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\$N09236G0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 16/06/2023 12:48 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (16/06/2023 12:48 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> 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

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

16/06/2023 12:48 (SGT) Both Policyholder and Actual Driver 15/06/2023 22:00 (SGT) Newton, Singapore NEWTON FOOD CTR CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SBU1668H

Village Commission

LE CONSTRUCTION OF THE PARTY.

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

TAN CHAI LAN @SRI UTAMI DERMAWAN

SXXXX074G

katht67@gmail.com

(Phone) +65-90278050

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

Mercedes

E300

Private use

No - Reporting only

Private car

Auto

1991

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Sompo Insurance Singapore Pte. Ltd. D23MTPV01000116

DRIVER

Name of Driver

NRIC No

Date Of Birth

Occupation

Accident report SN09236G0001

TAN CHAI LAN @SRI UTAMI DERMAWAN SXXXX074G 23/09/1962

Indoor

Page 1 of 20

Date Of Driving Pass 27/08/1984 Driving experience 38 YEARS AND 10 MONTHS Gender Female Mobile Number (Phone) +65-90278050 Alt. Phone Number Email Address katht67@gmail.com Address 7 ANTHONY ROAD #05-33 Address complement Postcode 229955 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) 2 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 SON Gender Male 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 SNG6073X Vehicle Manufacturer Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category Name of Driver Contact Number Address	- Private car TAN SOON KHENG (Phone) +65-82991269
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 <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.

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)

Sketch Plan



Describe Circumstance of the Accident	
On 15/6/2023 Thurday to pm night, F my car SBU A	(1011
was stationed at Aporton to discountry	30377
Wanton and to see to the the	
was stationed at Newton Food Centre car park waiting area to pick up my son.	
Untortweetely my foot was temporily removed from	
the brake pad & my car inched forward and	
Unfortwately my foot was temporily removed from the brake pad & my car inched forward and knocked into the back of front vehicle Stationed	
there SNG 6073X (NISSAN).	
	-

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: 15 June 2023	TIME OF ACCIDENT: 10 PM
VEHICLE NO: SBU 1668H	TRANSMISION: AUTO / MANUAL
MAKE & MODEL: Mercedes Bent E300 200	LOCATION: Newton Food Centre Car Park
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY REPORTING ONLY
INSURANCE COMPANY: SOMPO	POLICYNO: D23MTPV0/000116
TYPE OF COVERAGE: Comprehensive COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON) COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Tan Char Lan	NRIC: 5'21830746
ADDRESS: 7 Anthony Road 405-33 5 (229955)	CONTACT NO: 90278050
EMAIL ADDRESS: Katht 67@ gmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : CONTACT NO :
DRIVER OWNER RELATIONSHIOP:	PASSENGER: 850 MALE () FEMALE ()
DATE OF BIRTH: 23 / 09 / 1962	DRIVING PASSING DATE: 27 / 08 / 1984
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: SNG 6073 X	VEHICLE C REG NO :
DRIVER NAME: Tan Soon Kheng	DRIVER NAME :
NRIC:	NRIC :
CONTACT: 8299 1269	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



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.

: D23MTPV01000116

Insured

: TAN CHAI LAN @ SRI UTAMI DERMAWAN

Vehicle Registration No.

: SBU1668H

Coverage

: COMPREHENSIVE - EXCELDRIVE PRESTIGE

Policy Commencement Date

: 02 JANUARY 2023 00:00

Policy Expiry Date

: 01 JANUARY 2024 23:59

Maximum Liability (Section I)

: MARKET VALUE AT TIME OF LOSS

Hire Pu chase Owner

: N.A

Excess'

: S\$900 - SECTION I

Voluntary Excess*

: N.A

Waiver of Excess

Windscreen 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.

: S\$100 FOR EACH AND EVERY APPLICABLE CLAIM

Persons or Classes of Persons entitled to drive

- 1. The I sured.
- Any c her 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 per nission to drive had not been withdrawn prior to the death of the Insured; and

b. an other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been wif idrawn by the Insured.

Provide 'that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has bee iso 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 tile 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 Lat of Accident Reporting Centres, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

I/We HERE JY 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 (Chapte 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 nsurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue: 23 NOVEMBER 2022 16:50

SOMPO ASSIST HOTLINE : (65) 6226 3323

In the ever 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.

^{*} Subjec * to GST wherever applicable