: Elieen Chen Hua Ling M: Big Bay M: Small Bay



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

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.

: D23MTPV01004369

Insured

: SOH YIP YONG

Vehicle Registration No.

: SGZ5248A

Coverage

: COMPREHENSIVE - AUTHORISED WORKSHOP PLAN

Policy Commencement Date

: 16 MARCH 2023 00:00

Policy Expiry Date

: 15 MARCH 2024 23:59

Maximum Liability (Section I)

: MARKET VALUE AT TIME OF LOSS

Hire Purchase Owner

: MAYBANK

: S\$500 - SECTION I

Voluntary Excess*

: N.A

Waiver of Excess

: COVERED

This Waiver of Excess benefit is limited to 1 accident claim per policy year and not applicable to Additional Excess as indicated in the Policy Schedule

Windscreen Excess*

: S\$100 FOR EACH AND EVERY APPLICABLE CLAIM

Persons or Classes of Persons entitled to drive

1. 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

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.

IAVe 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, 31 Sompo Insurance Singapore Pte. Ltd.

Dus 20

Authorised Signatory

Date/Time of Issue: 07 MARCH 2023 19:37

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 : DAVERIE AGENCY PTE LTD / 11D01900 CI Code: 22A _CDZLM4P_JBLM4AJ

^{*} Subject to GST wherever applicable