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.

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 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 03/07/2023 12:14 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 03/07/2023 08:30 (SGT) Exact Location of Accident Bukit Timah Expy, Singapore Additional Location Information PIE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

No - Claiming third party

Vehicle Registration Number SNA8469H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TEOH ZHISHENG TIMOTHY** NRIC No S8707431E Email Address TIMOTHY.TEOHZS@GMAIL.COM Mobile Phone No (Phone) +65-97227956 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Fit Variant Exact purpose for which vehicle was being used at time of Private use

accident

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

Private car Transmission Auto CC 1300

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number D22MTPV01013183

DRIVER

Name of Driver **TEOH ZHISHENG TIMOTHY** NRIC No S8707431E Date Of Birth 24/03/1987 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	15/04/2013 10 YEARS AND 3 MONTHS Male (Phone) +65-97227956 - TIMOTHY.TEOHZS@GMAIL.COM BLK 476C YISHUN ST 44 #13-62 - 763476 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
TO HEAVY TRAFFIC. HENCE, I FOLLOWED SUIT. SUDDENLY,	VHEN MY FRONT VEHICLE SLOWED DOWN AND STOPPED DUE I FELT A HUGE IMPACT FROM THE REAR AND WHEN THE IE VEHICLE C IN FRONT. WHEN I ALIGHTED, I REALISED IT WAS
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	- - -

Vehicle Category	Taxi
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-
5 (5 - /	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA9071K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	TEOH ZHISHENG TIMOTHY Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNA8469H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 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 Insurence Association of Slogapore (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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurar, my workshop and the General insurance Association of Singapore ("GIA") may/are parmitted 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 callectively referred to as the "Insurers"), the insurers law yers/faw 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:
- (8) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (w) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve displosture 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
- (c) my Personal information may/can be discussed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Poscyholder's Signature / Date 8
Time

Driver's Signature (E driver is not the poscyholder) / Date
8 Time

Sketch Plan

(A) - SNA 8469H

(B) - SHD38344A

SHA9071K

On the 03/07/2023 @ about 8.30 am, along BKE (PIE) I was travelling on Lane I of the above mentioned expressua before Choa Chu Kang Road Exit, and when my front vehicles slowed down and stopped due to heavy traffic hence I followed suit. Suddenly, I felt a huge impact from the rear and
before thea thu Kang Road Exit, and when my front vehicles slowed down and stopped due to heavy traffic hence I
before Choq Chu Kang Road Exit, and when my front vehicles slowed down and stopped due to heavy traffic hence I
slowed down and stopped due to heavy traffic hence I
followed suit. Suddenly, I felt a huge impact from the rear and
when the impact pushed my Vehicle (A) forward to hit into
Vehicle (C) in front. When I alighted , I realised it was
Vehicle (B) who hit into the vear postion of my
Vehicle (A). It was a chain collision of 3 cars in total.

Declaration

IMVe declare the foregoing particulars are true in every respect.

Folcyhokier's Signature / Date &

Oriver's Signature (If driver is not the colleyholder) / Date 8. Time

Witnessed by Reporting Centre Personnel





















Sompo Insurance Singapore Pte. Ltd.

\$6 Rattles Place, #03-1 Singapore Land Tower, Singapore 0486; Tet: 6461 6355 | www.sompo.com. Co. Reg. No.: 198905490E | GST Reg. No.: M2009031

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.

: D22MTPV01013183

Insured

: TEOH ZHISHENG TIMOTHY

Vehicle Registration No.

: SNA8469H

Coverage

: COMPREHENSIVE - EXCELDRIVE GOLD

Policy Commencement Date

: 16 SEPTEMBER 2022 00:00 : 15 SEPTEMBER 2023 23:59

Policy Expiry Date

Maximum Liability (Section I) : MARKET VALUE AT TIME OF LOSS

: PRIME MOTOR & LEASING PTE LTD

Hire Purchase Owner Excess*

: S\$400 - 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. : \$\$100 FOR EACH AND EVERY APPLICABLE CLAIM

Persons or Classes of Persons entitled to drive

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 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.

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.

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.

IWe RERESY 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.

Lui De

Authorised Signatory

Date/Time of Issue: 05 AUGUST 2022 02:04

SOMPO ASSIST HOTLINE: (65) 6226 3323

In the event of road accident, please call our Sompo Assist Hodine immediately. Our MARIS Specialist will arrive at the accident site within 20 minutes anywhere in Singapore.

Alternatively, you may appreach 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 computatory regardless of whether there is any damage to your vehicle or if you are making a claim under your own policy.

Intermediary Name / Code: BEST INSURANCE AGENCY PTE, LTD, / 11807405 CLCode: 22A FLDBSQ4KI0LBVRAW

^{*} Subject to GST wherever applicable