

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	08/07/2023 14:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/07/2023 22:10 (SGT)
Exact Location of Accident	Boundary Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH1732E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JOHNNY LIM CHONG KHUAN
NRIC No	S1585132E
Email Address	SHANNONLSH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90626320
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01017950

DRIVER

Name of Driver	SHANNON RUTH LIM SI HAN
NRIC No	S9511384B
Date Of Birth	21/03/1995
Occupation	Indoor

Date Of Driving Pass	01/04/2020
Driving experience	3 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98766769
Alt. Phone Number	-
Email Address	SHANNONLSH@HOTMAIL.COM
Address	5 ELIAS GREEN #07-01
Address complement	-
Postcode	519961
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
Weather Conditions	DRIZZLING
Road Surface	Wet

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	APOLLOS ARNOLD LIM
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

ON 07/07/2023 AT 2209HRS, I WAS EXITING FROM THE CARPARK OF PAYA LEBAR METHODIST CHURCH ALONG BOUNDARY ROAD. I WAS GOING TOWARDS THE U-TURN AT SERANGOON STADIUM TO DO AN U-TURN. WHILE I WAS FILTERING FROM LANE 2 TO LANE 1, VEHICLE SJU11P COLLIDED INTO MY VEHICLE. IT HIT THE RIGHT REAR END OF MY VEHICLE. THE IMPACT OF THE COLLISION SHIFTED MY VEHICLE FROM LANE 1 TO LANE 2. THE IMPACT OF THE COLLISION DAMAGED MY BOOT AND BUMPER, REAR RIGHT DOOR, BRAKE LIGHT (RIGHT) AND BACK WHEELS. IT WAS DRIZZLING SLIGHTLY. AS THE IMPACT WAS GREAT, ANOTHER CAR DROVE PAST AND GAVE US THE FOOTAGE FROM HIS CAMERA. THE VIDEO SHOWED SJU11P SPEEDING PAST THE CAR THAT TOOK THE VIDEO AND CRASHING INTO ME. BEFORE SIGNALLING RIGHT, I CHECKED MY RIGHT MIRROR AND DID NOT SEE HIM. THEN PROCEEDED TO CHANGE LANES AND HE HIT MY CAR. MY UNCLE ARRIVED AND SPOKE TO THE DRIVER. WE MOVED OUR CARS TO THE LEFT SIDE OF THE SIDE OF THE ROAD AND THE DRIVER OF THE OTHER CAR LEFT SHORTLY AFTER. PLS REFER TO THE 3 VIDEOS THAT THE WITNESS SENT TO ME.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJU11P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93399933
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.



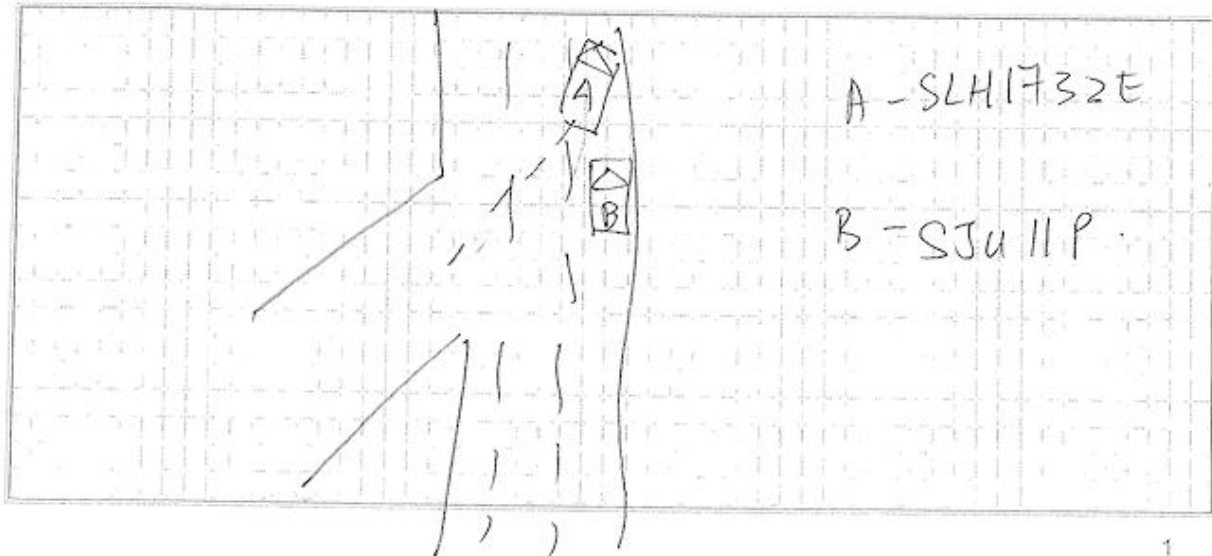
Policyholder's Signature / Date & Time



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 7 July 2023

At 2209h, I ~~was~~ was exiting from the carpark of Paya Lebar Methodist Church along Boundary Road. I was going towards the U turn at Serangoon Stadium to do a U turn. While I was filtering from Lane 2 to Lane 1, vehicle SJU11P collided into my vehicle. It hit the right rear end on my vehicle. The impact of the collision shifted my vehicle from Lane 1 to Lane 2. The impact of the collision damaged my boot and bumper, back door (right), brake lights (right) and back wheels.

It was drizzling slightly.

As the impact was great, another car drove past and gave us the footage from his camera. The video showed SJU11P speeding past the car that took the video and crashing into me.

~~As the car was on a slope, I~~

Before signalling right, I checked my right mirror and did not see him. Then proceeded to change lanes and ~~and~~ he hit my car.

After My uncle arrived and spoke to the driver. We moved our cars to the left side of the road and the driver of the other car left shortly after.

Please refer to the 3 videos that the witness sent me.

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
(Name as in NRIC/ID card)


















Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03
Singapore Land Tower, Singapore 048623
Tel: 6461 6565 | Fax: 6221 3302 | www.sompo.com.sg
Co. Reg. No.: 199905490E | GST Reg. No.: M200903196

MOTOR COVER NOTE

Cover Note No.	: D22MTPV01017950
Issue Date & Time	: 26 OCTOBER 22 00:00

Name of Insured: JOHNNY LIM CHONG KHUAN

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 period stated below. This is a temporary Cover Note and shall be valid for a period of FOURTEEN (14) days from date of issue. This Cover Note will be replaced with a Motor Certificate of Insurance / Policy.

Make & Model of Vehicle	Cubic Capacity	Used only for the following purposes
HONDA HR-V 1.5	1500	For Private Use
Engine Number - L15B4530722	Chassis Number - JHMRU1810GX200722	
Regn Number - SLH1732E	Estimated Value - Market value at time of loss	Excess - S\$ 500.00 - Section I
Period of Insurance - 26 OCT ER 2022 TO 25 OCT ER 2023		
Hire Purchase - MAYBANK		

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 : 11F02505

SOMPO INSURANCE SINGAPORE PTE. LTD

DADMSH2KNBMMOKAA

Authorised Signatory